

NATIONAL Assessment Centre Services (only when) **SM082366000X**

Date In: 16/06/2013 17:07	Job Description	Date & Time Completed	Done by
Ref No: NIA/EG22300607/4	SAS e-Milling		
Yell No: YM 101C	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 16/06/2013 09:00	1-Motor Clean Form		
QC: 79 (Repeating Only)	1-Motor W/O (within 24hrs, A/C 2hrs)		
TP Insured:	1-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: YM 6446T INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: ()

Insured/Driver Liability: () % (Note: Inc. Status (W/O): 11-0-2014, R: 21-79%, P: 30-140%)

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

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

Center Remarks: ()

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

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

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

Remarks: ()

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: ()

Time: ()

Weather: ()

Vehicle: ()

Driver: ()

Witness: ()

Police: ()

Insurance: ()

Other: ()

NIA 280763

Invoice Preparation Checklist

1) All Accident Particulars (150)	
2) DA: Damage Assessment (\$1000)	INC (150)
3) TP: Towing Fee (\$12)	
4) PE: Follow-Up through Survey (\$50)	
5) TR: Towing through Survey (Courtesy)	
6) TR: Damage (\$140)	
7) TR: DA + Survey (\$15)	
8) TR: Additional Services (\$10)	
9) TR: ()	
10) TR: ()	
11) TR: ()	
12) TR: ()	
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27) TR: ()	
28) TR: ()	
29) TR: ()	
30) TR: ()	

Checked by (Engl-In-Charge): ()

Comments: ()

Date: ()

Signature: ()

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 17:07 (SGT)
Reported by	Actual Driver
Date of Accident	16/06/2023 09:00 (SGT)
Exact Location of Accident	2 Changi S Ln, Singapore 486123
Additional Location Information	LOADING AND UNLOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM101C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG TIONG TAT (HONG ZHONGDA)
NRIC No	SXXXX467E
Email Address	guojie.tan83@gmail.com
Mobile Phone No	(Phone) +65-90091427
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Frr90suqa-c
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	5193

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG23007126

DRIVER

Name of Driver	MOHAMED YAZID BIN ALI
NRIC No	SXXXX773J
Date Of Birth	24/10/1972
Occupation	Outdoor

Date Of Driving Pass	25/06/2007
Driving experience	16 YEARS
Gender	Male
Mobile Number	(Phone) +65-90091427
Alt. Phone Number	-
Email Address	guojie.tan83@gmail.com
Address	BLK 327 TAH CHING ROAD #01-10
Address complement	-
Postcode	610327
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)	0
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	YM6446T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM KIM SIAH
NRIC No	SXXXX441C

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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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.
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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.

Am

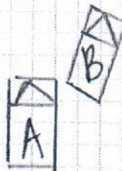
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Loading/Unloading
Bay
e 2 Changi
South Lake



(A) Ym101c
(B) Ym 6446T

Describe Circumstances of the Accident

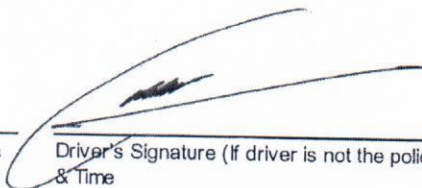
On 16-06-2023 at about 09:00hrs, I parked my vehicle at 2 Chanai South Lane (loading/unloading Bay). While doing my loading/unloading job, all of a sudden I heard a loud bang. I stop my job and realised a lorry Vm 6446T had reversed and collided onto my front right side portion. That's all.

Declaration

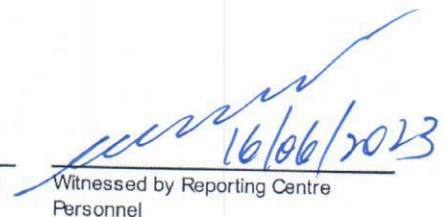
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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


16/06/2023

Witnessed by Reporting Centre Personnel

⑤

Date of Accident : 16.06.23 Accident Time: 0900hrs (24-HR-Format)
Accident Place : 2 Changi South Lane (Loading/Unloading Bay)
Vehicle No. (Car Plate No.) : 4M101C Make/Model: 1802U PRK90SU2A-C
Insurance Company : ERGO Policy No: DM CG23007126
Owner or Company Name /IC No. : ANG Tiong Tat (Hong & Hong Pa) - S9234467E
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Mottamed Yazed Bin Ali (S9245773J)
DRIVER'S Date Of Birth : 24.10.1972 DRIVER'S License Pass Date 25.06.2007
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: ☒ Others:
DRIVER'S Address : 327 Tat Ching Rd #01-10 S1610327
DRIVER'S Contact No./ Alt No. : 1) _____ 2) 9009 1427
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : guojie.tan83@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): NIL
Was there any video Captured by car camera: YES \ ☒ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work ☒ purpose
Any Injury (If YES, Pls state): NIL

Other Party Driver's Particular (if any)

Vehicle No: 4M 6446 T	Vehicle No: _____
Vehicle Make/Model: 1	Vehicle Make/Model: _____
Name Driver: Lim Kim Siah	Name Driver: _____
IC No. Driver/Contact: 8 1666441C	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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 : DMCG23007126
Vehicle Registration Number : YM101C
Cover Type : Third Party Fire & Theft
Policy Type : Commercial Vehicle (Hire Use)
Name of Policyholder/Insured : ANG TIONG TAT
Commencement Date of Insurance : 02/06/2023
Expiry Date of Insurance : 01/06/2024
Excess :
Finance Company/Hire Purchase Owner : THIAM HENG AUTO (S) PTE LTD

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

***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

Jonas Boltz

Authorized Signature

A000183	JIN-SHI (HOLDINGS) PTE LTD	
Vehicle Chassis Number : JALFRR907E7000329, Vehicle Engine/Motor Number : 4HK1231538		CH1, 24/05/2023 12:50

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	467E

Vehicle Details

Vehicle No.:	YM101C
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Jul 2023
Vehicle Make:	ISUZU
Vehicle Model:	FRR90SUQA-C
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	4HK1231538
Chassis No.:	JALFRR907E7000329
Maximum Power Output:	-
Open Market Value:	\$46,352.00
Original Registration Date:	02 Jun 2015
First Registration Date:	02 Jun 2015
Transfer Count:	2
Actual ARF Paid:	\$2,318.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	01 Jun 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$29,040.00
COE Rebate Amount:	\$5,511.00
Total Rebate Amount:	\$5,511.00

The information contained herein is correct as at 16 Jun 2023

OK