

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date In 27/03/2023	Job description		
Ref No NA/EG/23003106/d4	SAS e-filing		
Veh No YQ1642E	E-mail (within 8hrs. Aft 2hrs)		
DOA 23/03/2023 08:00	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: YQ5519C	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	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist		Amnt (\$)	Amnt
	1st Bill	Add		
NA2300881	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
	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) N1: Idau DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (N11) against INC	\$20		
	9) N12: Idau Mobile	\$0		
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

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	27/03/2023 10:58 (SGT)
Reported by	Actual Driver
Date of Accident	23/03/2023 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1642E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KOH SLOTTED ANGLES ENGINEERING PTE LTD
Company Reg No	2XXXXX722W
Email Address	kaimotor@gmail.com
Mobile Phone No	(Phone) +65-98626319
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR75UH5A AMT
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	Auto
CC	5193

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22016625

DRIVER

Name of Driver	VEERASAMY MURUGAVELU
Passport No/FIN	GXXXX065T
Date Of Birth	23/10/1987
Occupation	Outdoor

Date Of Driving Pass	03/06/2016
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98063901
Alt. Phone Number	-
Email Address	kaimotor@gmail.com
Address	APT BLK 32 MANDAI ESTATE , WESTLITE MANDAI
Address complement	# 09-09
Postcode	729939
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	8
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

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male



DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18007659999
Alt. Police Station Phone No (Fax) +65-67644104
Police Station Address No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230323/2065

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 YQ5519C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver PANEER SELVAM SARAVANAN
Passport No/FIN FXXXX286T
Contact Number (Phone) +65-93913045
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person VEERASAMY MURUGAVELU
Gender Male
Phone No (Phone) +65-98063901
Address APT BLK 32 MANDAI ESTATE , WESTLITE MANDAI
Address Complement # 09-09
Post Code 729939
Approximate Age Years Old -
Injuries Sustained PAIN ON HEAD,NECK AND BACK
Injured person in which vehicle? YQ1642E
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person UNKNOWN
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -

Injuries Sustained	PAIN ON HEAD,NECK AND BACK
Injured person in which vehicle?	YQ1642E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No
INJURED 3	
Name of injured person	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON HEAD,NECK AND BACK
Injured person in which vehicle?	YQ1642E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No
INJURED 4	
Name of injured person	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON HEAD,NECK AND BACK
Injured person in which vehicle?	YQ1642E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No
INJURED 5	
Name of injured person	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON HEAD,NECK AND BACK
Injured person in which vehicle?	YQ1642E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 submission 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 and 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.
- 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.



Policyholder's Signature / Date & Time

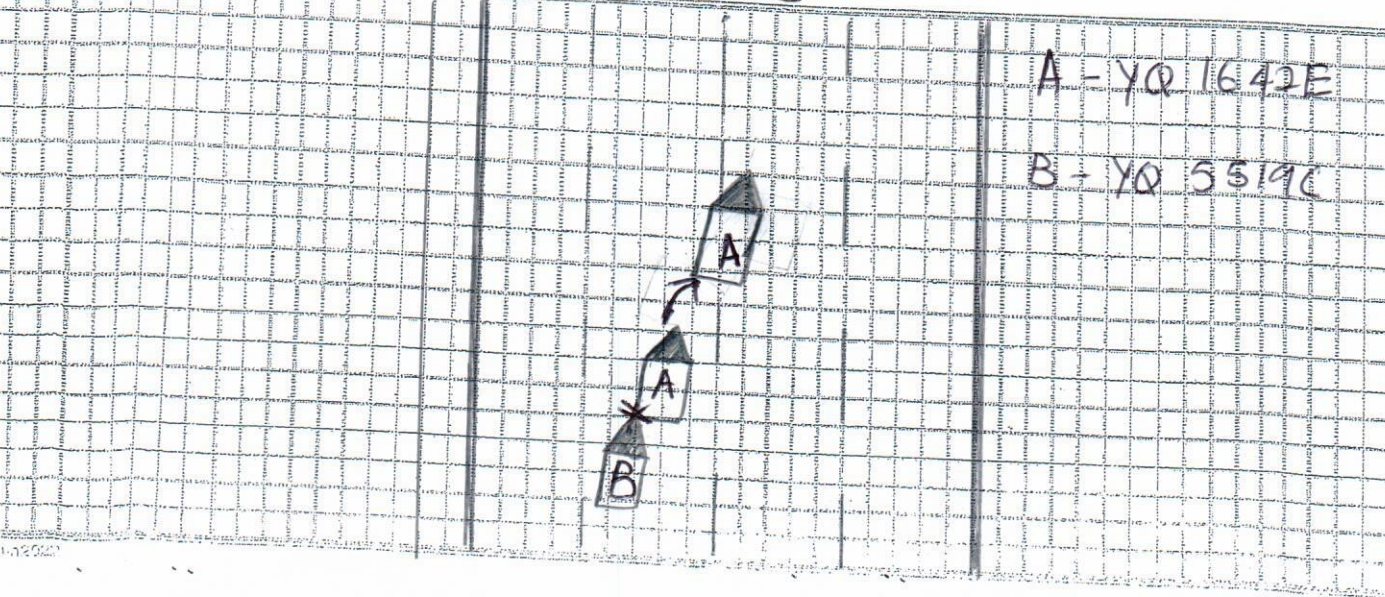
V. mungauens 27/03/23

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) 27/3/2023

Sketch Plan

KJE towards Tuas



Describe Circumstance of the Accident

Please Refer to the attached Police Report

— T120230323/2065 —

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

V. mungelens 27/03/23

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

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



SINGAPORE POLICE FORCE



T/20230323/2065

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20230323/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2023 15:20		Vide Report No.:		Station Diary No.: 88	
Informant's Particulars					
Name of Informant: VEERASAMY MURUGAVELU			Address: APT BLK 32 MANDAI ESTATE #09-09 WESTLITE MANDAI DORMITORY SINGAPORE 729939		
ID Type / ID No.: FIN NO / G8274065T			Contact No.: Home/Office: Mobile: 98063901		
Nationality: INDIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 23/10/1987	Type of Informant: Driver		
Race: Indian			Language:		
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/03/2023 08:00	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YQ1642E	Lorry				Slightly Damaged	7
YQ5519C	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230323/2065

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20230323/2065

CONTINUATION OF REPORT

Brief Details.

On 23/03/2023 at 0800hrs I was traveling along KJE towards Tuas in my company lorry YQ1642E with 7 passengers heading to our workplace. I was traveling on the 2nd left lane when suddenly I felt an impact on the rear left of my lorry. After the impact my lorry was push toward the 3rd lane.

After the collision I got off my lorry and notice that a lorry (YQ5519C) had knock onto the rear right end of my lorry. The incident had cause me and 4 of my passengers to feel pain in the head, neck and back area.

There was traffic police who had attended to the incident but there was no ambulance that attended.

The damage to my lorry is that the metal frame on the rear end had been slanted to the right. The damage to YQ5519C is the right-side mirror had fallen of and is also a hole on the right side of the lorry.

I am lodging this report for insurance purpose.



**SINGAPORE
POLICE FORCE**



T/20230323/2065

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20230323/2065

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J/

SGT 2 Patrick Ang Juin Hun

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/03/2023 15:20

Officer In Charge Of Case:

TP / GIT /

STAFF SGT SITI NORHAFIDAH BINTE HANAFI

Contact No.: 65476202

Classification Of Case:

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 23/03/2023 (DD/MM/YYYY), TIME: 08:00 (HH:MM)

LOCATION: KJE towards Tuas

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ1642E
 b) INSURANCE COMPANY: Ergo
 c) POLICY NUMBER: DMCG 22016625
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: ISUZU / NPR 75HSA AMT 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: Koh slotted Angles Engineering Pte Hd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200416722W CONTACT: 98626319
 c) ADDRESS: _____

* CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: veerasamy Munugavelu (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G8274065T CONTACT: 98063901
 c) ADDRESS: Apt Blk 32 Mandai Estate # 09-09 Westlink Member
S729437
 d) DATE OF BIRTH: 23/10/1987 (DD/MM/YYYY)

- e) OCCUPATION: INDOOR / OUTDOOR
 f) YEARS OF DRIVING EXPERIENCE: 03/06/2016

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: Choa chu Keing

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YQ 8519C MODEL: _____
 b) DRIVER'S NAME: Panneer Selvam Saravaran
 c) NRIC/FIN/PASSPORT: F8357286T CONTACT: 93913045

9. THIRD PARTY VEHICLE

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

Email = kaimotor@gmail.com

Phone = _____

Address = No

not a passenger
 () include driver

7 male passengers
 5 injured
 the driver

not a passenger
 including driver
 ()

not a passenger
 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 : DMCG22016625

Vehicle Registration Number : YQ1642E

Cover Type : Comprehensive

Policy Type : Commercial Vehicle (Pte Use)

Name of Policyholder/Insured : KOH SLOTTED ANGLES ENGINEERING PTE LTD

Commencement Date of Insurance : 03/12/2022

Expiry Date of Insurance : 02/12/2023

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 : 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

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620