

NATIONAL Assessment Centre Services (wef 1 Jan'06)

| | | | |
|---------------------------------|--|-----------------------|---------|
| Date In: 08/06/2023 | Job description | Date & Time Completed | Done by |
| Ref No: NA/EG123005861/d4 | SAS e-filing | | |
| Veh No: XE 7317E | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 25/05/2023 09:35 | i-Motor Claim Form | | |
| OD / TP / <u>Reporting Only</u> | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | 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:

YN 5011R

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:

(INC hotline: 6788 6616)

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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA2301687

Invoice Preparation Checklist

Am (\$)

1st Bill

Ar

Ad

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: 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: Idao 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: Idao Mobile \$30

Invoice dated Fee Charged

Invoice dated Fee Charged

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

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 | 08/06/2023 09:35 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 25/05/2023 09:35 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | 15 WHOLESALE CENTRE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | XE7317E |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | WU LI TRANSPORTATION |
| Company Reg No | 3XXXX200C |
| Email Address | JEFFLOH80@GMAIL.COM |
| Mobile Phone No | (Phone) +65-64711646 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Sinotruk |
| Model | SITRAK C7H 4X2 AUTO |
| 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 | Goods vehicle |
| Transmission | Manual |
| CC | 12419 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | ERGO Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | DMFG23001639 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | REN HUA FANG |
| NRIC No | GXXXX024Q |
| Date Of Birth | 26/07/1988 |
| Occupation | Outdoor |

| | |
|--|-------------------------|
| Date Of Driving Pass | 29/09/2011 |
| Driving experience | 11 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96160049 |
| Alt. Phone Number | - |
| Email Address | WULITPTN@GMAIL.COM |
| Address | BLK 754 PASIR RIS ST 71 |
| Address complement | #07-132 |
| Postcode | 510754 |
| 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 | Side Swipe |
| 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 | YN5011R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Goods 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 Authorised 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. The 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.
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 insurers 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

Sketch Plan

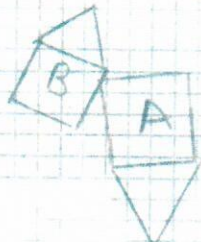
07/06/2020

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

15 Wholesale Center

Witnessed by Reporting Centre Personnel

8/6/23



A-XE7317E
B-YN5011R

Describe Circumstance of the Accident

On the above stated date, time I was at 15 Wholesale Centre. Reversing my vehicle. While reversing, vehicle B hit the rear right portion of my vehicle.

Declaration

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



[Signature]

Policyholder's Signature / Date & Time

07/06/2023

Ren Hua-fang

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

[Signature] 8/6/23

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

IDAC ACCIDENT STATEMENT

| | |
|---|--|
| DATE OF ACCIDENT : 25/5/2023 | TIME OF ACCIDENT : 0935 |
| VEHICLE NO : XF7317E | TRANSMISION : AUTO / MANUAL |
| MAKE & MODEL : Sinotruck / Sitruck | LOCATION : 15 Wholesale Centre |
| EXACT PURPOSE USE DURING ACCIDENT : <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE | CLAIM TYPE : <u>OD / THIRD PARTY / REPORTING ONLY</u> |
| INSURANCE COMPANY : Ergo | POLICY NO : DMFG23001639 |
| TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT | VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/ <u>LORRY</u> /MOTORCYCLE) |
| NAME OF OWNER : Wu Li Transportation | NRIC : |
| ADDRESS : Jefflo80@gmail.com | CONTACT NO : 9619 6004 |
| EMAIL ADDRESS : Wulit4n@gmail.com | VIDEO RECORDING : YES / <u>(NO)</u> |
| NAME OF DRIVER : AS ABOVE / IF NO : REN HUAFANG | NRIC : <u>651160249</u> CONTACT NO : <u>9611 1997</u> |
| DRIVER OWNER RELATIONSHIP : <u>Employee</u> | PASSENGER : 0 MALE () FEMALE () |
| DATE OF BIRTH : 26 / 7 / 1988 | DRIVING PASSING DATE : 29 / 9 / 2011 |
| OCCUPATION : INDOOR / <u>OUTDOOR</u> | ADDRESS : Blk 754 Pasir ris st 71 #07-132 SC(510754) |
| ANY INJURIES : <u>NO</u> IF YES : | POLICE REPORT : <u>NO</u> IF YES WHERE ? |
| WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS | ROAD SURFACE : <u>DRY</u> / WET / OTHERS |
| VEHICLE B REG NO : YN 5011R | VEHICLE C REG NO : |
| DRIVER NAME : | DRIVER NAME : |
| NRIC : | NRIC : |
| CONTACT : | CONTACT : |
| VEHICLE D REG NO : | ANY WITNESS ? <u>NO</u> IF YES : |
| DRIVER NAME : | NAME : |
| NRIC : | CONTACT : |
| CONTACT : | |
| WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM : | WERE SEAT BELTS WORN ? : <u>YES</u> / NO |
| | WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u> |

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 : DMFG23001639
Vehicle Registration Number : XE7317E
Cover Type : Comprehensive
Policy Type : Motor Fleet
Name of Policyholder/Insured : WU LI TRANSPORTATION
Commencement Date of Insurance : 20/01/2023
Expiry Date of Insurance : 19/01/2024

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

Excess :
ADD'L EXCESS: YOUNG&INEXP DRIVERS(ALL CLAIMS) S\$ 1,000.00
EXCESS: (SECTION I)..... S\$ 2,000.00
EXCESS: (SECTION II)..... S\$ 1,000.00
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I). S\$ 300.00
EXCESS: WINDSCREEN COVER(VEH 10 TONS & ABOVE) S\$ 200.00

Finance Company/Hire Purchase Owner : UNITED OVERSEAS BANK 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 racing pace-making reliability trail or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle
- 3) Use for the carriage of passengers for hire or reward

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

| | | |
|--|-----|-----------------------|
| A100087 | CH1 | |
| Vehicle Chassis Number : LZZ7CCWB9NC435413, Vehicle Engine Number : 211217011667 | | CH1, 16/01/2023 03:08 |