

NATIONAL Assessment Centre Services

Date In: 20/06/2023 15:38
 Ref No: N/A 2807797
 Veh No: GBE 15704
 D.O.A: 19/06/2023 08:05
 OC: TP Reporting Only
 TP Insurer:

Job Description	Date & Time Completed	Done by
SAS e-Mailing		
E-mail (with in 24hrs, A/C 2hrs)		
1-Motor Claim Form		
1-Motor W/O (with in 24hrs, A/C 2hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Driver		

Preferred Wksp / INC Assgn Wksp / QW: ()
 TP Particulars: Yell No: GBE 15704 INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: ()
 Insured/Driver Liability: () (Note: Inc Status (W/O): N: 0-30%, F: 21-70%, P: 30-100%)
 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 info of repair.
 () 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 Incident: ()
 Location: ()
 Description: ()

N/A 2807797
 Invoice Preparation Checklist
 1) All Accident Particulars (350)
 2) Date Damage Assessment (350) INC (550)
 3) Towing Fee (50)
 4) PE Follow through Survey (50)
 5) PE Follow through Survey (Survey) (50)
 6) TRS Assessment (30)
 7) N/A: No DA + Court Survey (30)
 8) N/A: Additional Services (30)
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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	20/06/2023 12:35 (SGT)
Reported by	Actual Driver
Date of Accident	19/06/2023 08:05 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI) SLIP ROAD TOWARDS PAYA LEBAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4185Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	UNITED ACMV ENGINEERING
Company Reg No	5XXXX885A
Email Address	kaseng_353@hotmail.com
Mobile Phone No	(Phone) +65-83538225
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500 6MT
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	2497

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG23004557

DRIVER

Name of Driver	HOSSAIN MD AKIL
Passport No/FIN	GXXXX136L
Date Of Birth	01/05/1990
Occupation	Outdoor

Date Of Driving Pass	20/12/2020
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83538225
Alt. Phone Number	-
Email Address	kaseng_353@hotmail.com
Address	BLK 3026 UBI ROAD 1 #03-174
Address complement	-
Postcode	408719
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)	5
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	ISLAM MOHMMAD SHIFUL
Gender	Male

PASSENGER 2

Name	ANNADURAI VIJAY
Gender	Male

PASSENGER 3

Name	SUNDARLINGAM SATHISHKUMAR
Gender	Male

PASSENGER 4

Name	AMIN MD AL
Gender	Male

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/20230619/7078

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 GBF7390Y
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 HOSSAIN MD AKIL
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? GBJ4185Y
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person ISLAM MOHAMMAD SHIFUL
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? GBJ4185Y
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person ANNADURAI VIJAY
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -

SKETCH PLAN

IMPORTANT NOTICE

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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.
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.

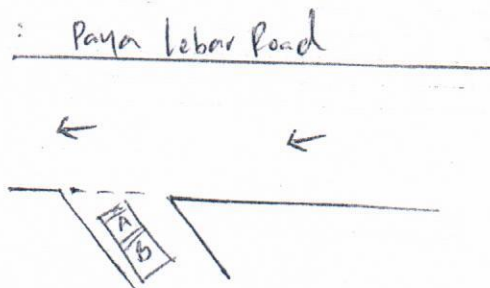


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A - GBJ4185Y

Veh B - GB77390Y

Describe Circumstances of the Accident

Refer to Police Report = 7/20230619/7078

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

Witnessed by Reporting Centre Personnel

20/06/2023



**SINGAPORE
POLICE FORCE**



T/20230619/7078

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

2 of 3

Report No. T/20230619/7078

CONTINUATION OF REPORT

Driver			
Name	HOSSAIN MD AKIL	ID No.	G2048136L
Related Vehicle	GBJ4185Y (Lorry)	Contact No.	83538225
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Serious

Brief Details.

Vide G/20230619/0050

On the stated date and time, I was driving GBJ4185Y along PIE(Changi) slip road towards Paya Lebar Road with 4 colleagues namely:

Islam Mohmmad Shiful
Annadurai Vijay
Sundarlingam Sathishkumar
Amin Md Al

on board our company lorry.

I had gradually come to a stop due to oncoming traffic along Paya Lebar road when moments later, a massive impact slammed against the rear of my lorry, causing my vehicle to surge forward.

Upon alighting, I realised that GBF7390Y had smashed into the rear of our lorry.

Amin immediately complained of sharp pain in his back area and as such, I called for ambulance.

Amin was conveyed to hospital via ambulance and was subsequently discharged with 4 days MC.

The rest of us started feeling aches over multiple areas of our bodies later in the day and proceeded to seek treatment at Ubi Family Clinic, near our company, the same evening after work.

Each of us were given 2 days MC for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**



T/20230619/7078

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

3 of 3

Report No. T/20230619/7078

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

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

Date/Time:
19/06/2023 20:55

Classification Of Case:

⑤

Date of Accident : 19/06/2023 Accident Time: 0805 (24-HR-FORMAT)

Accident Place : PIE Changi Slip Road towards Paya Lebar

Vehicle Reg. No (Car plate No.) : GBJ4185Y Vehicle Make/Model: _____

Insurance Company : ERGO Policy No. PMCG2300P557

Name of Registered Owner : Company/Individual United ACMV Engineering

ID of Registered Owner : Co Reg No: 53180085A Owner's NRIC No: G2048136L

: Co Contact No: 8553822 Owner's Contact No: _____

DRIVER'S Name : Hossain Md Akil DRIVER'S NRIC No: G2048136L

DRIVER'S Date of Birth : 01/05/1990 DRIVER'S License Pass Date: 20/12/2020

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : 3026 Ubi Rd 1 #03-174, 3408719

DRIVER'S Contact No/Alt No : 1) 8353 8225 2) _____

DRIVER'S Occupation : INDOOR/OUTDOOR (eg. working inside or outside of an office)

Email Address : kaseng - 353@btmail.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) : 05 Passenger Name: Islam Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: Annadurai Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Islam

Injured Name: Annadurai

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Kumar M/F
Akil M/F
Amin M/F

Other Party Driver's Particulars (if any)

Vehicle Reg No: GBJ7390Y	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

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

ERGO

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, 1969 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

FLASH
Fast Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

Certificate/Policy Number : DMCG23004557
Vehicle Registration Number : GBU4185Y
Cover Type : Comprehensive
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : UNITED ACMV ENGINEERING
Commencement Date of Insurance : 18/04/2023
Expiry Date of Insurance : 17/04/2024
Excess :
EXCESS (SECTION I) : S\$
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) : S\$ 500.00
EXCESS: WINDSCREEN COVER/VEH BELOW 10 TONS : S\$ 300.00
YOUNG&INEXP DRIVERS(SECTION I) : S\$ 100.00
S\$ 2,500.00
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 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

Jonas Boltz

Authorized Signature

A100058	SOMA INSURANCE AGENCIES PTE LTD	
Vehicle Chassis Number	KNCSJX76LK7353576, Vehicle Engine/Motor Number : D4CBK773220	CP1, 24/03/2023 10:58