

NATIONAL Assessment Centre Services

(Call 1-800-451-1234)

SYD 2365000

Date In: 16/06/2023 11:03	Job description	Date & Time Completed	Done by
Ref No: NA2801550	SAS e-tiling		
Val No: 5878x	E-incl (with 2hrs, A/C 2hrs)		
D.O.A: 15/06/2023 16:57	E-Motor Claim Form		
QC: 79: Repeating Only	E-Motor W/O (with 2hrs, A/C 2hrs)		
TP Insured:	E-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Driver		

Preferred Wksp / INC Assgn Wksp / QW:	Tel:	Fax:
TP Particulars: Yell No: 10 44506	INC () / Non-INC ()	
Owner / Driver:	Tel:	
Policy No: ()	Cover Type: ()	
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: ()	% (Note: Inc Status (VO): 10-0-30%, P: 21-70%, P: 30-1-40%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer / Customer's Information strictly Confidential & Strictly NO (for of repeller.

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

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

Remarks: (INC 2801550) ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date of Injury: ()

Location: ()

Witness: ()

Police: ()

Insurance: ()

Medical: ()

Legal: ()

Other: ()

NA2801550	Invoice: Preparation Charge	
Insurance Policy No:	1) All: Accident Assistance (\$500)	
Insured Portion: ()	2) DA: Damage Assessment (\$1000)	INC (\$50)
Checked by (Engl-In-Charge):	3) TP: Towing Fee	\$100
	4) PF: Follow-Up (5-10-15)	\$100
	5) PF: Follow-Up (15-20-25)	\$100
	6) TR: Assessment	\$100
	7) NI: New DA + Short Survey	\$100
	8) NIUC: Additional Services	\$100
	9) NIUC: Additional Services	\$100
	10) NIUC: Additional Services	\$100
	11) NIUC: Additional Services	\$100
	12) NIUC: Additional Services	\$100
	13) NIUC: Additional Services	\$100
	14) NIUC: Additional Services	\$100
	15) NIUC: Additional Services	\$100
	16) NIUC: Additional Services	\$100
	17) NIUC: Additional Services	\$100
	18) NIUC: Additional Services	\$100
	19) NIUC: Additional Services	\$100
	20) NIUC: Additional Services	\$100

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	16/06/2023 11:03 (SGT)
Reported by	Actual Driver
Date of Accident	15/06/2023 16:57 (SGT)
Exact Location of Accident	211 Bedok Central, Singapore
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5878X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MEAT COLLECTIVE SINGAPORE PTE LTD
Company Reg No	2XXXXX674H
Email Address	enquiries@meatcollective.com.sg
Mobile Phone No	(Phone) +65-93210072
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	DMCG22008565

DRIVER

Name of Driver	TAN SHENG RONG (CHEN SHENGRONG)
NRIC No	SXXXX366G
Date Of Birth	29/04/1976
Occupation	Outdoor

Date Of Driving Pass	11/07/1996
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86080063
Alt. Phone Number	-
Email Address	enquiries@meatcollective.com.sg
Address	BLK 805 CHAI CHEE ROAD #04-630
Address complement	-
Postcode	460805
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	Hit and run / Vandalism / Damaged whilst parked
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	YP4440G
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)	-

IMPORTANT NOTICE

1. Please do not tamper with the details of the accident or sign and stamp the claim report.
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 public liability on the part of the insurers and/or insured.
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 this report being made available to the insurers and to copies of this report being made available to the public.

8. Consent under the Personal Data Protection Act (PDPA)

I/We (insured) acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be 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 assessed by my insurer collectively the **Personal Information** and disclose and transfer such Personal Information to all insurers who have insured vehicles involved in this accident (all insurer(s) who have insured vehicles 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 vehicles involved in this accident and the Insurers' lawyers/law firms, may be 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 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 & Stamp

Driver's Signature (if driver is not the Policyholder) & Stamp

Signature of Insuring Centre (Insurer)
Date: 16/06/2023

Sketch Plan

Ⓐ GBF 5878 X

Ⓑ YP 444 00

211 BEDOK CENTRAL

OPEN CARPARK

Describe Circumstance of the Accident

MY VEHICLE WAS PARKED AT 211 BENOK CENTRAL. I WAS INSIDE

THE VEHICLE WAITING FOR LOADING AND UNLOADING.

SUDDENLY, I FELT AN IMPACT. I ALIGHTED AND FOUND DAMAGES

ON THE REAR RIGHT PORTION OF MY VEHICLE. VEHICLE B HAD REVERSED

AND COLLIDED ONTO MY VEHICLE.

Declaration

I/We declare the following particulars are true in respect of report



[Signature]

[Signature]
16/06/2023

15/06/2023

04.57PM

211 BEDOK CENTRAL OPEN CARPARK

GBF5878X

THUTHA PYNQ.

ERGO

DMCG2208565

MEAT COLLECTIVE SINGAPORE PTE LTD

201936674H

ENQUIRIES @ MEATCOLLECTIVE.COM.SG

93210072

TAN SHENG RONG (CHEN SHENPONG)

576123664

8608 0063

28-04-1976

outdoor

BLK 805 CHAI CHEE ROAD #04-63D SINGAPORE 460805

11-67-1996

EMPLOYEE

Chen

PR

805

YP4440G

18

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 : DMCG22008565

Vehicle Registration Number : GBF5878X

Cover Type : Comprehensive

Policy Type : Commercial Vehicle (Pte Use)

Name of Policyholder/Insured : MEAT COLLECTIVE SINGAPORE PTE LTD

Commencement Date of Insurance : 24/07/2022

Expiry Date of Insurance : 23/07/2023

Excess	:	EXCESS: (SECTION I).....	S\$	500.00
		ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).	S\$	300.00
		EXCESS: FREEZER COVER.....	S\$	500.00
		EXCESS: WINDSCREEN COVER (VEH BELOW 10 TONS),..	S\$	100.00
		YOUNG&INEXP DRIVERS (SECTION I)	S\$	2,500.00

Finance Company/Hire Purchase Owner : HITACHI CAPITAL ASIA PACIFIC 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 : JTFAT35Y80K207145, Vehicle Engine/Motor Number : 1KD2662871		CP1, 21/06/2022 11:39

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: SX128236G0001 Vehicle Registration No: GBG 5878X

Name (as shown in NRIC): Tan Pteahy Poo NRIC/FIN/Passport No: SXXX 366G

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 8680063

Email Address: _____

Date of Accident: 15/06/2023 Time of Accident: 16:57

Place of Accident: 211 Brook Circle Office Carpark

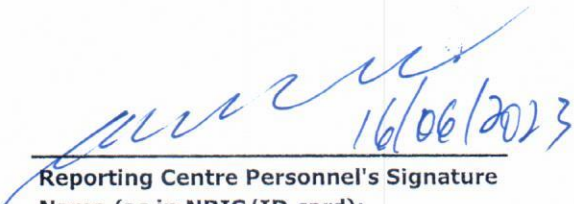
Insurance Company: ERL

(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 Remove unknown photo on SAS

Policyholder / Actual Driver's Signature
Date:


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