

NATIONAL Assessment Centre Services (Unit 1 North) **51092367000A**

Date In: **07/06/2023 16:38** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **NBA/FI 2350 57694** E-mail (attach this, NO this)

Val No: **SM 283774** i-Motor Claim Form

D.O.A: **07/06/2023 12:30** i-Motor W/O (with: 00 100, 00 100)

OD **TP** Reporting Only i-Photo Uploaded

TP Insured: Assessment/Survey Report

Ass't Report by Fax / Hand in Owner/Whan

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

TP Particulars: Val No: **SEM 109574** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: Time:

Insured/Driver Liability: () % (Note: Inc Status W/O: 10:0.30%, P: 21.70%, P: 80.100%)

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

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

General Remarks: ()

() Walk-In Customer / Customers Information strictly Confidential & Strictly NO info of repeller.

() Total Loss Case : to e-mail Insurer URGENTLY.

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

Remarks: **INC LOSS: 67836614** Date of Completion: Done by:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Damage: ()

Other: ()

X/A2801659

Insurance Policy No: ()

Owner/Driver: ()

Policy No: ()

Assigned Portion: ()

Checked by (Engr-In-Charge): ()

Comments: ()

Invoice Preparation Charge: ()

1) All: Accident Package (500) ()

2) DA: Damage Assessment (\$1000) ()

3) TP: Towing Fee (\$100) ()

4) PE: Follow Through Survey (\$100) ()

5) TR: Transport Allowance / Survey (Courtesy) (\$100) ()

6) TR: Damage (\$100) ()

7) TR: DA + QCPT Survey (\$100) ()

8) NTUC Additional Services ()

9) NTUC: Courtesy Car / Tel Allowance (\$100) ()

10) NTUC: Repair Coordination (\$100) ()

11) NTUC: Post Repair Inspection (\$100) ()

12) NTUC: DV / Collect Excess Coordination (\$100) ()

13) NTUC: TP (Inc/Inc) Evaluation (\$100) ()

14) NTUC: Other ()

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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	07/06/2023 16:35 (SGT)
Reported by	Actual Driver
Date of Accident	07/06/2023 12:30 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	TOWARDS SEMBAWANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ8377U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	POLLISUM ENGINEERING (PTE) LTD
Company Reg No	1XXXXX577M
Email Address	julia@pollisium.com
Mobile Phone No	(Phone) +65-98188377
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S350
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3498

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099561MFQC/11

DRIVER

Name of Driver	ANG KA SAN
NRIC No	SXXXX569H
Date Of Birth	07/05/1947
Occupation	Indoor

Date Of Driving Pass	05/04/1967
Driving experience	56 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98188377
Alt. Phone Number	-
Email Address	julia@pollisium.com
Address	6 JALAN TARI SERIMPI
Address complement	-
Postcode	799094
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	COMPANY CHAIRMAN
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	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
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	Female

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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM1095H
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBK9851U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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.



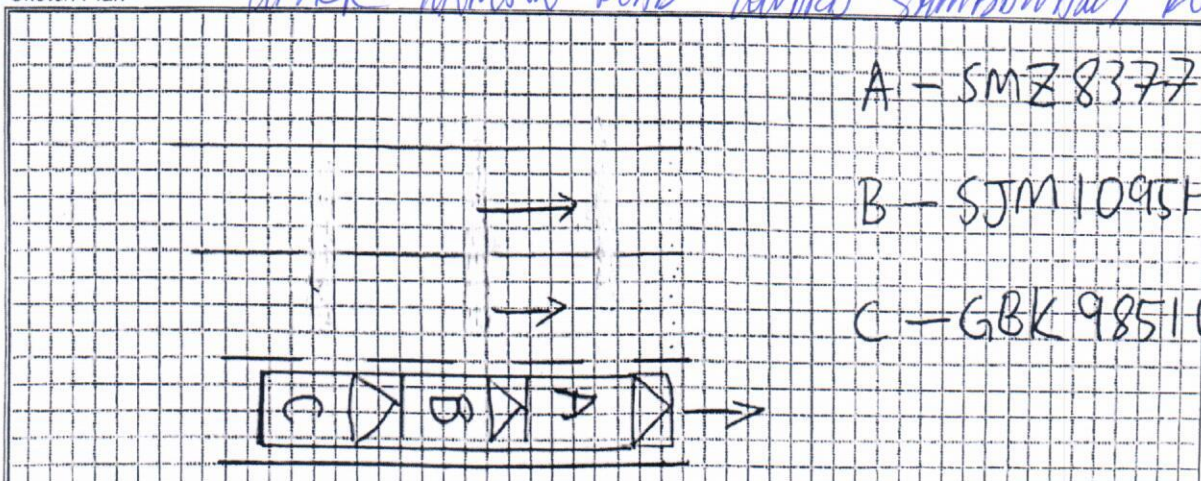
Policyholder's Signature / Date & Time

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

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

Sketch Plan

UPPER Thomson Road Tanjong Pagar Road



Describe Circumstance of the Accident

On the stated date and time I was driving my car vehicle A along the stated location. due to road works, a van changed lane in front of my car. I had to apply my brakes to avoid a collision. I suddenly felt a large impact from the rear of my vehicle. I got down and realised I was in a 3 car chain collision. The order is as follows.

1st car (A) - SMZ 8377U

2nd car (B) - SJM 1095H

3rd car (C) - GBK 9851U

The rear portion of my car was damaged by vehicle B's front portion.

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

Witnessed by Reporting Centre Personnel

07/06/2023



Date of Accident : 7/6/2023 Accident Time: 12:30 (24-HR-FORMAT)
Accident Place : upper thompson road towards sambawang road
Vehicle Reg. No (Car plate No.) : SMZ 8377U CC: _____ Vehicle Make/Model: S350 d (mercedes)
Insurance Company : MS first capital Policy No. D-22049561 MFRQ/11
Name of Registered Owner : Company / Individual Pollisium Engineering (PTE) LTD
ID of Registered Owner : Co Reg No: 198203577M Owner's NRIC No: _____
OWNER EMAIL ADDRESS: julia@pollisium.com Co Contact No: _____ Owner's Contact No: _____
DRIVER'S Name : Ang Ka San DRIVER'S NRIC No: 50794569H
DRIVER'S Date of Birth : 07/5/1947 DRIVER'S License Pass Date 5/4/1967
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Company Chairman
DRIVER'S Address : 6 Jalan Tari Serimpi, 5799094
DRIVER'S Contact No./ Alt No. : 1) 9818 8377 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : julia @ pollisium . com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 2 Name & Gender: _____
Was the accident reported to the police? YES ☒ NO ☐
Was there any video Captured by car camera: YES ☒ NO ☐
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes (name of the injured person) _____
Other Party Driver's Particulars (if any)
Vehicle Reg No: SJM 1095H Vehicle Reg No: GBK 9851U
Vehicle Make/Model: Toyota Altis Vehicle Make/Model: _____
Name DRIVER: _____ Name DRIVER: _____
IC No. DRIVER: _____ IC No. DRIVER: _____
DRIVER'S Contact & add: _____ DRIVER'S Contact & add: _____
REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____
WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH _____



CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy. : COMPANY CAR - FLEET
Type of Cover. : Comprehensive
Certificate No. : D-22099561MFQC/11
Vehicle No / Chassis No : SMZ8377U / W1K2231302A028017
Name of Insured : POLLISUM ENGINEERING (PTE) LTD
Period Of Insurance : 01.07.2022 To 30.06.2023
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : MAYBANK SINGAPORE LIMITED
Excess :

SGD500.00 OWN DAMAGE EXCESS
AN ADDITIONAL EXCESS SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE
DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF
DRIVING EXPERIENCE
ALL EXCESS AMOUNTS ARE SUBJECT TO GST

Authorised Driver*
ANY AUTHORISED DRIVER

Persons or classes of persons entitled to drive*
Any person who is driving on the Insured's order or with their 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.

Limitations as to use*
Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or 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.

I/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) and Part IV of the Road Transport Act, 1987 (Malaysia)

MS First Capital Insurance Limited
(Approved Insurers)

SUSAN/B0188/MX4A

Issued at Singapore on 30.06.2022

Authorised Signature