

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 04/07/2023	Job description	Date & Time Completed	Done by
Ref No: NAIEG123006745/d4	SAS e-filing		
Yeh No: SKB 889L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/07/2023 10:30am	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: GBE 43 54P	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% P: 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

NA2302012	Invoice Preparation Checklist		Amt (\$)	Amt
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Auditors' Comments:-	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Cat. 1:	TP (N11): TP (N'n INC) against INC \$20			
	9) N12: Idac Mobile \$30			
Cat. 2 / 3:	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	05/07/2023 10:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/07/2023 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL SLIP ROAD TO AMK CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB889L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUAH POH SIONG
NRIC No	SXXXX554H
Email Address	perfect_automobile@hotmail.com
Mobile Phone No	(Phone) +65-96683949
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc200
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	1991

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG23002212

DRIVER

Name of Driver	CHUAH POH SIONG
NRIC No	SXXXX554H
Date Of Birth	11/04/1958
Occupation	Outdoor

Date Of Driving Pass	26/01/1981
Driving experience	42 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96683949
Alt. Phone Number	-
Email Address	perfect_automobile@hotmail.com
Address	10 HOUGANG STREET 11
Address complement	# 14-29
Postcode	534080
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	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 THE ATTACHED STATEMENT

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	GBE4359P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ALOYSIOUS
Contact Number	(Phone) +65-90406468

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

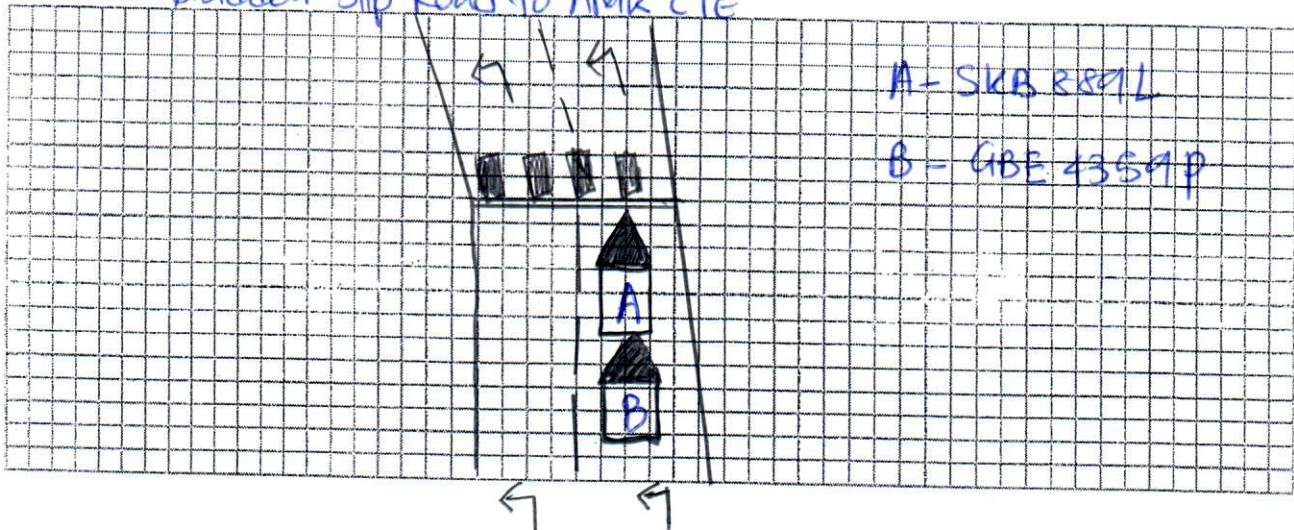
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 Braddell Slip Road to Amk CTE




Describe Circumstance of the Accident

On the above stated date and time, I was driving along Buddell slip Road to Amk CTE exit. I was on the first lane. I stopped my vehicle before the stop line at the pedestrian crossing, as there was a pedestrian about to cross the crossing. Suddenly Vehicle B hit the rear portion of my vehicle.


Declaration

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

 5/7/2023

Policyholder's Signature / Date & Time

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

 5/7/2023

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







IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 04/07/2023	TIME OF ACCIDENT: 10:30 am
VEHICLE NO: SKB 889L	TRANSMISSION: AUTO / MANUAL
MAKE & MODEL: Mercedes Benz	LOCATION: Briddell Slip Road to AMK CTE
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	CLAIM TYPE: OD / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY: Ergo	POLICY NO: DMPG 23002212
TYPE OF COVERAGE:	VEHICLE TYPE: <u>(SALOON)</u> / COUPE / MPV / VAN / LORRY / MOTORCYCLE
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	
NAME OF OWNER: Chuah Poh Siong	NRIC: S1305554H
ADDRESS: 10 Hengong Street 11 #14-29 S5301 S. 534080	CONTACT NO: 9668 3949
EMAIL ADDRESS: perfect_automobile@hotmail.com	VIDEO RECORDING: YES / <u>NO</u>
NAME OF DRIVER: <u>AS ABOVE</u> / IF NO:	NRIC: _____ CONTACT NO: _____
DRIVER OWNER RELATIONSHIP: Owner	PASSENGER: <u>0</u> MALE () FEMALE ()
DATE OF BIRTH: 11 / 04 / 1958	DRIVING PASSING DATE: 26 / 01 / 1981
OCCUPATION: INDOOR / <u>OUTDOOR</u>	ADDRESS:
ANY INJURIES: <u>NO</u> / IF YES:	POLICE REPORT: <u>NO</u> / IF YES WHERE?
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS:	ROAD SURFACE: <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO: GBE 4359P	VEHICLE C REG NO: _____
DRIVER NAME: Aloysius	DRIVER NAME: _____
NRIC: _____	NRIC: _____
CONTACT: 90406468	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:

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 : DMPG23002212
Vehicle Registration Number : SKB889L
Cover Type : Superior Comprehensive
Policy Type : Private Car
Name of Policyholder/Insured : CHUAH POH SIONG
Commencement Date of Insurance : 26/02/2023
Expiry Date of Insurance : 25/02/2024



24-Hour Helpline: 6100 1620

Excess	:	EXCESS: (SECTION I).....	S\$	700.00
		ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)...	S\$	500.00
		ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I)	S\$	300.00
		EXCESS: WINDSCREEN	S\$	100.00
		YOUNG & INEXP DRIVERS (SECTION I)	S\$	3,000.00
		DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD		

Finance Company/Hire Purchase Owner : LTD
*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. MARCUS CHUAH WEN XUN
3. 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

Jonas Boltz

Authorized Signature

A000588	JETTA INSURANCE AGENCY PTE LTD	Contact Number: 67791183
Vehicle Chassis Number : W1N2539802F759032, Vehicle Engine/Motor Number : 26492030241645		PC1, 03/02/2023 11:04