

NATIONAL Assessment Centre Services (Call 1-800-441-5400) **Sub 13560001**

Date: **16/05/2023 12:58**
 Color: **NISAT 6223014974**
 Make: **Sub 20764**
 Date: **15/05/2023 15:15**

Job Description: **SAS e-illing**
 E-mail (with 3rd, 4th, 5th)
 1-Motor Claim Form
 1-Motor W/O (with 3rd, 4th, 5th)
 1-Photo Uploaded
 Assessment/Survey Report
 Ass'n Report by Fax/Hand to Owner/Driver

Done by: _____

Permitted Work / INC Assign Work / OW: ()
 Particulars: _____ Vch No: **Ym 287C** INC () / Non-INC ()
 Owner / Driver: _____ Tel: _____
 Policy No: () Period: () Cover Type: ()
 Confirmed by: _____ Date: _____ Time: _____
 Insured/Driver Liability: () (Note: Inc. Status (WO): 1: 0.00%, 2: 21.70%, 3: 30.140%)
 Year of Registration: () Warranty: YES () / NO ()
 Excess: () Loading: \$1,000 () / \$2,000 ()
) Walk-In Customer / Customer's Information strictly Confidential & Strictly NO info of repairer.
) Total Loss Case : to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()
 Apply for Transport Allowance () / Courtesy Car ()
 QC Check / Post Repair Inspection ()
 Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: _____

NA2301493

Owner/Driver: _____
 Contact No: _____
 Assigned Person: _____

Checked by (Engr-In-Charge): _____

Comments: _____

Invoice Preparation Charges	
1) All Accident Payments	(300)
2) DA: Damage Assessment	(1500) INC (50)
3) Towing Fee	\$100
4) PE: Yellow Tag - 30 Survey	\$120
5) PE: Yellow Tag - 30 Survey (Batter 27)	\$30
6) TR: Damage	\$21
7) NI: New DA + SMPT Survey	\$145
8) KTR: Additional Facilities	
9) QTR	
10) Courtesy Car / Tel Allowance	\$5
11) Post Repair Coordination	\$15
12) Post Repair Inspection	\$30
13) DV / Collect Excess Coordination	\$1
14) TR: TR (in INC) Value INC	\$0
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Print Charges: _____

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	16/05/2023 12:58 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/05/2023 15:15 (SGT)
Exact Location of Accident	11 Namly Hill, Singapore 267275
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2076H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PANG HEE AIK
NRIC No	SXXXX064E
Email Address	samuel.pang@hotmail.com
Mobile Phone No	(Phone) +65-92766464
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Orlando
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1362

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG23004209

DRIVER

Name of Driver	PANG HEE AIK
NRIC No	SXXXX064E
Date Of Birth	03/05/1974
Occupation	Indoor

Date Of Driving Pass	05/01/1994
Driving experience	29 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92766464
Alt. Phone Number	-
Email Address	samuel.pang@hotmail.com
Address	62 ELIAS ROAD #07-05
Address complement	-
Postcode	519939
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

PLEASE REFER TO SKETCH PLAN

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	YM3877C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MURUGAN MURALI
Passport No/FIN	GXXXX730L

Contact Number	(Phone) +65-83033795
- 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

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

Sketch Plan

A) SUM 2076K

B) VM 2877C

No. 11 NAMY Hill


Describe Circumstance of the Accident

My vehicle (SLM2076H) parked along 11 Namly Hill, outside the private house.

There was a lorry (YM3877C) parked in front of my vehicle. At about 1515 Hrs, lorry driver (Murali, Fin No. G8497730L) reversed the lorry and hit my vehicle front side.

Declaration

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

 16/05/23 12:05 Hrs

Policyholder's Signature / Date & Time

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

 16/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: 15/05/2023 (DD/MM/YYYY), TIME: 15:15 (HH:MM)

LOCATION: 11 Namly Hill, Singapore 267275

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM2076H
 b) INSURANCE COMPANY: ERGO
 c) POLICY NUMBER: DMPG23004209
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Chevrolet (Orlando)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 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: Pang Hee Aik (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7614064E CONTACT: 92766464
 c) ADDRESS: 62 Elias Road #07-05 Singapore 519939

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
()

- DRIVER
 a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

d) DATE OF BIRTH: _____ (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____ (YES / NO)

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: YM3877C MODEL: Lorry
 b) DRIVER'S NAME: Murugan Murali
 c) NRIC/FIN/PASSPORT: G8497730L CONTACT: 83033795

No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

No of passenger
(including driver)
()

Email: samuel.pang@hotmail.com
 VIDEO

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 : DMPG23004209
Vehicle Registration Number : SLM2076H
Cover Type : Enhanced Comprehensive
Policy Type : Private Car
Name of Policyholder/Insured : PANG HEE AIK
Commencement Date of Insurance : 23/03/2023
Expiry Date of Insurance : 22/03/2024
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

Finance Company/Hire Purchase Owner : MAYBANK SINGAPORE LIMITED

***Persons or Classes of Persons entitled to drive:**

1. The Policyholder
2. SIN MEE SZE MICHELLE
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

Jonas Boltz

Authorized Signature

A100052	ALPINE INSURANCE AGENCY PTE LTD	Contact Number: 65113025
Vehicle Chassis Number : KL1YA7589HK614066, Vehicle Engine/Motor Number : A14NET163640756		PC1, 16/03/2023 15:19