

**NATIONAL Assessment Centre Services** (only 1/24/11) SMA 235M0001

Job Description	Date & Time Completed	Done by
SAS e-tiling		
E-mail (within 24hrs, A/C 24hrs)		
1-Motor Claim Form		
1-Motor W/O (Within 24hrs, A/C 24hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Whom		

TP: Reporting Only

Forward W/O or INC Assign W/O or QW: ( )

Particulars: Yes/No SMA 2002Y INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( ) Fax: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured Driver Liability: ( ) (Note: H&M Status (W/O): 11:0-30M, 11:21-70M, 11:30-110M)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ( ) Loading: \$1,000 ( ) / \$2,000 ( )

Walk-In Customer: Customer's information strictly Confidential & strictly NO 1st of repair.

Total Loss Case: In e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) Invoice: YES ( ) / NO ( ) Towing Car: ( )

Apply for Transport Allowance ( ) / Courtesy Car ( )

QC Check / Post Repair Inspection ( )

Upload Recovery Photo (Repair Cost > \$5000) ( )

Injury: ( )

Other: ( )

**N02801500**

Owner/Owner	Invoice/Repairation Charge
Contact No:	1) All Accident Passes ( )
Assigned Person: (Engr-In-Charge):	2) DA: Damage Assessment ( )
Checked by (Engr-In-Charge):	3) Towing Fee ( )
Completed by:	4) PE: Yellow Tag - 1st Survey ( )
	5) PE: Yellow Tag - 2nd Survey ( )
	6) PE: Yellow Tag - 3rd Survey ( )
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## 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	22/05/2023 12:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/05/2023 09:15 (SGT)
Exact Location of Accident	37 Jln Pemimpin, Singapore 577177
Additional Location Information	BASEMENT CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN8891A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	POH CHIEW ANN STANLEY
NRIC No	SXXXX650H
Email Address	sp6650@icloud.com
Mobile Phone No	(Phone) +65-93386569
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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	1991

### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22005548

### DRIVER

Name of Driver	POH CHIEW ANN STANLEY
NRIC No	SXXXX650H
Date Of Birth	26/07/1971
Occupation	Indoor

Date Of Driving Pass	02/10/1993
Driving experience	29 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93386569
Alt. Phone Number	-
Email Address	sp6650@icloud.com
Address	BLK 649 JALAN TENAGA #09-151
Address complement	-
Postcode	410649
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	Collided into Parked Vehicle
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 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	SMA2002Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

* 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

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

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

Sketch Plan

37 JAWAN PEMIMPIN PARADEMART CARPARK

(A) SJN88911A

(B) SHA2002Y



Describe Circumstance of the Accident

I WAS REVERSING INTO THE PARKING LOT,

I DID NOT NOTICE VEHICLE B AND LIGHTLY

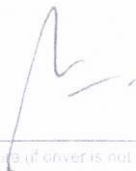
COLLIDED ONTO HIS VEHICLE. NO INJURIES FOR BOTH PARTIES.

Declaration

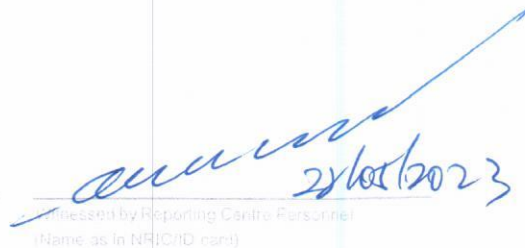
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature & Date & Time



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



28/01/2023

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

# ACCIDENT STATEMENT

Date of accident: 21/05/2023

Time: 09:15 AM

Location of accident: 37 JLN PEMIMPIN BASEMENT 1 CARPARK

Vehicle Number: SJN8891A

Make/Model: MERCEDES C200

Insurer: ERGO

Eng. cc & Transmission:

Policy No: DMPG22005548

Policy Type: C/TPST/TPO

Name: POH CHIEW ANN STANLEY

NRIC/FIN no: S7126650H

Email: SP6650@ICLOUD.COM

Contact no: 93386569

Name: STANLEY POH CHIEW ANN

NRIC/FIN no: S7126650H

Email: SP6650@ICLOUD.COM

Contact no: 93386569

Occupation: Indoor / Outdoor

D.O.B: 26-07-1971

Address: 649 JALAN TENAGA #09-151 SINGAPORE 410649

Driving pass date: 02-10-1993

Relationship with Policyholder: OWNER

Weather conditions: Clear / Raining

Road surface: Dry / Wet

Police report: Yes / No

Video Footage: Yes / No

Prosecution Letter: Yes / No

If Yes against whom:

Passenger (incl. Driver): 1 Please provide ALL passengers details:-

	Passenger 1	Passenger 2
Name:	-	-
Gender:	Male / Female	Male / Female

Witness: Yes / No If Yes, provide injuries details:-

	Witness 1	Witness 2
Name:	-	-
Contact no.:	-	-

Injuries: Yes / No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
-	-	Yes / No	Yes / No
-	-	Yes / No	Yes / No

Details of other vehicles involved

	Vehicle B	Vehicle C
Vehicle no.:	SHA7002Y	
Driver name:		
NRIC / FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks: (Date, Model, Passenger, injury info & etc)		

Claim Type: Own / Damaged Third Party / Re-insure Only

Policyholder /

Workshop:

Signature:



## 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 : DMPG22005548  
Vehicle Registration Number : SJN8891A  
Cover Type : Enhanced Comprehensive  
Policy Type : Private Car  
Name of Policyholder/Insured : POH CHIEW ANN STANLEY  
Commencement Date of Insurance : 16/04/2022  
Expiry Date of Insurance : 02/07/2023

**FLASH**  
Fast-Response Accident Reporting Hotline

**24-Hour Helpline: 6100 1620**

Excess : EXCESS (SECTION I)..... S\$ 500.00  
ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)... S\$ 500.00  
YOUNG & INEXP DRIVERS (SECTION I) S\$ 3,000.00

Finance Company/Hire Purchase Owner : TOKYO CENTURY LEASING (SINGAPORE) 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 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

*Karl-Heinz Jung*

Authorized Signature

A000531	LEE HUA ENTERPRISE	Contact Number: 65692925
Vehicle Chassis Number : WDD2050772R497565, Vehicle Engine Number : 26491530098853		PC1, 14/04/2022 18:32