

NATIONAL Assessment Centre Services (Call 1 800 833 6000) **SN082360003**

Date In: **16/06/2023 16:45** Job Description: **SAS e-tiling** Date & Time Completed: Done by:

Ref No: **NB01/EG/223006105/V** E-mail (attach this, AIC 2000)

Val No: **175990** i-Motor Claim Form

D.O.A: **16/06/2023 12:00** i-Motor W/O (white: 00 00 00 00 00 00)

QC **79** Reporting Only i-Photo Uploaded

TP Insured: Assessment/Survey Report

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

Preferred Wksp / INC Assgn Wksp / GW: Tel: Fax:

TP Particulars: Val No: **GRJ 9759J** INC: **() / Non-INC ()**

Owner / Driver: Tel:

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

Confirmed by: () Date: Time:

Insured/Driver Liability: () % (Note: Inc Status (W/O): N: 0-20%, P: 21-70%, P: 80-100%)

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

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

Center: **GRJ 9759J**

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

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

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

Remarks: **GRJ 9759J**

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date of Injury: ()

Time of Injury: ()

Location of Injury: ()

Vehicle: ()

Driver: ()

Witness: ()

Police: ()

Insurance: ()

Other: ()

NA2301764

Invoice Preparation Checklist

1) All: Accident Report (300) INC (300)

2) DA: Damage Assessment (300) INC (300)

3) TP: Towing Fee (300)

4) PE: Follow-Up Survey (300)

5) PT: Post-Repairs Survey (300)

6) TR: Repairs (300)

7) NI: New DA & Survey (300)

8) ATUC Additional Services (300)

QC

*No: Courtesy Car / Tel Allowance (300)

*No: Repair Coordination (300)

*No: Post Repair Inspection (300)

*No: DV / Collect Excess Coordination (300)

*No: TP (Non-INC) Vehicle INC (300)

TP Insured: ()

TP Charged: ()

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

TP Comments: ()

TP Date: ()

TP Time: ()

TP Location: ()

TP Vehicle: ()

TP Driver: ()

TP Witness: ()

TP Police: ()

TP Insurance: ()

TP Other: ()

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 16:45 (SGT)
Reported by	Actual Driver
Date of Accident	16/06/2023 12:00 (SGT)
Exact Location of Accident	Seletar Expw., Singapore
Additional Location Information	TOWARDS BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM7599D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RISHENG LOGISTIC
Company Reg No	5XXXX189M
Email Address	wendaoyi@hotmail.com
Mobile Phone No	(Phone) +65-91179849
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fe84be6srdea
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	Auto
CC	2977

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG23001490

DRIVER

Name of Driver	WEN YI
NRIC No	SXXXX987E
Date Of Birth	17/01/1974
Occupation	Outdoor

Date Of Driving Pass	12/09/1998
Driving experience	24 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91179849
Alt. Phone Number	-
Email Address	wendaoyi@hotmail.com
Address	BLK 26B ST.GEORGE'S LANE #16-33
Address complement	-
Postcode	322026
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230616/7033

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	GBJ9759J
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	GBJ9759J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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

SLE TOWARDS BKE

① VM7599D

② GBJ9759J



Describe Circumstance of the Accident

— REFER TO POLICE REPORT — T/20230616/7033

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 & Time

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2023 15:17		Vide Report No.: L/20230616/0052		Station Diary No.:	
Informant's Particulars					
Name of Informant: WEN YI			Address: 26B ST. GEORGE'S LANE #16-33 SINGAPORE 322026		
ID Type / ID No.: NRIC NO / S7488987E			Contact No.: Home/Office: Mobile: 91179849		
Nationality: CHINESE			Email: wendaoyi@hotmail.com		
Sex: Male	Age: 49	Date of Birth: 17/01/1974	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/06/2023 12:00	Type of Location: Straight Road
Location: SLE (BKE) 6KM				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ9759J	Lorry				Seriously Damaged	0
YM7599D	Lorry				Slightly Damaged	0



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	UNKNOWN	ID No.	NIL
Related Vehicle	GBJ9759J (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Vehicle Owner			
Name	WEN YI	ID No.	S7488987E
Related Vehicle	YM7599D (Lorry)	Contact No.	91179849
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was travelling along SLE towards BKE.

The vehicle in front of mine came to a stop. I followed to slow down and stop.

A few seconds later, I felt an impact. I alighted and found my vehicle being rear ended.

The vehicle behind mine was badly damaged and the driver was conveyed to the hospital.

I was informed by the police officer to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20230616/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230616/7033

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Signature Of Interpreter:
Not applicable

Date/Time:
16/06/2023 15:17

Officer In Charge Of Case:
TP / TPIB /
PHUA TIAK YEE
Contact No.: 65476200

Classification Of Case:

ACCIDENT STATEMENT

Date of accident: 16.06.2023

Time: 12:00



Location of accident: SLE (TOWARDS BKE)

Vehicle Number: YM7599D

Make/Model: MITSUBISHI

Insurer: ERGO

Engine & Transmission:

Policy No: DMC923001490

Body type: CATCHER

Name: RISHENG LOGISTICS

NRIC/FIN no: 53278189M

Email: WENDAOYI@HOTMAIL.COM

Contact no: 91179849

Name: WEN YI

NRIC/FIN no: 57468987E

Email: -

Contact no: 91179849

Occupation: Indoor / Outdoor

D.O.B: 17-01-1974

Address: BLK 268 ST GEORGE'S LANE #16-33 SINGAPORE 377026

Driving pass date: 12-09-1998

Relationship with Policyholder: OWNER

Weather conditions: Clear / Raining

Road surface: Wet

Police report: Yes / No

Video footage: Yes / No

Prosecution Letter: Yes / No

If Yes, against whom: -

Passenger (incl. Driver): 8 1

Please provide ALL passengers details:

	Passenger 1	Passenger 2
Name	-	-
Gender	Male / Female	Male / Female

Witness: Yes / No

If Yes, provide injuries details:

	Witness 1	Witness 2
Name	-	-
Contact no	-	-

Injuries: Yes / No

If Yes, provide injuries details:

Name	Vehicle No.	Seatbelt	Wearing safety harness
	GBJ9759J	<u>Yes</u> / No	<u>Yes</u> / No
		Yes / No	Yes / No

Vehicle no:

GBJ9759J

Driver name:

NRIC/FIN no:

Contact no:

Occupation:

Remarks:

Signature:

Date:

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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 : DMCG23001490
Vehicle Registration Number : YM7599D
Cover Type : Third Party Fire & Theft
Policy Type : Commercial Vehicle (Hire Use)
Name of Policyholder/Insured : RISHENG LOGISTIC
Commencement Date of Insurance : 01/02/2023
Expiry Date of Insurance : 31/01/2024
Excess :



24-Hour Helpline: 6100 1620

Finance Company/Hire Purchase Owner :

*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 trial 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

A100003	CAR INSURANCE AGENCY PTE LTD	Contact Number 63863322
Vehicle Chassis Number : FE84BEA10161, Vehicle Engine/Motor Number : 4M42A49105		CH1, 11/01/2023 12:17