

NATIONAL Assessment Centre Services (Full Time) **SKV 23600003**

Date In: **12/06/2023 10:44** Job Description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **NIA 2301705** E-mail (within 24hrs, A/C 24hrs)

Val No: **0750 2153** i-Motor Claim Form

D.O.A: **09/06/2023 07:29** i-Motor W/O (Within 24hrs, A/C 24hrs)

QC **TP**: Reopening Only i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Driver

Preferred Wksp / INC Assgn Wksp / OW: () Tel: Fax:

TP Particulars: Val No: **SKV 5078K** INC () / Non-INC () Tel: Fax:

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

Confirmed by: ()

Insured/Driver Liability: () (Note: Inc Status (WO): 1: 0-30%, 2: 21-70%, 3: 80-140%)

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

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

Center of Repair: ()

() Walk-In Customer / Customer's information strictly Confidential & Strictly NO 1st of repairer.

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

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

Repairer: ()

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

2) QC Check/ Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date of Injury: ()

Location: ()

Witness: ()

NIA 2301705

Invoice/Repairation Charge	Amount
1) All Accident Payments (\$300)	
2) DA - Damage Assessment (\$1000)	\$1000.00
3) TP Towing Fee	\$150.00
4) TP Follow Through Survey (\$100)	\$100.00
5) TP Follow Through Survey (Business)	\$100.00
6) TP Additional Services	\$100.00
7) TP New Day Shift Survey	\$100.00
8) TP Additional Services	\$100.00
9) TP Additional Services	\$100.00
10) TP Additional Services	\$100.00
11) TP Additional Services	\$100.00
12) TP Additional Services	\$100.00
13) TP Additional Services	\$100.00
14) TP Additional Services	\$100.00
15) TP Additional Services	\$100.00
16) TP Additional Services	\$100.00
17) TP Additional Services	\$100.00
18) TP Additional Services	\$100.00
19) TP Additional Services	\$100.00
20) TP Additional Services	\$100.00
21) TP Additional Services	\$100.00
22) TP Additional Services	\$100.00
23) TP Additional Services	\$100.00
24) TP Additional Services	\$100.00
25) TP Additional Services	\$100.00
26) TP Additional Services	\$100.00
27) TP Additional Services	\$100.00
28) TP Additional Services	\$100.00
29) TP Additional Services	\$100.00
30) TP Additional Services	\$100.00

Checked by (Engr-In-Charge):

Signature: _____

Date: _____

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	12/06/2023 10:45 (SGT)
Reported by	Actual Driver
Date of Accident	09/06/2023 07:29 (SGT)
Exact Location of Accident	41 Sungei Kadut Ave, Singapore 729665
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2155J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FOO HENG CONSTRUCTION PTE. LTD.
Company Reg No	2XXXXX705M
Email Address	fooheng.ss@gmail.com
Mobile Phone No	(Phone) +65-96250867
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG23001800

DRIVER

Name of Driver	DAS GOUR CHANDRA
Passport No/FIN	GXXXX007P
Date Of Birth	25/10/1988
Occupation	Outdoor

Date Of Driving Pass	07/07/2016
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81227005
Alt. Phone Number	-
Email Address	fooheng.ss@gmail.com
Address	72 SUNGEI KADUT LOOP
Address complement	-
Postcode	729479
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 - Change/cross lane
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)	4
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	BENG
Gender	Male

PASSENGER 2

Name	AKASAN
Gender	Male

PASSENGER 3

Name	GUNA
Gender	Male

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
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV5073K
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

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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 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.



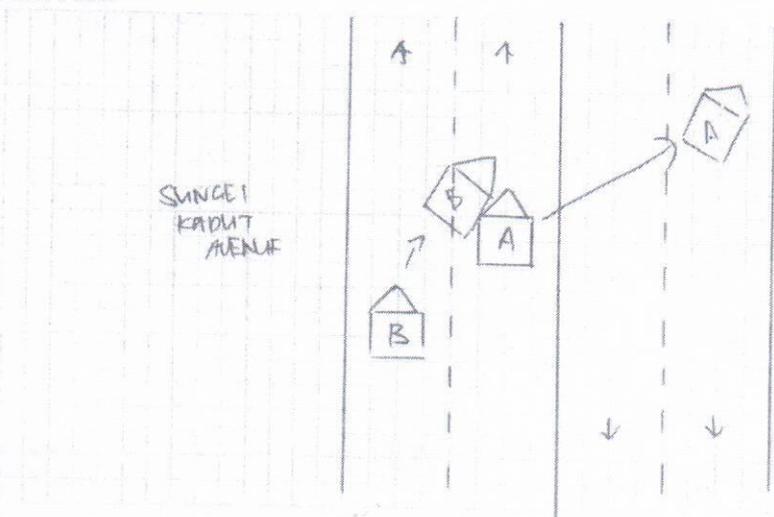
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

[Handwritten signature]
12/06/2023

Sketch Plan



- (A) GBC 2155J
- (B) SKV 5073K

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG SUNGAI KADUT AVENUE
ON THE RIGHT LANE.
SUDDENLY, VEHICLE B MADE A RIGHT TURN AND CUT
INTO MY LANE AND COLLIDED ONTO THE FRONT LEFT PORTION
OF MY VEHICLE. THE IMPACT CAUSED MY VEHICLE TO
SWERVE TO THE OPPOSITE SIDE OF THE ROAD.

Declaration

We declare the foregoing particulars are true in every respect.



[Handwritten signature]

Policyholder's Signature / Date & Time

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

[Handwritten signature]
12/06/2023
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

Date of accident: 09/06/2023 Time: 07:29pm
 Location of accident: 41 SUNGAI KAPUT AVENUE

Details of Own Vehicle

Vehicle Number: GBC2155J Make/Model: TOYOTA DYNA
 Insurer: ERGO Eng. cc & Transmission: _____
 Policy No: DMCG23001800 Policy Type: C/TPFT/TPO
 Name: FOO HENG CONSTRUCTION PTE LTD NRIC/FIN no.: 200601705M
 Email: FOOHENG.SS@GMAIL.COM Contact no.: 9625 0867 - TOMMY
 Name: DAS GOUR CHANDRA NRIC/FIN no.: 98479007P
 Email: - Contact no.: 8122 7005
 Occupation: Indoor / Outdoor D.O.B: 25-10-1988
 Address: 72 SUNGAI KAPUT LOOP SINGAPORE 729479
 Driving pass date: 07-07-2016 Relationship with Policyholder: EMPLOYEE

Weather conditions: Clear / Raining

Police report: Yes / No

Prosecution Letter: Yes / No

Road surface: Dry / Wet

Video Footage: Yes / No

If Yes against whom: _____

Passenger (incl. Driver): 4 Please provide ALL passengers details:-

	Passenger 1	Passenger 2
Name:	<u>BENG</u>	<u>AKASAN</u>
Gender:	<u>Male</u> / Female	<u>Male</u> / Female

GUNA
KHALI

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 Parties

	Vehicle B	Vehicle C
Vehicle no.:	<u>SKV5073K</u>	
Driver name:		
NRIC/ FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks: (Make/Model, Passenger, property info & etc)		

Claim Type: Own Damage / Third Party / Reporting Only

Workshop: _____

Policyholder/
driver

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)



24-Hour Helpline: 6100 1620

Certificate/Policy Number	:	DMCG23001800		
Vehicle Registration Number	:	GBC2155J		
Cover Type	:	Comprehensive		
Policy Type	:	Commercial Vehicle (Pte Use)		
Name of Policyholder/Insured	:	FOO HENG CONSTRUCTION PTE. LTD.		
Commencement Date of Insurance	:	04/03/2023		
Expiry Date of Insurance	:	03/03/2024		
Excess	:	EXCESS: (SECTION I)	SS	500.00
		ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I)	SS	300.00
		EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)	SS	100.00
		YOUNG&INEXP DRIVERS(SECTION I)	SS	2,500.00
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 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

A100003	CAR INSURANCE AGENCY PTE LTD	Contact Number: 63863322
Vehicle Chassis Number : JTFAT35Y20K201633, Vehicle Engine/Motor Number : 1KD2113468		CP1, 19/01/2023 10:15