

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

SN08237C0003

Date In: 12/07/2023 12:45	Job description	Date & Time Completed:	Done by:
Ref No: XIA/EG123007005/4	SAS e-filing		
Veh No: SGR 9710	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 11/07/2023 14:00	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: GBL 2965R	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

XIA2302093	Invoice Preparation Checklist		Am't (\$)	Am't
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			
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 : Idao 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: Idao 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 12:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/07/2023 14:00 (SGT)
Exact Location of Accident	Ubi Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR977D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEE KOK SENG
NRIC No	SXXXX365F
Email Address	kbs.engr@hotmail.com
Mobile Phone No	(Phone) +65-92767158
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG23001695

DRIVER

Name of Driver	CHEE KOK SENG
NRIC No	SXXXX365F
Date Of Birth	11/10/1968
Occupation	Indoor

Date Of Driving Pass	29/09/1992
Driving experience	30 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92767158
Alt. Phone Number	-
Email Address	kbs.engr@hotmail.com
Address	BLK 238 BUKIT BATOK EAST AVENUE 5 #08-209
Address complement	-
Postcode	650238
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	HEIDI LIM JIA YUAN
Gender	Male

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL2965R
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)	-

SKETCH PLAN

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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

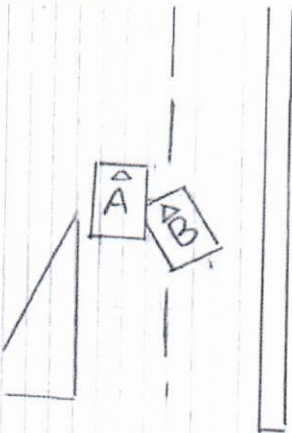
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

12/07/2023
Witnessed by Reporting Centre Personnel

Sketch Plan



Ubi Ave 2

A = SGR 977D

B = GBL 2965R

Describe Circumstances of the Accident

On 11.07.2023 about 1400hrs. I was travelling along Circuit. Link toward Ubi Avenue 2. I was travelling straight in my lane suddenly the vehicle GBL 2965R cut into my lane and collided right portion of my vehicle SGR 977D.

Declaration

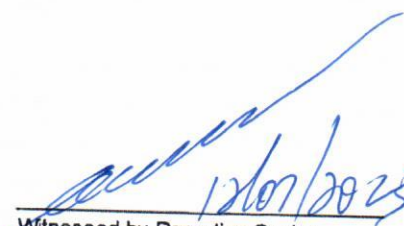
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



12/07/2023
Witnessed by Reporting Centre Personnel

Date of accident: 11.07.2023
location of accident: _____

Time: 1400 hrs
Ubi Ave 2

Vehicle Number: SGR 977D
Insurer: Ergo
Policy No: DMPG 23001695

Make/Model: Mercedes C180
Eng. cc & Transmission: 1595
Policy Type: CTPFT/TPO

Name: Chee Kok Seng
Email: KBS. ENGR @ Hotmail.com

NRIC/FIN no.: S6863365F
Contact no.: 9276 7158

Name: As above
Email: KBS. ENGR @ hotmail.com

NRIC/FIN no.: -
Contact no.: -

Occupation: Indoor/ Outdoor

D.O.B: 11.10.1968

Address: Apt B/L 238 Bukit Batok East Ave 5 # 08-209 S 650 238

Driving pass date: 29.09.1992

Relationship with Policyholder: Owner

Weather conditions: Clear/Raining

Road surface: Dry/Wet

Police report: Yes/No

Video Footage: Yes/No

Prosecution Letter: Yes/No

If Yes against whom: _____

Passenger (incl. Driver): 2 Please provide **ALL** passengers details:- 1D, 1P

	Passenger 1	Passenger 2
Name:	<u>Heidi Lim Jia Yuan</u>	
Gender:	<u>Male / Female</u>	<u>Male / Female</u>

Witness: Yes/No If Yes, provide injuries details:-
Witness 1

	Witness 1	Witness 2
Name:		
Contact no.:		

Injuries: Yes/No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
		Yes/ No	Yes/ No
		Yes/ No	Yes/ No

	Vehicle 3	Vehicle 4
Vehicle no.:	<u>GBL 2965R</u>	
Driver name:		
NRIC/ FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks: (Make/Model, Passenger, property info & etc)		

Claim Type: Own Damage/Third Party/ Reporting Only

Workshop: _____

Policyholder/
driver
Signature: [Signature]

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, 1959 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMPG23001695
Vehicle Registration Number : SGR977D
Cover Type : Enhanced Comprehensive
Policy Type : Private Car
Name of Policyholder/Insured : CHEE KOK SENG
Commencement Date of Insurance : 17/02/2023
Expiry Date of Insurance : 16/02/2024
Excess :

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

EXCESS: (SECTION I)..... S\$ 500.00
ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)... S\$ 500.00
YOUNG & INEXP DRIVERS (SECTION I) S\$ 3,000.00
Finance Company/Hire Purchase Owner : OVERSEA-CHINESE BANKING CORPORATION LIMITED

***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

A100042	NG KEE CHEN DAVID
Vehicle Chassis Number : WDD2050402R303860, Vehicle Engine/Motor Number : 27491031029170 PC1, 16/01/2023 22:07	