

NATIONAL Assessment Centre Services

Date In **13/03/2023**
 Ref No **NA/EG123002626/d4**
 Vch No **YP 2528B**
 DOA **13/03/2023 13:30**
 OD/ TP/ **Reporting Only**

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 2hrs. A/C 2hrs)		
i-Motor Claim Form		
i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()

TP Particulars: Vch No: **GBM 669D** INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 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: (INC hotline: 6788 6616)	Date & Time Completed	Done by
Apply for Transport Allowance () / Courtesy Car ()		
QC Check / Post Repair Inspection ()		
Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:	Time/Time	Actions

Customer's Particulars	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Owner:	1) AR: Accident Reporting (\$30);		
Ref No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Insured Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	ON*		

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	14/03/2023 11:57 (SGT)
Reported by	Driver
Date of Accident	13/03/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	15 YISHUN INDUSTRIAL STREET 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2528B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MAYOR EXPRESS FREIGHT SERVICES PTE LTD
Company Reg No	1XXXXX418W
Email Address	sherry@mayorexpress.com
Mobile Phone No	(Phone) +65-96676713
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22005428

DRIVER

Name of Driver	DIONG KAR WEI
NRIC No	GXXXX326K
Date Of Birth	03/09/1995
Occupation	Outdoor

Date Of Driving Pass	26/09/2019
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89164551
Alt. Phone Number	-
Email Address	sherry@mayorexpress.com
Address	NO 11 JALAN KEMPAS TAMAN MEGAH RIA
Address complement	-
Postcode	81750 MASAI JOHOR
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

PLS 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	GBM669D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SKY LEE
Contact Number	(Phone) +65-98566409

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

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 03 / 2023 (DD/MM/YYYY) TIME: 13 : 30 (HH:MM)

LOCATION: 15 Yishun Industrial Street 1

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: YP 2528B
b) INSURANCE COMPANY: Ergo
c) POLICY NUMBER: DMCG22005428
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Auto / Manual
f) TYPE: (SAIDON / 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: Mayor Express Freight Services Pte Ltd
b) NRIC/FIN/PASSPORT: (MALE / FEMALE)
c) ADDRESS: CONTACT: 9667 6713

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER
a) NAME: Diong Kar Wei
b) NRIC/FIN/PASSPORT: 98621326K (MALE / FEMALE)
c) ADDRESS: CONTACT: 8916 4551

* d) DATE OF BIRTH: 03 / 09 / 1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26/09/2019

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. c) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBM 669D MODEL: _____
b) DRIVER'S NAME: Sky Lee
c) NRIC/FIN/PASSPORT: _____ CONTACT: 98566409

9. THIRD PARTY VEHICLE

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

Email = sherry @ mayorexpress . com

Phone =

11, Jalan Kempas
Taman Megaria

IMPORTANT NOTICE

SKETCH PLAN

1. Please ~~report~~ report correctly the details of the accident to speed up the claims process.
2. This ~~Form~~ 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 ~~is~~ is and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any ~~else~~ else reporting may be referred to the Traffic Police Department for investigation.
6. This ~~report~~ 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~~ 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 and 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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



KW

13/3/23

14/3/2023

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

15 Yishun Industrial Street 1 Win5 Building Level 3



A - 7P 2528B

B - GBM 669D

Describe Circumstance of the Accident

I was at Win5 Building level 3 driving along the shoplots. it was a two way lane. vehicle B was parked on my right side. As I was driving in a very slow speed suddenly I felt I bang into something and I went down to check and it was my lorry pin came off and the back door of right hand side opened and hit the front right side of vehicle B. Last I checked my vehicle was on Saturday the pin was closed tightly and when today after I take over and drove suddenly the pin opened which made the collision.

Declaration

We declare the foregoing particulars are true in every respect.



KW
13/3/23

14/03/2023

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)

ERGO**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 : DMCG22005428

Vehicle Registration Number : YP2528B

Cover Type : Comprehensive

Policy Type : Commercial Vehicle (Hire Use)

Name of Policyholder/Insured : MAYOR EXPRESS FREIGHT SERVICES PTE LTD

Commencement Date of Insurance : 18/05/2022

Expiry Date of Insurance : 17/05/2023

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

Finance Company/Hire Purchase Owner : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE 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 racing pace-making reliability trail or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle
- 3) Use for the carriage of passengers for hire or reward

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



Authorized Signature

FLASH
Fast-Response Accident Reporting Hotline™**24-Hour Helpline: 6100 1620**

A100011	RPIA PTE LTD	Contact Number: 67495722
Vehicle Chassis Number : FEB71EA20139, Vehicle Engine Number : 4P10C13605		CH1, 12/04/2022 16:59