

NTUC Assessment Centre Services

Date In	02/02/23	Job description	Time & Time Completed	Done by
Ref No	NA/EG123001065/d4	SAS e-filing		
Veh No	GBH 1675 E	E-mail (within 2hrs. AMT 2hrs)		
DDA	01/02/23 15:00	i-Motor Claim Form		
OD/ (TP) Reporting Only		i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SKK 9795 S	INC () / Non-INC ()
Owner / Driver: ()		
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured / Driver Liability: ()	[Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks: ()
 Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
 Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks: ()	Time & Time Completed	Done by
Apply for Transport Allowance () / Courtesy Car ()		
QC Check / Post Repair Inspection ()		
Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Time: () Actions: ()

NA 2300344	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Insured's Particulars	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
ct No:	3) TP : Towing Fee \$40/\$45		
ged Portion:	4) FT : Follow-Through Survey \$120		
checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
ors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NI: Post Repair Inspection \$25		
	*NR: DV / Collect Brokers Coordination \$5		



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	02/02/2023 12:12 (SGT)
Reported by	Driver
Date of Accident	01/02/2023 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINA BAYFRONT AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1675E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ANN SOON SERVICE
Company Reg No	5XXXX808A
Email Address	robioliner@gmail.com
Mobile Phone No	(Phone) +65-93600594
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500 6MT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2497

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22015760

DRIVER

Name of Driver	IBRAHIM SHAH MOHAMMAD
Passport No/FIN	GXXXX463R
Date Of Birth	01/01/1989
Occupation	Outdoor

Date Of Driving Pass	12/12/2017
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93600594
Alt. Phone Number	-
Email Address	robioliner@gmail.com
Address	BLK 3015 UBI ROAD 1, KAMPONG UBI INDUSTRIAL ESTATE
Address complement	#03-234
Postcode	408704
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK9795S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RANOBIR MUKHERJI
NRIC No	SXXXX973F

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



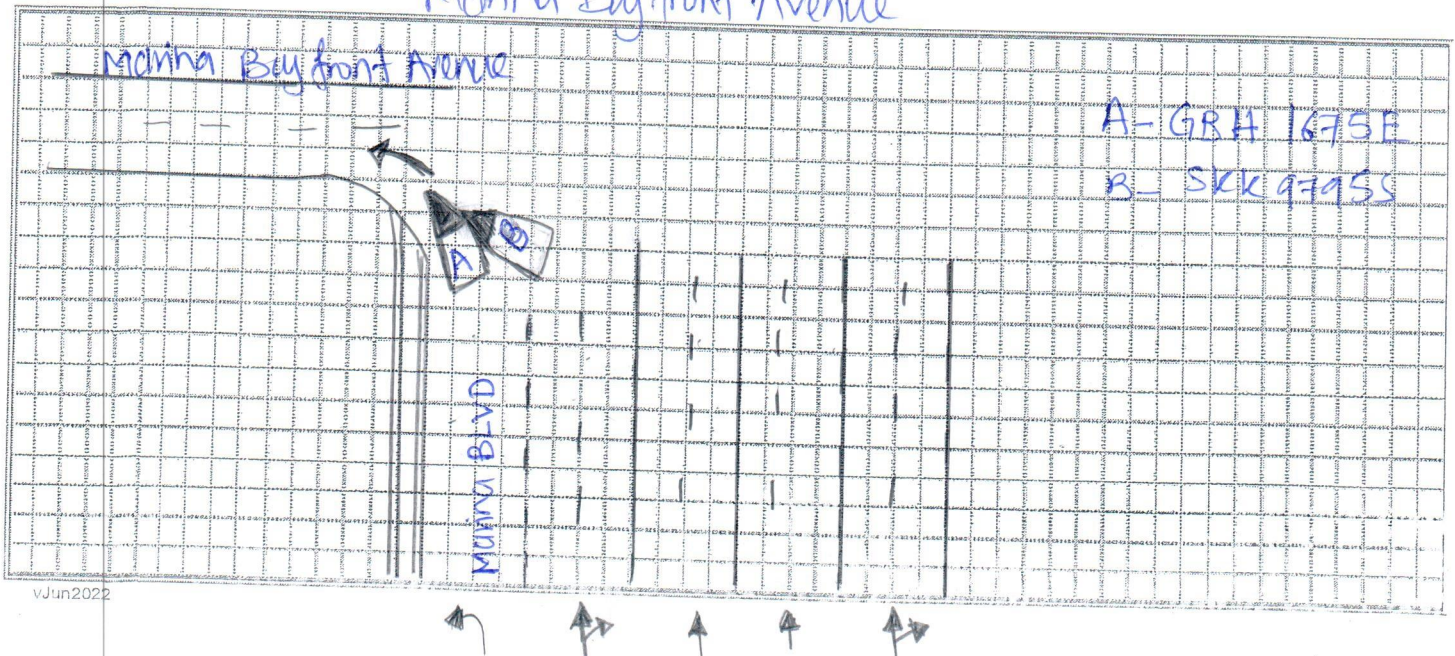
Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Marina Bayfront Avenue



Describe Circumstance of the Accident

I was at Marina Bayfront Avenue T-junction traffic light wanted to turn left to Marina Bayfront Ave. I have heavy stainless Steels carried on top of my vehicle and it is tied as well. as I was turning suddenly vehicle B came and hit into my front right portion of my vehicle. Both of our vehicle only got minor damages. We alight from our vehicle and exchanged our particulars.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Zaid 02/02/2023

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Amel 26/23

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: 01/02/2023 (DD/MM/YYYY), TIME: 15.00 (HHMM)

LOCATION: Marina Bayfront Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 1675E
 b) INSURANCE COMPANY: ERGO
 c) POLICY NUMBER: DMCG 22015760
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Auto / MANUAL
 f) TYPE: (SALEEN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working time
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: Ann Soon Service (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: Ibrahim Shah Mohammad (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G2136463R CONTACT: 9360 0594
 c) ADDRESS: _____

* d) DATE OF BIRTH: 01/01/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 12/12/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKK 9795S MODEL: _____
 b) DRIVER'S NAME: Ranobir Mukherji
 c) NRIC/FIN/PASSPORT: S2702973F CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = robiliner@gmail.com

Pass = _____

Video = NO

No. of passengers
 (including driver)
(1)

No. of passengers
 (including driver)
()

No. of passengers
 (including driver)
()

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMCG22015760
Vehicle Registration Number : GBH1675E
Cover Type : Comprehensive
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : ANN SOON SERVICE
Commencement Date of Insurance : 10/11/2022
Expiry Date of Insurance : 09/11/2023
Excess : EXCESS: (SECTION I)..... S\$ 500.00
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I). S\$ 300.00
EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS).. S\$ 100.00
YOUNG&INEXP DRIVERS(SECTION I) S\$ 2,500.00

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

Finance Company/Hire Purchase Owner : THIAM HENG AUTO (S) PTE LTD

*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

* Limitations as to Use:

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover :

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (*).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of ERGO Insurance Pte. Ltd.
Approved Insurer

Karl-Heinz Jung

Authorized Signature

A000019	TH INSURANCE SPECIALIST AGENCY PTE LTD	Contact Number: 63487767
Vehicle Chassis Number : KNCSJX76LH7185282, Vehicle Engine/Motor Number : D4CBH291963		CP1, 10/11/2022 11:38