

NATIONAL Assessment Centre Services

Date In 16/05/2023	Job description SAS e-filing	Date & Time Completed	Done by
Ref No NA/EG/23005060/d4	E-mail (within 2hrs, Aft 2hrs)		
Veh No XD 611G	I-Motor Claim Form		
DOA 15/05/2023 14:40	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD/ TP/ <u>Reporting Only</u>	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XD 917SP.	INC () / Non-INC ()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 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 repaler.			
() Total Loss Case : to e-mail Insurer URGENTLY.			
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()			

Remarks: (INC hotline: 67886616)	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] ()		

Injury :

Date/Time	Actions

NA2301468

Claimant's Particulars	Invoice Preparation Checklist	Amc (\$)	Amc
Driver/Owner:	1) AR: Accident Reporting (\$30);	Is Bill	Add
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Call 1:	For claiming against INC Only (wef 10 Jan 2005)		
Call 2/3:	6) TR: Re-inspection \$75		
	7) NI: 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 (Non INC) against INC \$20		
	9) N12: Idau Mobile 30		
	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	16/05/2023 16:46 (SGT)
Reported by	Actual Driver
Date of Accident	15/05/2023 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS NEXUS DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD611G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROYAL'S ENGINEERING & TRADING (S) PTE LTD
Company Reg No	2XXXXX382D
Email Address	royalsengineering@yahoo.com.sg
Mobile Phone No	(Phone) +65-83282931
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FV517KM2RDEB
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	11945

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG23003315

DRIVER

Name of Driver	MUNIYANDI KUMAR
Passport No/FIN	GXXXX264L
Date Of Birth	20/05/1978
Occupation	Outdoor

Date Of Driving Pass	30/05/2008
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-97798832
Alt. Phone Number	-
Email Address	royalsengineering@yahoo.com.sg
Address	NO.9 TRACTOR ROAD
Address complement	# 03-10
Postcode	627970
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

PLEASE 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	XD9175P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WANG ZHIYONG
Passport No/FIN	GXXXX141U

Contact Number	(Phone) +65-81282412
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-91244342
Email	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

B. 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 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

Tuas Nexus Drive

A- XD 611 E
B- XD 412 KD

Please Refer to the attached

Google Maps Singapore

Tuas Nexus Drive

Google Street View

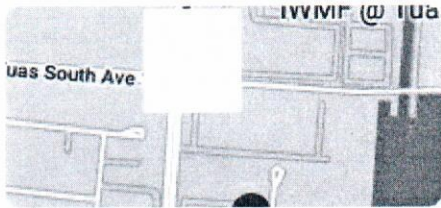
Jul 2019

See more dates

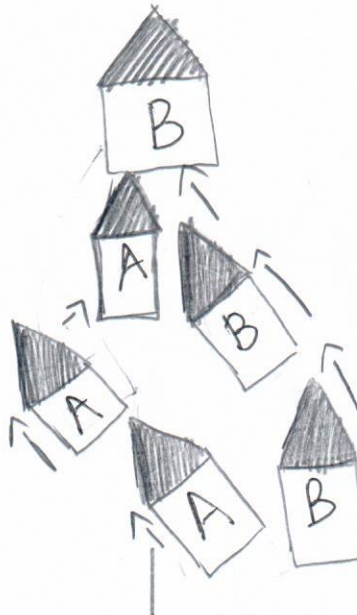


Google

Image capture: Jul 2019 © 2023 Google



M. Pong
16/05/23.



A - XD 611 G
B - XD 917 SP

Describe Circumstance of the Accident

on the above stated date and time, I was driving along Tulas Nexus Drive. Vehicle B was Behind me when I was entering Tulas Nexus Drive. I gave way to vehicle B to pass over me since mine was a heavy loaded vehicle, so I moved to the left side to give him way. As he filter to the right he showed his middle finger to me. I was shocked as I already gave way to him and he showed me middle finger.

so I went behind him to ask him, but he pass over me and he put on an emergency brake in front of my vehicle which made to put on an emergency brake as well. my vehicle skidded and hit vehicle B rear left side portion of the vehicle.

there was a security guard as a witness to this incident. as they have the video footage of the incident. upon requested they did not want to pass it to me.

Declaration

I/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)

M. King 16/05/23

16/5/2023

ACCIDENT STATEMENT

- VEHICLE REG NO: XD611G VEHICLE MAKE/MODEL: Mitsubishi / FV517 KM2RDEB
- VEHICLE TRANSMISSION: (AUTO) (MANUAL)
- ACCIDENT DATE: 15/05/2023 ACCIDENT TIME: 14.40 (AM) (PM)
- ACCIDENT PLACE: TUAS Nexus Drive
- INSURANCE COMPANY: ERGO POLICY NO: DMCG23003315
- REPORTING TYPE: REPORTING ONLY CLAIM OTHER PARTY CLAIM OWN INSURANCE
- EXACT PURPOSE FOR WHAT VEHICLE WAS BEING USED AT THE TIME OF ACCIDENT:
PRIVATE USE (EMPLOYMENT) PRIVATE HIRE
- VEHICLE TYPE: SALOON/COUPE/MPV/VAN (LORRY) MOTORCYCLE/OTHERS
- VEHICLE CATEGORY: (PRIVATE) (COMMERCIAL) MOTORCYCLE
- OWNER / COMPANY NAME: Royal's Engineering & Trading (s) pte ltd
- OWNER/COMPANY (NRIC/REG) NO: 2005 15382D
- OWNER/COMPANY CONTACT NUM: 8328 2931
- DRIVER'S NAME: Muniyandi Kumar DRIVER'S NRIC: G7513264L
- DRIVER'S D.O.B: 20/05/1978 DRIVER'S LICENSE PASSING DATE: 30/05/2008
- DRIVER'S ADDRESS: NO.9 Tractor Road # 03-10
3627970
- DRIVER'S OCCUPATION: (INDOOR) (OUTDOOR) DRIVER'S CONTACT NO: 97798832
- EMAIL ADDRESS: royalsengineering@yahoo.com.sg
- RELATIONSHIP OF OWNER & DRIVER:
SPOUSE / PARENTS / CHILDREN / SIBLINGS (EMPLOYEE) HIRER / OTHER: _____
- NUMBER OF PASSENGERS (INCLUDING DRIVER): 1 (FEMALE) (MALE)
- _____
- _____
- WEATHER & ROAD SURFACE: (CLEAR & DRY) RAINING & WET AFTER RAIN & WET

Witness - 91244 342

ACCIDENT STATEMENT

- WAS THE ACCIDENT REPORTED TO THE POLICE: (YES/NO)
- WAS ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT: (YES/NO)
- ANYBODY INJURED: (YES/NO) *INJURED PERSON: (DRIVER / PASSENGER/BOTH)
- INJURY SUSTAINED: _____
- ANY VIDEO CAPTURED BY CAR CAMERA : (YES/NO)
- WERE SEAT BELTS WORN: (YES/NO)
- WAS THIS INJURED CONVEYED TO HOSPITAL BY AMBULANCE: (YES/NO)
- WAS NOTICE OF INTENDED PROSECUTION GIVEN: (YES/NO)
IF YES, PLEASE SPECIFY: _____
- WAS THIS STATEMENT TRANSLATED FROM ANOTHER LANGUAGE: (YES/NO)
IF YES, PLEASE SPECIFY: _____
- HAS THE DRIVER BEEN APPROACHED BY UNKNOWN PERSON(S)
SOLICITING/OFFERING ACCIDENT CLAIMS ASSISTANCE: (YES/NO)
IF YES, PLEASE SPECIFY: _____

• VEHICLE B PARTICULARS

VEHICLE REG NO: XD 9175P
VEHICLE MAKE\MODEL: _____
DRIVER'S NAME: wang zhiyong
DRIVER'S NRIC: G84291414
DRIVERS'S CONTACT NO: 8128 2412
NUM OF PASSENGERS: _____ MALE () FEMALE()

• VEHICLE C PARTICULARS

VEHICLE REG NO: _____
VEHICLE MAKE\MODEL: _____
DRIVER'S NAME: _____
DRIVER'S NRIC: _____
DRIVERS'S CONTACT NO: _____
NUM OF PASSENGERS: _____ MALE () FEMALE()

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 : DMCG23003315
Vehicle Registration Number : XD611G
Cover Type : Third Party Only
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : ROYAL'S ENGINEERING & TRADING (S) PTE LTD
Commencement Date of Insurance : 31/03/2023
Expiry Date of Insurance : 30/03/2024
Excess :

**24-Hour Helpline: 6100 1620****Finance Company/Hire Purchase Owner :*****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

Authorized Signature

A000588	JETTA INSURANCE AGENCY PTE LTD	Contact Number: 67791183
Vehicle Chassis Number : FV517KA00136, Vehicle Engine/Motor Number : 6D24384210		CP1, 27/02/2023 17:33