

NATIONAL Assessment Centre Services		Job Description		Date & Time Completed	Done by
Date In: 09/06/2023 13:16	Ref No: NA280169Y	SAS e-Mailing			
Veh No: 4658R		E-mail (within 24hrs, A/C 2hrs)			
D.O.A: 08/06/2023 10:00		1-Motor Claim Form			
OD: TP Reporting Only		1-Motor W/O (Within: OD 2hrs, TP 2hrs)			
TP Insured:		1-Photo Uploaded			
		Assessment/Survey Report			
		Ass'n Report by Fax / Hand to Owner/VV/Rep			
Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:			
TP Particulars:	Veh No: NA280169Y	INC () / Non-INC ()			
Owner / Driver: (Tel: ()			
Policy No: ()	Period: ()	Cover Types: ()			
Confirmed by: ()		Date: Time:			
Insured/Driver Liability: ()		95) (Note: Inc Status (WO): 10: 0-30%, 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 repeller.					
() Total Loss Case : to e-mail Insurer URGENTLY.					
Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()					
Remarks: (INC No: NA280169Y) : Done by: ()					
1) Apply for Transport Allowance () / Courtesy Car ()					
2) QC Check / Post Repair Inspection ()					
3) Upload Recovery Photo (Repair Cost > \$3000) ()					
Injury: ()					
Insurance Portion: ()					
Subject No: ()					
Assigned Portion: ()					
Checked by (Engr-In-Charge): ()					
Comments: ()					
Invoice Preparation Charge					
1) All: Accident Report (1300)					
2) DA: Damage Assessment (1600) INC (350)					
3) TP: Towing Fee \$125.00					
4) PF: Follow Through Survey \$110					
5) PF: Follow Through Survey (2nd day) \$30					
6) TR: Re-inspection \$20					
7) NUC: NUC + SMPT Survey \$145					
8) NUC: Additional Services					
9) NUC: Country Car / Tel Allowance \$5					
10) NUC: Repairs Coordination \$15					
11) NUC: Post Repair Inspection \$10					
12) NUC: DV / Collect Excess Coordination \$10					
13) NUC: TP (Non-INC) Vehicle INC \$10					
14) NUC: 12hrs Mgmt					
15) NUC: 12hrs Mgmt					
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99) NUC:					

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	09/06/2023 13:16 (SGT)
Reported by	Actual Driver
Date of Accident	08/06/2023 10:00 (SGT)
Exact Location of Accident	158 Gul Cir, Singapore 629615
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ4658R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	NAM AIK BUILDERS PTE LTD
Company Reg No	1XXXXX079R
Email Address	namaik@singnet.com.sg
Mobile Phone No	(Phone) +65-68627553
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22014723

DRIVER

Name of Driver	GOVINDARAJ IYYAPPAN
Passport No/FIN	GXXXX505L
Date Of Birth	03/03/1988
Occupation	Outdoor

Date Of Driving Pass	04/10/2017
Driving experience	5 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91877925
Alt. Phone Number	-
Email Address	namaik@singnet.com.sg
Address	21 TUAS VIEW SQUARE
Address complement	-
Postcode	637640
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 - Major/Minor Rd
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 (TYPE OF COLLISION IS TP REVERSE AND HIT INSURED)

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	YN3848G
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) -

 Accident report SN0823690005

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.

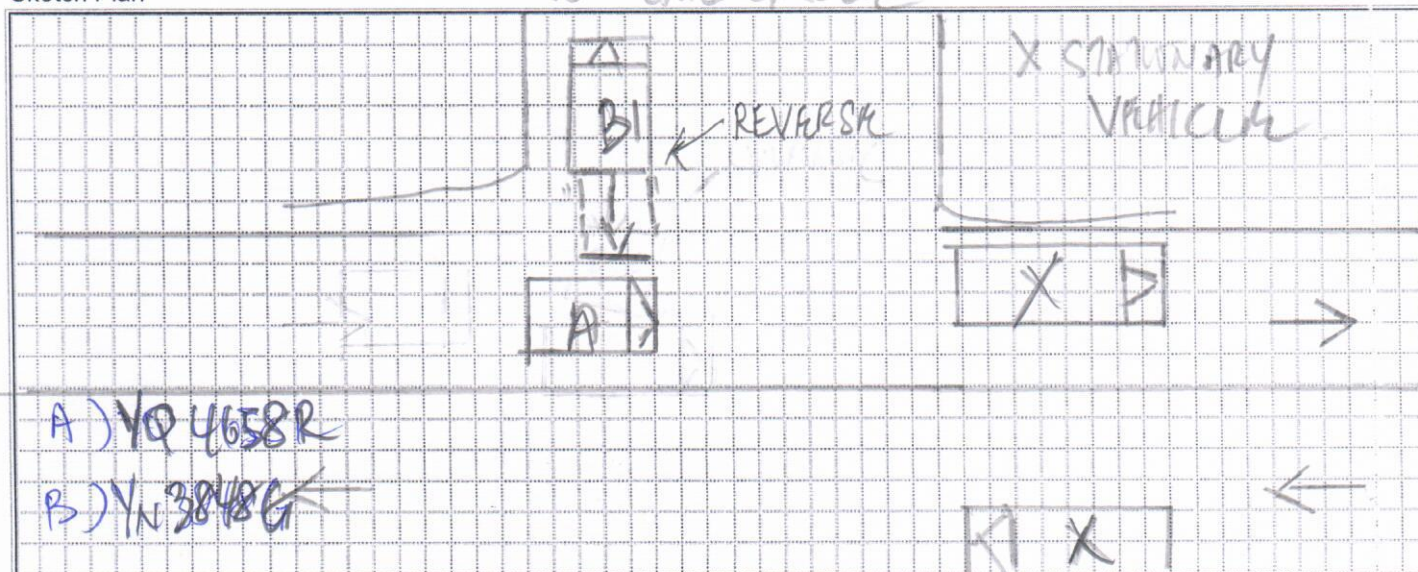


Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident

ON 08/06/2023 AT ABOUT 10:00HRS I WAS TRAVELLING
ALONG GUL CURCUM. BOTH SIDE OF THE ROAD WAS SOME
STATIONARY VEHICLE PARK. JUST WHEN I REACH IN FRONT
OF 158 GUL CURCUM A LORRY FX3888G FROM INSIDE
158 GUL CURCUM REVERSE OUT BUT I THOUGHT HE DID
NOT NOTICE. THE REAR OF HIS LORRY HIT MY LEFT
FRONT DOOR & CAUSE DAMAGE. HE REFUSE TO EXCHANGE
PARTICULAR THAT ALL.

Declaration

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



Policyholder's Signature / Date & Time

G. Angom 9/6/2023 @ 12.50

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

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

09/06/2023

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 8/6/2023	TIME OF ACCIDENT : 10am to 1030am
VEHICLE NO : YQ 4658R	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : MITSUBISHI/CANTER 2998	LOCATION : 158 GUL Circle
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY : ERGO	POLICY NO : DMC G 22014723
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/ <u>LORRY</u> /MOTORCYCLE)
NAME OF OWNER : NAMAik Builders PTE LTD	NRIC : 199307079R
ADDRESS : 21 Tuas View Square 637640	CONTACT NO : 91877925 68627553
EMAIL ADDRESS : namaik@singnet.com.sg	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : Govindaraj Iyyappan	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : <u>Employer</u>	PASSENGER : <input checked="" type="radio"/> MALE () FEMALE ()
DATE OF BIRTH : 03/03/1988	DRIVING PASSING DATE : 04/10 / 2017
OCCUPATION : INDOOR / <u>OUTDOOR</u>	ADDRESS : 21 Tuas View SQ 637640
ANY INJURIES : NO, IF YES : <u>NO</u>	POLICE REPORT : <input checked="" type="radio"/> NO / IF YES WHERE ? _____
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>YN 3848G</u>	VEHICLE C REG NO : _____
DRIVER NAME : _____	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	WERE SEAT BELTS WORN ? : YES / NO
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM : _____	WERE INJURY CONVEYED BY AMBULANCE : YES / NO

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 : DMCG22014723
Vehicle Registration Number : YQ4658R
Cover Type : Comprehensive
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : NAM AIK BUILDERS PTE LTD
Commencement Date of Insurance : 21/10/2022
Expiry Date of Insurance : 20/10/2023
Excess :
EXCESS: (SECTION I)..... S\$ 500.00
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I). S\$ 300.00
EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS).. S\$ 100.00
YOUNG&INEXP DRIVERS(SECTION I) S\$ 2,500.00

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

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 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

Karl-Heinz Jung

Authorized Signature

B000129	SEA & LAND INSURANCE BROKERS PTE LTD	
Vehicle Chassis Number : FEB21EA35508, Vehicle Engine/Motor Number : 4P10E81582		CP1, 19/10/2022 11:53

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SUC823890005 Vehicle Registration No: YQ 4658R
 Name (as shown in NRIC): GROVINDARAJ IVAPPAN NRIC/FIN/Passport No: GXXXXX505L
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 91877928
 Email Address: _____
 Date of Accident: 08/06/2023 Time of Accident: 10:00
 Place of Accident: 158 GUL CIRCLE
 Insurance Company: ERGO

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

to change A CHAIRER SKETCH PLAN

 Policyholder / Actual Driver's Signature
 Date:

12/06/2023
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: