

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 28/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/EG/23006552/d4	SAS e-filing		
Veh No: GBF 1736Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/06/2023 20:30	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No:	INC () / Non-INC ()
Owner / Driver: (Tel: ()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 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 refer of repairer.

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

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

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2301929

Claimant's Particulars:	Invoice Preparation Checklist	Ant (\$)	Ac
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
Cat. 1:	7) N1 : Idac DA + SMRT Survey \$160		
Cat. 2 / 3:	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	28/06/2023 14:34 (SGT)
Reported by	Actual Driver
Date of Accident	14/06/2023 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1736Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AUGUST DESIGN PTE. LTD.
Company Reg No	2XXXXX031H
Email Address	enquiry@augustdesign.com.sg
Mobile Phone No	(Phone) +65-62656323
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	SQMCG2207504401

DRIVER

Name of Driver	MIA MD VASHANI
Passport No/FIN	GXXXX513U
Date Of Birth	03/09/1990
Occupation	Outdoor

Date Of Driving Pass	08/01/2018
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94600736
Alt. Phone Number	-
Email Address	enquiry@augustdesign.com.sg
Address	500 OLD CHOA CHU KANG ROAD , SUNGEI TENGAH LODGE
Address complement	# 05-105
Postcode	698924
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	13
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male

PASSENGER 8

Name UNKNOWN
 Gender Male

PASSENGER 9

Name UNKNOWN
 Gender Male

PASSENGER 10

Name UNKNOWN
 Gender Male

PASSENGER 11

Name UNKNOWN
 Gender Male

PASSENGER 12

Name UNKNOWN
 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 THE ATTACHED POLICE REPORT - T/20230627/2079

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 FBE9263Z
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Motorcycle
 Name of Driver -
 NRIC No SXXXX213E
 Contact Number (Phone) +65-97413529
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

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 Authorised 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. 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.



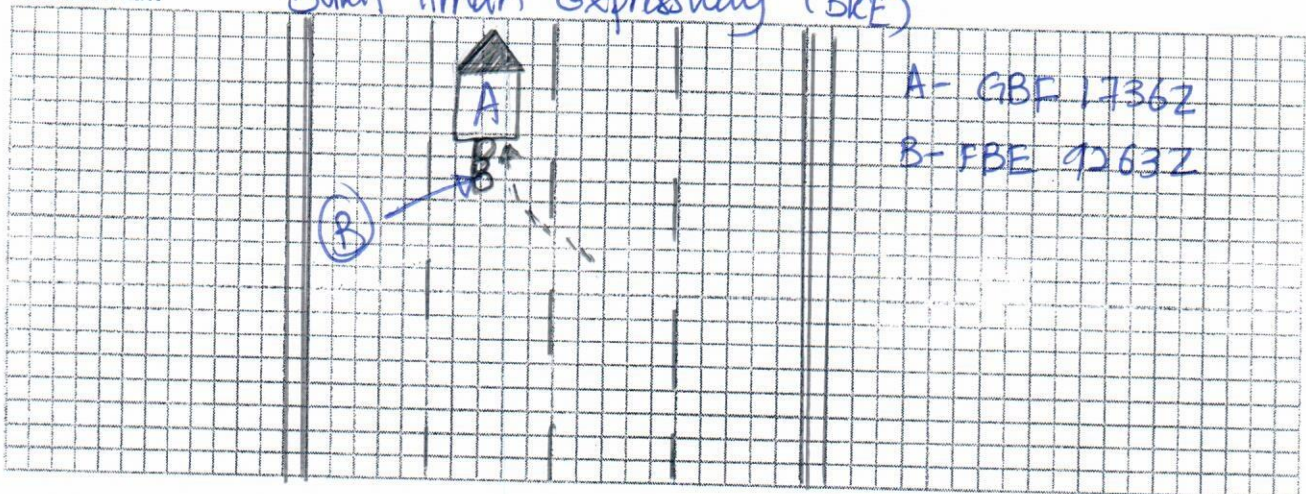
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Bukit Timah Expressway (BKE)



Describe Circumstance of the Accident

Please Refer to the attached
Police Report - 7120230627 / 2079

Declaration

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



Policyholder's Signature / Date & Time

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

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



SINGAPORE POLICE FORCE



T/20230627/2079

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

1 of 3

Report No. T/20230627/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2023 17:34		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MIA MD VASHANI			Address: 500 OLD CHOACHU KANG ROAD #05-105 SUNGEI TENGAH LODGE SINGAPORE 698924		
ID Type / ID No.: FIN NO / G2677513U			Contact No.: Home/Office: Mobile: 94600736		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 32	Date of Birth: 03/09/1990	Type of Informant: Driver		
Race: Bangladeshi			Language: English		
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/06/2023 20:30	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE9263Z	Motorcycle					0
GBF1736Z	Lorry				Slightly Damaged	10

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230627/2079

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

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Report No. T/20230627/2079

CONTINUATION OF REPORT

Rider				
Name	Unknown Rider		ID No.	S8227213E
Related Vehicle	FBE9263Z (Motorcycle)		Contact No.	97413529
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	MIA MD VASHANI		ID No.	G2677513U
Related Vehicle	GBF1736Z (Lorry)		Contact No.	94600736
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

ON THE ABOVE-MENTIONED DATE PLACE AND TIME, I WAS DRIVING ALONG LANE 2 OF BUKIT TIMAH EXPRESSWAY (BKE). I WANTED TO EXIT TO KJE SO I DECIDED TO LANE CHANGE TO LANE 3. I CHECK MY BLINDSPOT AND MY MIRROR AND MADE THE CHANGE OF LANE. WHEN I CHANGED LANE, AROUND 6 METRES LATER, THERE WAS A MOTORCYCLE THAT HIT INTO THE REAR OF MY LORRY. WHEN THE ACCIDENT OCCURED, I STOPPED MY VEHICLE AND TURNED MY HAZARD LIGHT ON. I WENT OUT OF MY VEHICLE TO CHECK ON THE MOTORCYCLIST. HE HAD SUSTAINED SLIGHT INJURIES. NO AMBULANCE OR TRAFFIC POLICE WAS PRESENT.



**SINGAPORE
POLICE FORCE**




T/20230627/2079


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

3 of 3

Report No. T/20230627/2079

CONTINUATION OF REPORT

Signature of Officer Recording The Report: TP / SC HAIDIL AKMAL BIN ADNAN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	

Signature Of Informant:	
Date/Time: 27/06/2023 17:34	
Classification Of Case:	

NP168

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 14/06/2023	TIME OF ACCIDENT : 20:30
VEHICLE NO : GIBF 1736Z	TRANSMISSION : AUTO / <u>MANUAL</u>
MAKE & MODEL :	LOCATION : Buloh Timah Expressway
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: <u>OD / THIRD PARTY / REPORTING ONLY</u>
INSURANCE COMPANY : Ergo	POLICY NO : SQMCG2207504401
TYPE OF COVERAGE :	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	NRIC :
NAME OF OWNER : August Design pte ltd	CONTACT NO : 6265 6323
ADDRESS :	VIDEO RECORDING : YES <u>NO</u>
EMAIL ADDRESS : enquiry@augustdesign.com.sg	NRIC: <u>G26775134</u> CONTACT NO: <u>94600736</u>
NAME OF DRIVER : AS ABOVE / IF NO : Mia Md Yashani	PASSENGER : 13012 MALE (<input checked="" type="checkbox"/>) FEMALE ()
DRIVER OWNER RELATIONSHIP: employee	DRIVING PASSING DATE : 08 / 01 / 2018
DATE OF BIRTH : 03 / 09 / 1990	ADDRESS : 500 old chuan chu kang Road # 05-105, Sungai Tengah Lodge
OCCUPATION: INDOOR / <u>OUTDOOR</u>	POLICE REPORT : NO / IF YES WHERE ? Traffic Cubi
ANY INJURIES: <u>NO</u> , IF YES :	ROAD SURFACE: <u>DRY</u> / WET / OTHERS
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS:	
VEHICLE B REG NO : <u>FBE 9263Z</u>	VEHICLE C REG NO : _____
DRIVER NAME : _____	DRIVER NAME : _____
NRIC : <u>88227213E</u>	NRIC : _____
CONTACT : <u>97413529</u>	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? <u>NO</u> , IF YES : _____
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / <u>NO</u>
	WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <u>NO</u>	
VEHICLE NUMBER:	HANDLING INSURER:

Motor Cover Note

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)

The Insured having proposed for insurance in respect of the Motor Vehicle stated below is HELD COVERED in the terms of the Company's usual form of Motor Vehicle Policy for the period stated herein unless the cover is terminated by the Company by notice in writing in which case the insurance will thereupon ceased and proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

Cover Note Number : SQMCG2207504401
Name of Policyholder/Insured : AUGUST DESIGN PTE. LTD.
Period of Insurance : From 00:00:00 **28/9/2022** To 23:59:59 **27/9/2023**
Reference Number : SQMCG2207504401
Cover Type : Comprehensive
Policy Type : COMMERCIAL VEHICLE
Make : TOYOTA
Model : DYNA 3.0M
Vehicle Body Type : LORRY
Engine Capacity/Tonnage : 1.58
Chassis Number : KDY2318024875
Engine Number : 1KD2615049
Year of Registration : 2016
Sum Insured : MARKET VALUE
Excess : AS PER POLICY
Vehicle Number : GBF1736Z
Hire Purchase Company : HONG LEONG FINANCE LTD
Intermediary : A000361-SUNMEX ENTERPRISE

This Cover Note is valid for a period not exceeding 30 days from the period of insurance or replaced by a policy whichever shall occur first.

Premium Before Cover Warranty (Applicable to Individual Policyholders)

In order for cover to be valid, premium is to be paid in full payment before the period of insurance start date shown above.

For and on behalf of **ERGO Insurance Pte. Ltd.**

Approved Insurer



Authorized Signature

Your Policy is protected under the Policy Owners' Protection Scheme administered by the Singapore Deposit Insurance Corporation. Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please visit SDIC's website (www.sdic.com.sg) or ERGO's website (www.ergo.com.sg).