

# NATIONAL Assessment Centre Services

(Unit 1/2013)

SLIP 23670007

Date In: 19/06/2013 15:11	Job Description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: NIB812661280061491	E-mail (within 24hrs, A/C 2hrs)		
Vehicle: SA11 BODY	1-Motor Claim Form		
D.O.A: 16/06/2013 18:00	1-Motor W/O (Within 24hrs, A/C 2hrs)		
OD: TP (Repeating Only)	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wkup / INC Assign Wkup / GW: ( )	Tel: ( )	Fax: ( )
TP Particulars: ( )	Vehicle No: SLIP 5768L	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( )	(Note: Inc Status (W/O): 1: 0-30%, 2: 31-79%, 3: 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 info of repairer.

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

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

Remarks: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Other: ( )

( )

( )

( )

( )

NA 128017B	Invoice Preparation Checklist
1) All Accident Particulars (30%)	INC (55%)
2) Date Damage Assessment (31-00%)	INC (55%)
3) TP Towing Fee	\$100
4) PE Follow-up (31-00%)	\$100
5) PE Follow-up (31-00%) (Basic Fee)	\$100
6) TR: Additional Fee	\$100
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100) TR: Additional Fee	\$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	19/06/2023 15:11 (SGT)
Reported by	Actual Driver
Date of Accident	16/06/2023 18:00 (SGT)
Exact Location of Accident	Jurong Town Hall Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY5012Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KHOO QUEE SONG
NRIC No	SXXXX408D
Email Address	queesong@gmail.com
Mobile Phone No	(Phone) +65-82338855
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

## INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22001666

## DRIVER

Name of Driver	TANG SHI HWA
NRIC No	SXXXX925E
Date Of Birth	04/09/1989
Occupation	Indoor

Date Of Driving Pass	18/11/2008
Driving experience	14 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91510941
Alt. Phone Number	-
Email Address	sandy_698@hotmail.com
Address	BLK 453 A BUKIT BATOK AVENUE 6 #02-479
Address complement	-
Postcode	651453
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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?	No
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SND5763L
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	TANG SHI HWA
Gender	Female
Phone No	(Phone) +65-91510941
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMY5012Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## 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

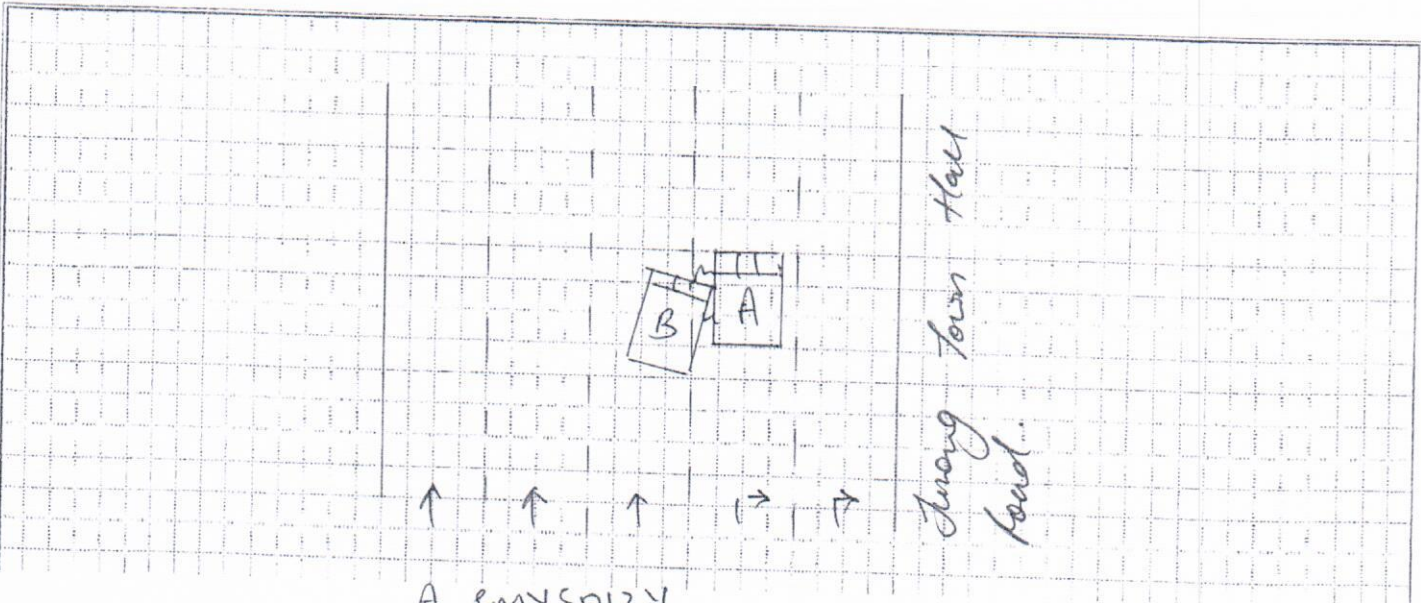
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



A: SMY50124

B: SND5763L

Describe Circumstance of the Accident

on the stated and time, I was travelling  
straight along Jurong Town Hall Rd. Suddenly,  
vehicle B switched lane from the left at my  
vehicle without checking hence colliding onto  
my vehicle.

Declaration

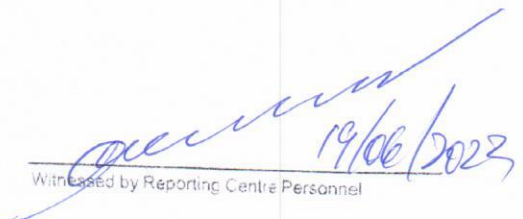
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

  
19/06/2023

Witnessed by Reporting Centre Personnel



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Date of Accident: 16/06/2023. Accident Time: 1800. 24-HR FORM 47

Accident Place: Jurong Town Hall Rd.

Vehicle Reg. No (Car plate No.): SMY50124. cc: 1500. Vehicle Make/Model: Honda Shuttle.

Insurance Company: Ergo. Policy No: DMP622001666.

Name of Registered Owner: Khoo Quee Sang.

ID of Registered Owner: 58428408D.

OWNER EMAIL ADDRESS: khooquee@gmail.com. Co Reg No: Co Contact No: 82338855.

DRIVER'S Name: Tang Shihwa. DRIVER'S NRIC No: 58930925E.

DRIVER'S Date of Birth: 04/09/1989. DRIVER'S License Pass Date: 18/11/2008.

Relationship bet. Owner & Driver: Spouse (Parents/Children/Sibling/Employees/Others).

DRIVER'S Address: 453A, Bukit Batok West Ave 6, #02-749, S(651453).

DRIVER'S Contact No/Alt No: 9151 0941.

DRIVER'S Occupation: ENDOR OUTDOOR (e.g. working inside or outside of an org).

Email Address: sandi-698@hotmail.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): 1. Name & Gender: -.

Was the accident reported to the police? YES (X) NO.

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 injuries, if yes (name of the injured person): Tang Shihwa.

Other Party Driver's Particulars (if any):

Vehicle Reg No	Vehicle Make/Model	Name DRIVER	IC No. DRIVER	DRIVER'S Contact & add:
SDN5763L				

REPORT FORM EXPLAINED IN: ENGLISH / CHINESE / MALAY / TAMIL OTHERS: CHINESE

WHO REPORTED THE ACCIDENT: OWNER / DRIVER / BOTH: BOTH

## 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 : DMPG22001666  
 Vehicle Registration Number : SMY5012Y  
 Cover Type : Essential Comprehensive  
 Policy Type : Private Car  
 Name of Policyholder/Insured : KHOO QUEE SONG  
 Commencement Date of Insurance : 30/03/2022  
 Expiry Date of Insurance : 12/07/2023  
 Excess :

**FLASH**  
 Fast-Response Accident Reporting Hotline™

**24-Hour Helpline: 6100 1620**

EXCESS: (SECTION I).....	SS	1,000.00
ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)...	SS	500.00
ADD'L EXCESS: DEALER WORKSHOP (SECTION I)	SS	300.00
EXCESS: WINDSCREEN	SS	100.00
YOUNG & INEXP DRIVERS (SECTION I)	SS	3,000.00

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 only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 3) Use for any purpose in connection with the Motor Trade

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

A100010	EASIBEST SERVICES AGENCY	Contact Number: 62190130
Vehicle Chassis Number : GP72002462, Vehicle Engine/Motor Number : LEB7103278		PC1, 18/01/2022 22:07