NATIONAL Assessme	ent Centre	Services	(wef   Jan'06)	•	· i	
Date In: # 26/07		Jeb description		Dute & Time Completed	Done	باط
Ref No: NAI E G12300 7	559/4	SAS e-filing	i i			
Yeh No: GU 98188		E-mail (within	Shrs. AIC 2hrs)			Mary de Mondador V
D.O.A: 25/07/2023	11:00	i-Motor Clai				-
OD / TP / Reporting Only		i-Motor YY/C	(Within: OD 2hrs	s, TP 4hrs)		
OD 1 19 Reporting Only	)	i-Photo Uplo		!		
TP Insurer:		Assessment/Su	irvey Report		-	
Tr mourer.		Ass't Report b	y Fax / Hand t	o Owner/Wksp	<del></del>	• • • •
Preferred Wksp / INC Assign Wk	sp / QW: (				Fax:	==
TP Particulars:	eli No: CB	E 2373K	. INC (			
Owner / Driver: (				Tel:	)	
Policy No: (	) Perio	od: (	)	Cover Type: (		
Confirmed by: (			Date:	Time:	)	
Insured/Driver Liability: (	%) [No	ote-Est. Status (V	VO): N: 0-20	0%; P: 21-79%. F: 80-	100%1	
Year of Registration: (		arranty: YES (	)/NO(	)		
	oading: \$1,000		( )	"	-	
General Remarks:-		TO THE PORT OF THE			>" 1/2 V > 1	
( ) Walk-In Customer : Cu	istomer's inform	nation strictly Co	nfidential & Str	rictly NO refer of repairer		
( ) Total Loss Case : to	e-mail Insurer	URGENTLY.				
Drive-In ( )/ Towed-In (	); Invoice:	YES ( . ) / N	T; ( ) OI	owing Co: (		
2) QC Check / Post Repair Insp 3) Upload Resurvey Photo [Rep Injury:	the same of the sa	. ( )	)			
				-	- W	
Date/Time Actions	1		(A)			
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NA2302226			Invoice Pre	paration Checklist	Ant (\$)	6
himant's:Particulars :-			2) Accident	reporting (330);		: 8
river/Owner:			3) TF: Towing F	Assessment (\$100); INC (	\$30) 40/\$45	
			4) FT : Follow-T	hrough Survey	\$120	
ontact No:				hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200	\$30	
amaged Portion:			6) TR: Re-inspec	ction	\$75	
			7) N1 : Idao DA : 8) NTUC Addition		\$160	-
C Checked by (Engr-In-Char	rge):		OD+	Car / Tpt Allowance		
367W3.18E368983c.co.co.co.co.co.	W. Z. min 18 20	18/12/22/22/	*N6: Repair C	o-ordination	\$5 \$10	
uditors! Comments::			*N7: Post Rep *N8: DV / Col	nir Inspection lect Excess Coordination	\$25	
ut. 1:	*	. ~	TP (N11) : TP	(Non INC) against INC	\$20	٠,
1. 2/3:			9) N12: Idao Mol	Fee Chargea	30	
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SN09237Q0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 26/07/2023 11:48 (SGT) SUBMITTED BY: NIVITHA VERSION: 1 (26/07/2023 11:48 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 witholding 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 First Submission 26/07/2023 11:48 (SGT) Reported by **Actual Driver** Date of Accident 25/07/2023 11:00 (SGT) Exact Location of Accident Singapore Additional Location Information HOUGANG AVENUE 3 Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

2148

Vehicle Registration Number GU9818E

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner JURID ENTERPRISE PTE. LTD. Company Reg No 1XXXXX282K Email Address sales@jurid.com.sg Mobile Phone No (Phone) +65-67425516 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Mercedes Model Vito Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Auto

#### INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Policy Number / Cover Note Number DMCG23004686

#### DRIVER

CC

Name of Driver TEE KHEAN SEONG Passport No/FIN GXXXX926M

Date Of Driving Pass	26/08/2022
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87713527
Alt. Phone Number	-
Email Address	sales@jurid.com.sg
Address	APT BLK 122 MCNAIR ROAD
Address complement	# 06-41
Postcode	320122
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	
insulation company of other vehicle cylinder by briver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
OTIEN WINDOW	
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	•
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	R VEHICLE PROPERTY 1
Vehicle Registration Number	GBE2373K
Vehicle Manufacturer	
Vehicle Model	E C
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Commercial vehicle
Maria N Firmar	EDIC TAN IOO MENIO

Contact Number		
Address	-	
	-	
Address complement	- 1	
Postcode	_	
Insurance Company Name	3	
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)

- lunderstand, 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' law yers/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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		- 48E 2373 K

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on the	above stuted defe and one loud.
welling	were introduction me surjonary . I accidentally
prose mu	accelerator pedal and i hit the rear
portion	of vehicle B.
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Declaration	•

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnal / Date & Time (Name as in NRIC/ID card)

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v.Jun2022

# **IDAC ACCIDENT STATEMENT**

DATE OF ACCIDENT: 25 07 2023	TIME OF ACCIDENT: 11 200 70 11		
VEHICLE NO: GUARISE	TRANSMISION: AUTO MANUAL		
MAKE & MODEL: Mercedez /11+0	LOCATION: Hougeney Avenue 3		
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT	CLAIM TYPE:		
/ PRIVATE USE / PRIVATE HIRE	OD / THIRD PARTY / REPORTING ONLY		
INSURANCE COMPANY: ENTO	POLICY NO: DM CG 23004686		
TYPE OF COVERAGE:	VEHICLE TYPE: (SALOON /		
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	COUPE/MPV/VAN/LORRY/MOTORCYCLE)		
NAME OF OWNER: JURID Enterprise Pte Ltd	NRIC: 198404282K		
ADDRESS:	CONTACT NO: 6742 5516		
EMAIL ADDRESS: Sales @ jund . com . Sg	VIDEO RECORDING : YES / NO		
NAME OF DRIVER: AS ABOVE / IF NO:	NRIC: <u>G894992M</u> CONTACTNO: <u>877</u> (3527		
DRIVER OWNER RELATIONSHIP: employee	PASSENGER:   MALE( )   FEMALE ( )		
DATE OF BIRTH: 09 / 01 / 1985	DRIVING PASSING DATE: 26 / 08 / 2022		
	ADDRESS: BIK 122 Mcnair Road #		
OCCUPATION: INDOOR / OUTDOOR	06-41		
	POLICE REPORT : NO/ IF YES WHERE?		
ANY INJURIES: NO, IF YES :	* * * * * * * * * * * * * * * * * * *		
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	ROAD SURFACE DRY / WET / OTHERS		
WEATHER CONDITION: CLEAR / RAINING / CTILLIS.			
VEHICLE B REG NO: GBE 2373 K	VEHICLE C REG NO :		
DRIVER NAME: Enc Tun Juo Meny	DRIVER NAME :		
NRIC: \$72 13 423J	NRIC :		
CONTACT:	CONTACT:		
	ANY WITNESS ? NO, IF YES :		
VEHICLE D REG NO :	NAME :		
DRIVER NAME :			
NRIC:	CONTACT:		
CONTACT:			
WAS NOTICE OF PROSECUTION GIVEN? (YES/NO)	WERE SEAT BELTS WORN ? : YES / NO		
IF YES, AGAINST WHOM:			
	WERE INJURY CONVEYED BY AMBULANCE : YES NO		
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES /	NO		
VEHICLE NUMBER:	HANDLING INSURER:		

**ERGO** 

24-Hour Helpline: 6100 1620

# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER I 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

DMCG23004686

Vehicle Registration Number

GU9818F

Cover Type

Third Party Fire & Theft

Policy Type

Commercial Vehicle (Pte Use)

Name of Policyholder/Insured

JURID ENTERPRISE PTE LTD

Commencement Date of Insurance

07/04/2023

Expiry Date of Insurance

06/04/2024

## Finance Company/Hire Purchase Owner:

\*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

onas Boltz

Authorized Signature

A000097	E. TAY & ASSOCIATES		
		Contact Number: 62946996	
Verlicle Chassis Numb	er : WDF63960123522248, Vehicle Engine/Motor Number : 64698051753280	CP1, 28/03/2023 16:22	