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TP Penticulars: Yell No: SDE	The state of the s	1.27
Owner/Driver:	. INC () / Non-INC () ".	
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Year of Registresion: () Warranty: YES ()/50()	[OV)
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2) QC Check / Post Repair Inspection		n di birlir Andrewsonskings that the formation of the property
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SN09232D000D / National Assessment Centre Services [408933] ENTRY DATE & TIME: 13/02/2023 18:10 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (13/02/2023 18:10 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date of Submission

- 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 witholding 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.

- 4. The issue and acceptance of this 1 offit by insurance companies 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		
	13/02/2023 18:10 (SGT)	
	Both Policyholder and Actual Drive	
	10/00/0000 10 10 (007)	

Reported by Date of Accident 12/02/2023 18:10 (SGT) Exact Location of Accident Keppel Rd, Singapore Additional Location Information TOWARDS KEPPEL DISTRICT PARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDM9116A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner JUNAIRI BIN BUJANG JUHARA NRIC No SXXXX229A Email Address toby3690@gmail.com Mobile Phone No (Phone) +65-87806960 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

No - Claiming third party

Private car Auto

Private use

1794

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Policy Number / Cover Note Number DMPG23002569

DRIVER

Name of Driver JUNAIRI BIN BUJANG JUHARA NRIC No SXXXX229A Date Of Birth 06/01/1979 Occupation Outdoor

En ord Apparent of the Control of th		
Date Of Driving Pass	29/09/2022	
Driving experience	5 MONTHS	
Gender	Male	
Mobile Number	(Phone) +65-87806960	
Alt. Phone Number		
Email Address	toby3690@gmail.com	
Address	BLK 51 CHIN SWEE ROAD #16-95	
Address complement	-	
Postcode	160051	
Is the driver the policyholder?	Yes	
If No, Relationship of the Driver with the Insured	-	
Does Driver Own Other Vehicles?	No	
Vehicle Registration Number of Other Vehicle Owned by Driver	110	
Territor region and retained or other verificite owned by Driver	·	
Insurance Company of Other Vehicle Owned by Driver	-	
GENERAL INFORMATION OF THE ACCIDENT		
Time of Assidant		
Type of Accident	Collision - Head to Rear	
Weather Conditions	Raining	
Road Surface	Wet	
OTHER INFORMATION		
Was any foreign valued in the distance of		
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)	5	
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	-	
PASSENGER 1		
Name	UNKNOWN	
Gender	Male	
	Male	
PASSENGER 2		
Name	UNKNOWN	
Gender	Male	
PASSENGER 3		
V		
Name	UNKNOWN	
Gender	Female	
PASSENGER 4		
Name	UNKNOWN	
Gender	Female	
DETAILS OF POLICE ACTION		
Was the assidant reported to the assistance		
Was notice of intended Procedution given?	No	
Was notice of intended Prosecution given?	No	
If yes, against whom?	-	
CIRCUMSTANCES OF ACCIDENT		

PLEASE REFER TO SKETCH PLAN

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	SDS18C
Vehicle Manufacturer	:=
Vehicle Model	:-
Vehicle Variant	豊
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEO HEE KHOON
NRIC No	SXXXX944D
Contact Number	(Phone) +65-91389684
Address	-
Address complement	=
Postcode	-
Insurance Company Name	-
Nature Of Damage	17 8
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	~

SKETCH PLAN

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.
- 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 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.
- 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

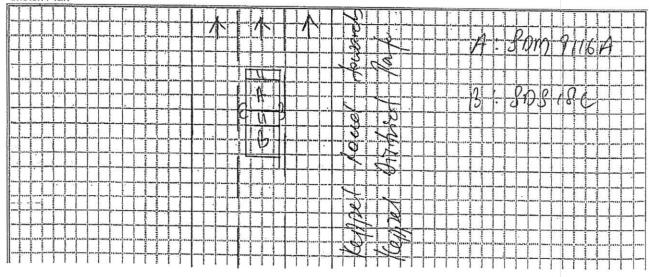
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



Describe Circumstance of the Accident	
1 1000 dayali a Planti	
I was travelling Straight along repper toad	
Lowerch topped Dob-1 D-1 TT	
fowards Reppel Onfirst parts. The vehicle in fro	nt
of me stout down and all	
I me slow down and stop hence I also fo	llon
Buil to NOW down and Stop without any	
any	
contact. Out of Suddon, I felt an impact to	-
in myre of the	cno
my vehicle rear partion. When I got down, I sa	41
rehicle (B) collided and me.	141
	WT
eclaration	

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



	Date of Accident	: 12/02/33 Accident Time: 18/0 (24-HR-FORMAT)
	Accident Place	: Reppel touch towards keppel District
	Vehicle Reg. No (Car plate No.)	: SOM 9116 A CC: 1.8 Vehicle Make/Model: Toylota With
	Insurance Company	: 6260 Policy No. 0mp623102568
	Name of Registered Owner	: Company / Individual Jungiri Bin Bujang Juhara
	ID of Registered Owner	: Co Reg No: Owner's NRIC No: 97900228A
· · · · ·	NER EMAIL ADDRESS:	: Co Contact No: Owner's Contact No: _87806960
	DRIVER'S Name	:DRIVER'S NRIC No:
	DRIVER'S Date of Birth	: Ob OI 78 DRIVER'S License Pass Date 29/09/22
	Relationship bet. Owner & Driver	: Spouse \ Parents \ Children\ Sibling \ Employee\ Others:
	DRIVER'S Address	: block II Chin Swee food \$16-95 8 (160051)
	DRIVER'S Contact No./ Alt No.	: 1)
	DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
	Email Address	
	Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
	Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
	Number of Passengers (including Dr	river): Name & Gender; X) Pemale
	Was the accident reported to the pol- Was there any video Captured by ca	
	Exact purpose for which vehicle was Any injuries, if yes (name of the in	s being used at the time of accident: Private use \ Work purpose njured person)
	Other	Party Driver's Particulars (if any)
	Vehicle Reg No: SOS 18C	Vehicle Reg No:
	Vehicle Make\Model:	Vehicle Make\Model:
	Name DRIVER: Yeo Hee Kho	ON Name DRIVER:
	IC No. DRIVER: 905809440	· IC No. DRIVER:
	DRIVER'S Contact & add: 9138 96	DRIVER'S Contact & add:
		A COUNTRY (MALAY/TAMIL OTHERS
		A / CHINESE / MALAY / TAMIL OTHERS:
	WHO REPORTED THE ACCIDENT : OWN	ER / DRIVER / BOTH)



24-Hour Helpline: 6100 1620

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

DMPG23002569

Vehicle Registration Number

SDM9116A

Cover Type

Third Party Fire & Theft

Policy Type

Private Car

Name of Policyholder/Insured

JUNAIRI BIN BUJANG JUHARA

Commencement Date of Insurance

11/02/2023

Expiry Date of Insurance

10/02/2024

Excess

Finance Company/Hire Purchase Owner:

WSJ CREDIT 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 only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business

3) Use for any purpose in connection with the Motor Trade

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

onas Boltz

Authorized Signature

B000137	TAN INSURANCE BROKERS PTE LTD	1
		Contact Number: 6567426766
vernicle Cha	ssis Number : ZNE100307871, Vehicle Engine/Motor Number : 1ZZ2578841	PC1, 11/02/2023 14:47