

NATIONAL Assessment Centre Services

(Self-Insured)

SNR 8232R0006

Date In: 27/01/2023 16:18	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/EG123002129	E-mail (with in 24hrs, A/C 24hrs)		
Vehicle: FL 2228M	1-Motor Claim Form		
D.O.A: 25/01/2023 22:20	1-Motor W/O (Vehicle: OD 24hrs, 24hrs)		
OD: TP (Repairing Only)	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars: Vehicle No: SGR 2328B INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

95)

(Note: Hst Status (W/O): 10-0-2004, F: 21-72%, F: 30-100%)

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: () INC () / Non-INC ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

Date: 27/01/2023

Time: 16:18

Location: ()

Weather: ()

Ground: ()

Vehicle: ()

Driver: ()

Witness: ()

Signature: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Ground: ()

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Driver: ()

Witness: ()

Signature: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Ground: ()

Vehicle: ()

Driver: ()

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	27/02/2023 16:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/02/2023 22:20 (SGT)
Exact Location of Accident	Central Blvd, Singapore
Additional Location Information	JUNCTION WITH SHEARES AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EL2223M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIN GUOHAN EUGENE
NRIC No	SXXXX732B
Email Address	eugene999@gmail.com
Mobile Phone No	(Phone) +65-96668765
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1332

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG23000186

DRIVER

Name of Driver	LIN GUOHAN EUGENE
NRIC No	SXXXX732B
Date Of Birth	16/02/1982
Occupation	Indoor



Date Of Driving Pass	25/02/2003
Driving experience	20 YEARS
Gender	Male
Mobile Number	(Phone) +65-96668765
Alt. Phone Number	-
Email Address	eugene999@gmail.com
Address	101 WEST COAST VALE #05-11
Address complement	-
Postcode	126573
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	-
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)	2
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	ESTHER LIANG HUI YI
Gender	Female

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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK2328B
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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

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 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

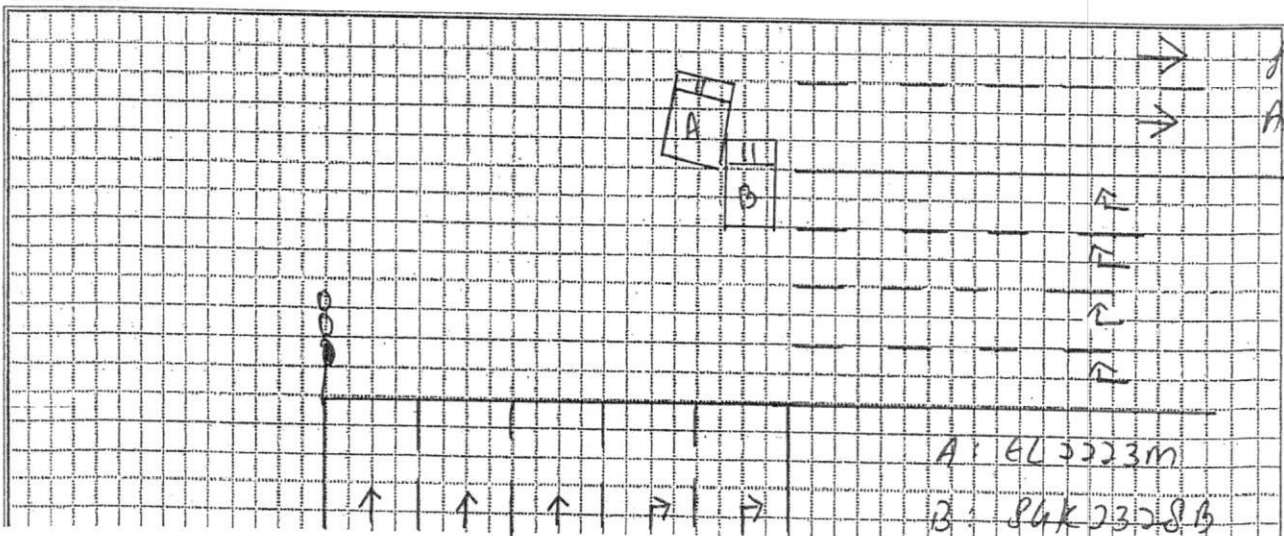
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Central Blvd

Pleas Avenue

Describe Circumstance of the Accident

I was travelling at the junction of Central Blvd. The traffic light was green in my favor, as such I proceed to make a right turn as my lane is a turn right only lane. As I was about to complete the turn, I felt an impact from my vehicle right side portion. When I got down, I realized that vehicle (A) has went straight instead of turning right on a right turn only lane.

Declaration

(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

27/02/2023

Date of Accident : 25/02/2023 Accident Time: 2220 (24-HR-FORMAT)
Accident Place : central Blvd junction to shears Ave.
Vehicle Reg. No (Car plate No.) : EL 2223M CC :
Vehicle Make/Model: MERU CLA 200
Insurance Company : ERAO Policy No. DMPA 23000186
Name of Registered Owner : Company / Individual Lin Guohan Eugene
ID of Registered Owner : Co Reg No: Owner's NRIC No: 582037328
OWNER EMAIL ADDRESS: Eugene999@gmail.com : Co Contact No: Owner's Contact No: 9666 8765
DRIVER'S Name : Lin Guohan Eugene DRIVER'S NRIC No: 582037328
DRIVER'S Date of Birth : 16/02/1982 DRIVER'S License Pass Date 25/02/2003
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self
DRIVER'S Address : 101, West Coast Vale, #05-11, S(126753)
DRIVER'S Contact No./ Alt No. : 1) 9666 8765 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : Eugene999@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 2 Name & Gender: Lin Guohan Eugene (male)
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes (name of the injured person) : Esther Liang Hui Yi (female)

Other Party Driver's Particulars (if any)

Vehicle Reg No: 54K 2328B	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

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 : DMPG23000186
Vehicle Registration Number : EL2223M
Cover Type : Enhanced Comprehensive
Policy Type : Private Car
Name of Policyholder/Insured : LIN GUOHAN EUGENE
Commencement Date of Insurance : 22/01/2023
Expiry Date of Insurance : 21/01/2024
Excess :
EXCESS: (SECTION I).....
ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)..
YOUNG & INEXP DRIVERS (SECTION I)

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

SS 500.00
SS 500.00
SS 3,000.00

Finance Company/Hire Purchase Owner : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. LIANG HUI YI
3. 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

Karl-Heinz Jung

Authorized Signature

A000122	GTRUST PTE LTD	Contact Number: 61005006
Vehicle Chassis Number : W1K1183872N148899, Vehicle Engine/Motor Number : 28291480426046		
		PC1, 05/12/2022 13:46