

NATIONAL Assessment Centre Services

(wef 1 Jan'06)

800823700001

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 12/07/2023 09:25 | Job description | Date & Time Completed | Done by |
| Ref No: NA2302088 | SAS e-filing | | |
| Veh No: GSK 536C | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 11/07/2023 15:00 | i-Motor Claim Form | | |
| OD / TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SKZ9013L | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|-----|
| NA2302088 | Invoice Preparation Checklist | Amf (\$) | Amf |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | Int. 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 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments:- | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat. 1: | 6) TR: Re-inspection \$75 | | |
| Cat. 2 / 3: | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON* | | |
| | *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 | 12/07/2023 09:25 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 11/07/2023 15:00 (SGT) |
| Exact Location of Accident | Newton Flyover, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBK5136C |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | DIETHELM MARINEDIESEL PTE. LTD. |
| Company Reg No | 2XXXXX137E |
| Email Address | marshallthean@yahoo.com |
| Mobile Phone No | (Phone) +65-92725587 |
| 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? | Yes |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 2982 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | ERGO Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | DMCG22011011 |

DRIVER

| | |
|-----------------|-------------------------|
| Name of Driver | SELLAMUTHU RAMAKRISHNAN |
| Passport No/FIN | GXXXX835R |
| Date Of Birth | 15/05/1997 |
| Occupation | Outdoor |

| | |
|--|-------------------------|
| Date Of Driving Pass | 09/02/2021 |
| Driving experience | 2 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-82340024 |
| Alt. Phone Number | - |
| Email Address | marshallthean@yahoo.com |
| Address | 2 TECK PARK CRESCENT |
| Address complement | - |
| Postcode | 638130 |
| 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 | Side Swipe |
| Weather Conditions | Raining |
| Road Surface | Wet |

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) | 2 |
| 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 | LOURDUSAMY JEGANATH |
| 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/20230711/7068

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 | SKZ9013L |
| Vehicle Manufacturer | Mercedes |
| Vehicle Model | S450I |
| 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 | SELLAMUTHU RAMAKRISHNAN |
| Gender | Male |
| Phone No | (Phone) +65-82340024 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | GBK5136C |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|---------------------|
| Name of injured person | LOURDUSAMY JEGANATH |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | GBK5136C |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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.

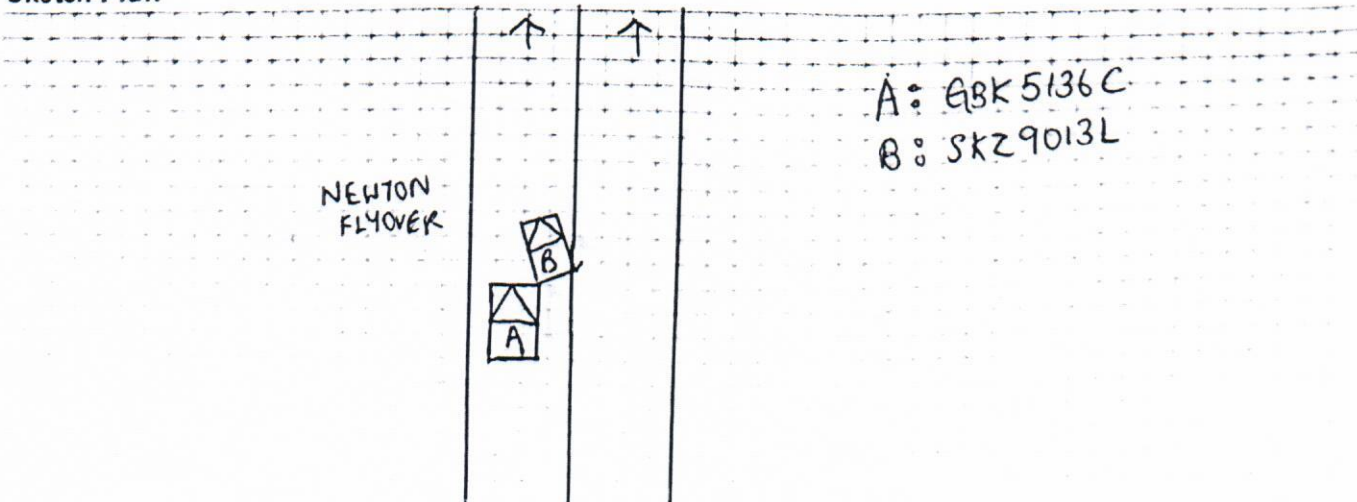


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO
POLICE REPORT
T/20230711/7068

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

12/07/2023
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230711/7068

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

1 of 3

Report No. T/20230711/7068

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|--|--------------------|--|
| Date/Time Report Made: 11/07/2023 17:30 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: SELLAMUTHU RAMAKRISHNAN | | | Address: | | |
| ID Type / ID No.: FIN NO / G2993835R | | | Contact No.: Home/Office: Mobile: 82340024 | | |
| Nationality: INDIAN | | | Email: sellamuthuramakrishnan063@gmail.com | | |
| Sex: Male | Age: 26 | Date of Birth: 15/05/1997 | Type of Informant: Driver | | |
| Race: Indian | | | Language: English | | |
| Occupation: WORKER CUM DRIVER | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 11/07/2023 15:00 | Type of Location: Flyover |
| Location: BUKIT TIMAH ROAD | | | | |
| Weather: Drizzling | | Road Surface: Wet | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|-------|------|-------|-------|-------------------|-------|
| GBK5136C | Lorry | | | | Seriously Damaged | 0 |
| SKZ9013L | Car | | | | Seriously Damaged | 0 |



SINGAPORE POLICE FORCE



T/20230711/7068

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

2 of 3

Report No. T/20230711/7068

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | SELLAMUTHU RAMAKRISHNAN | ID No. | G2993835R |
| Related Vehicle | GBK5136C (Lorry) | Contact No. | 82340024 |
| Hospital/Clinic | 24 HOUR WALK-IN CLINIC | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 11/07/2023 | Date | 11/07/2023 |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I VEHICLE A, BEARING LORRY PLATE GBK5136C WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 2 ALONG NEWTON FLYOVER. SUDDENLY, VEHICLE B, BEARING CAR PLATE SKZ9013L DASHED INTO MY LANE ABRUPTLY WITHOUT SIGNALLING FROM THE RIGHT LANE AND BANG ONTO THE FRONT RIGHT PORTION OF MY VEHICLE. HE CONTINUED AND BANG ONTO ANOTHER UNKNOWN VEHICLE, A HONDA CROSSROAD REAR PORTION.

AFTER THE ACCIDENT, I SUFFERED PAIN ON MY NECK AND LOWER BACK. SO I WENT TO LOH & LOH CLINIC @ ANG MO KIO TO CONSULT A DOCTOR. I RECEIVED 3 DAYS OF MC.

I LIKE TO STATE THAT MY MANAGER WAS IN MY LORRY ON THE FRONT PASSENGER SEAT WITH HIS SEAT BELT ON.
LOURDUSAMY JEGANATH (G2331925Q)



**SINGAPORE
POLICE FORCE**



T/20230711/7068

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

3 of 3

Report No. T/20230711/7068

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

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

Date/Time:

11/07/2023 17:30

Classification Of Case:

(5)

Date of Accident : 11/07/2023 Accident Time: 15:00 (24-HR-Format)
Accident Place : NEWTON FLYOVER
Vehicle. No. (Car Plate No.) : GBK 5136L Make/Model: TOYOTA DYNA
Insurance Company : ERGO Policy No: DMCG22011011
Owner or Company Name /IC No. : DIETHELM MARINEDIESEL PTE LTD
Owner or Company Contact No. : 9172 5587 Owner's Hp - Company Tel
DRIVER'S Name / IC No. : SELLAMUTHU RAMAKRISHNAN
DRIVER'S Date Of Birth : 15-05-1997 DRIVER'S License Pass Date 09 FEB 2021
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : 2 TECH PARK CRESCENT (S) 638130 #14
DRIVER'S Contact No./ Alt No. : 1) 8234 0024 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : MARSHALLTHEAN@YAHOO.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): 02
Was the accident reported to the police? YES \ 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 Injury (If YES, Pls state): DRIVER , PASSENGER

Other Party Driver's Particular (if any)

| | |
|-----------------------------------|------------------------------|
| Vehicle. No: SKZ9613L | Vehicle. No: _____ |
| Vehicle Make/Model: MERCEDES S450 | Vehicle Make/Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver/Contact: _____ | 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 : DMCG22011011
Vehicle Registration Number : GBK5136C
Cover Type : Comprehensive
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : DIETHELM MARINEDIESEL PTE LTD
Commencement Date of Insurance : 14/08/2022
Expiry Date of Insurance : 13/08/2023
Excess :
EXCESS: (SECTION I).....
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).
EXCESS: WINDSCREEN COVER (VEH BELOW 10 TONS)..
YOUNG&INEXP DRIVERS (SECTION I)

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

| | |
|-----|----------|
| S\$ | 500.00 |
| S\$ | 300.00 |
| 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

Karl-Heinz Jung

Authorized Signature

| | | |
|--|--------------------------------|--------------------------|
| A100027 | G & C GENERAL INSURANCE AGENCY | Contact Number: 63468832 |
| Vehicle Chassis Number : JTFAT35Y10K215233, Vehicle Engine/Motor Number : 1KDB039060 | | CP1, 08/08/2022 17:25 |

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN08237C0001 Vehicle Registration No: GBK 5136C
Name (as shown in NRIC) : SELLAMUTHU RAMAKRISHNAN NRIC/FIN/Passport No : 2XXXXXX137E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 8234 0024
Email Address : _____
Date of Accident : 11.07.2023 Time of Accident : 15:00hrs
Place of Accident : NEWTON FLYOVER
Insurance Company: ERGO INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TO OD CLAIM



Policyholder / Driver's Signature
Date:

12/07/2023
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: