

NATIONAL Assessment Centre Services

Date In 13/3/2023	Job description	Date & Time Completed	Done by
Ref No NA/EG1	SAS e-filing		
Yeh No G88 97102	E-mail (within 8hrs. Aft 2hrs)		
DOA 13/03/2023 1030	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/Wksn		

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

TP Particulars: Yeh No: SLP 6543J 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)

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

Injury: ()

Time	Actions

<p>NA 2300748</p> <p>Insured's Particulars:</p> <p>Owner:</p> <p>Contact No:</p> <p>Signed Portion:</p> <p>Checked by (Engr-In-Charge):</p>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	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			
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 15:15 (SGT)
Reported by	Driver
Date of Accident	13/03/2023 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE AFTER TOH GUAN EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9710Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KUMPULAN DEVELOPMENT (S) PTE LTD
Company Reg No	1XXXXX106Z
Email Address	kaimotor@gmail.com
Mobile Phone No	(Phone) +65-67435727
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMFG22015073

DRIVER

Name of Driver	GANESAN RAJESH
Work Permit No	GXXXX904R
Date Of Birth	25/07/1983
Occupation	Outdoor

Date Of Driving Pass	19/03/2015
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-98407636
Alt. Phone Number	-
Email Address	kaimotor@gmail.com
Address	57 CIRCUIT ROAD
Address complement	#07-125
Postcode	370057
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	Collision - Head to Rear
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?	Yes
Reasons for not uploading a video of the accident	YES,WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP6543J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YOR SOON LENG ANDSON

NRIC No	SXXXX843E
Contact Number	(Phone) +65-98236389
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

SKETCH PLAN

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 issuance 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 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



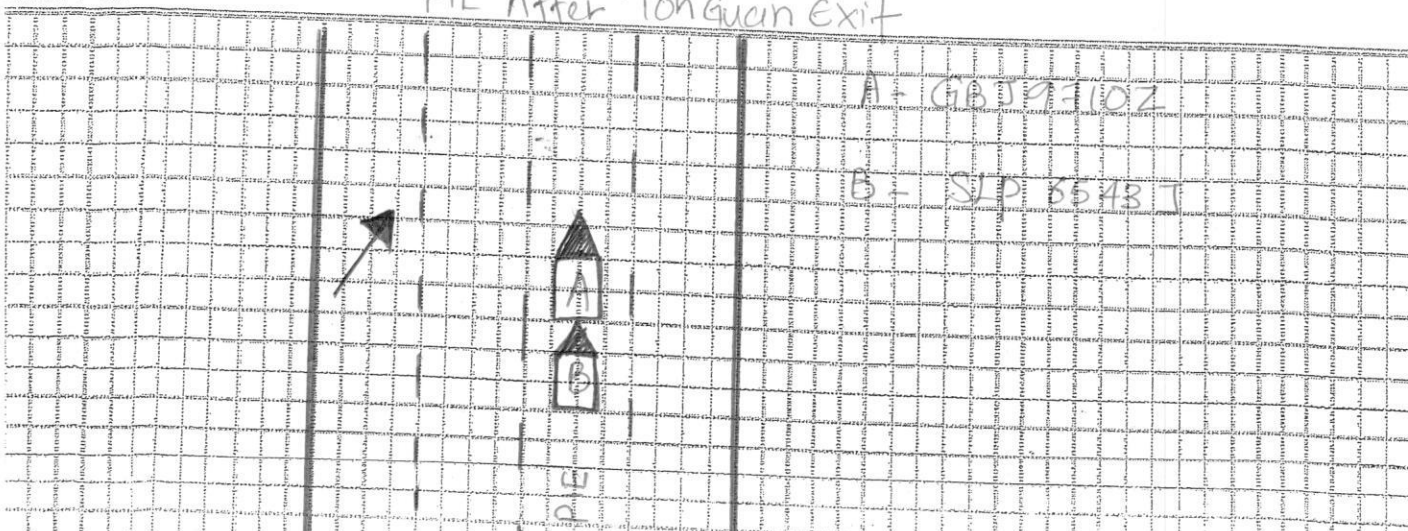
Policyholder's Signature / Date & Time

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

PIE After Tong Guan Exit



Describe Circumstance of the Accident

I was driving Along PIE after Toh Guan Road exit and I was on the second lane. There was a lorry in front of me and suddenly the lorry put on a sudden brake. I managed to brake but was so closed to that lorry, then suddenly vehicle B hit the rear portion of my vehicle. The lorry Driver left and did not checked anything.

Declaration

We declare the foregoing particulars are true in every respect.



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)

 13/03/23

14/3/2023

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 03 / 2023 (DD/MM/YYYY) TIME: 10 : 30 (HH:MM)

LOCATION: PIE After Toh Guan Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ 9710Z
 b) INSURANCE COMPANY: Ergo
 c) POLICY NUMBER: DMFG 22015073
 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: Kumpulan Development (S) pte ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 6743 5727
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: Ganesan Rakesh (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G2 HI 904R CONTACT: 9840 7636
 c) ADDRESS: 57 Circuit Road #07-125, S370057

* d) DATE OF BIRTH: 25 / 07 / 1983 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR
 f) YEARS OF DRIVING EXPERIENCE: 19 / 03 / 2015

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: SLP 6543J MODEL: _____
 b) DRIVER'S NAME: Yor soon leng Anderson
 c) NRIC/FIN/PASSPORT: S1633843E CONTACT: 9823 6389

9. THIRD PARTY VEHICLE

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

email = keimotor@gmail.com

Page =



GBJ97102

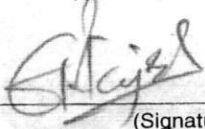
SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

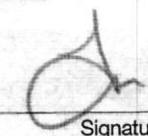
Ref: Report No: 01/20230313/0048I, SS TD3406 ISKANDAR
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)of TP HQ
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One micro SD card (SANDISK, 16GB, BLACK)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from GANESAN RAJESH F/C: G2111904R H/P: 98407636
(Name, NRIC or Passport No. / Rank and No.)of KUMPULAN DEVELOPMENT (S) PTE LTD F/C: 92111904R
25 CHANGI NORTH RISE (Address / Police Station / NPC / NPP)on 13.03.2023 at 1130hrs.
(Date) (Time)Witnessed by / * Handed over by:
(* Delete if applicable)
(Signature)GANESAN RAJESH G2111904R
(Name, NRIC or Passport No. / Rank and No.)

Received by:


(Signature)SS TD3406 ISKANDAR
(Name, Contact No. / NRIC or Passport No. / Rank and No.)Other Remarks: 1/0 : ESMOND PHUA
65476200

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 : DMFG22015073

Vehicle Registration Number : GBJ9710Z

Cover Type : Comprehensive

Policy Type : Motor Fleet

Name of Policyholder/Insured : KUMPULAN DEVELOPMENT (S) PTE LTD

Commencement Date of Insurance : 01/11/2022

Expiry Date of Insurance : 31/10/2023

Excess	:	EXCESS: (SECTION I).....	S\$	600.00
		EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..	S\$	100.00
		YOUNG&INEXP DRIVERS(SECTION I)	S\$	2,500.00

Finance Company/Hire Purchase Owner : UNITED OVERSEAS BANK 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

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

A000327	CP1	Contact Number: 67435727
Vehicle Chassis Number : JTFHT02P700249553, Vehicle Engine Number : 1KDB010671		CP1, 27/10/2022 11:40:19