

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 27/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/EG/23007640/44	SAS e-filing		
Veh No: GBH 2629H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/07/2023 15:33	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: GBG1800R	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA2302246	Invoice Preparation Checklist	Am (\$)	Am
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Adc
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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 \$0		
	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 First Submission	27/07/2023 16:33 (SGT)
Reported by	Actual Driver
Date of Accident	26/07/2023 15:33 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALOMG BUKIT BATOK WEST AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2629H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MR CONSULTANCY
Company Reg No	5XXXX000D
Email Address	mdjufri925@gmail.com
Mobile Phone No	(Phone) +65-83883637
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Proace
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1997

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22011501

DRIVER

Name of Driver	MOHD JUFRI BIN ALI
NRIC No	SXXXX643B

Date Of Driving Pass	08/04/2020
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97508184
Alt. Phone Number	-
Email Address	mdjufri925@gmail.com
Address	BLK 140C CORPORATION DRIVE
Address complement	# 13-72
Postcode	613140
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?	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	ABDUL RASHID BIN ADMAI
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 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	GBG1800R
Vehicle Manufacturer	-

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHD JUFRI BIN ALI
Gender	Male
Phone No	(Phone) +65-97508184
Address	BLK 140C CORPORATION DRIVE
Address Complement	# 13-72
Post Code	613140
Approximate Age Years Old	-
Injuries Sustained	LEFT ARM AND BACK PAIN
Injured person in which vehicle?	GBH2629H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ABDUL RASHID BIN ADMAI
Gender	Male
Phone No	(Phone) +65-94559952
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEFT ARM AND BACK PAIN
Injured person in which vehicle?	GBH2629H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

6. 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.



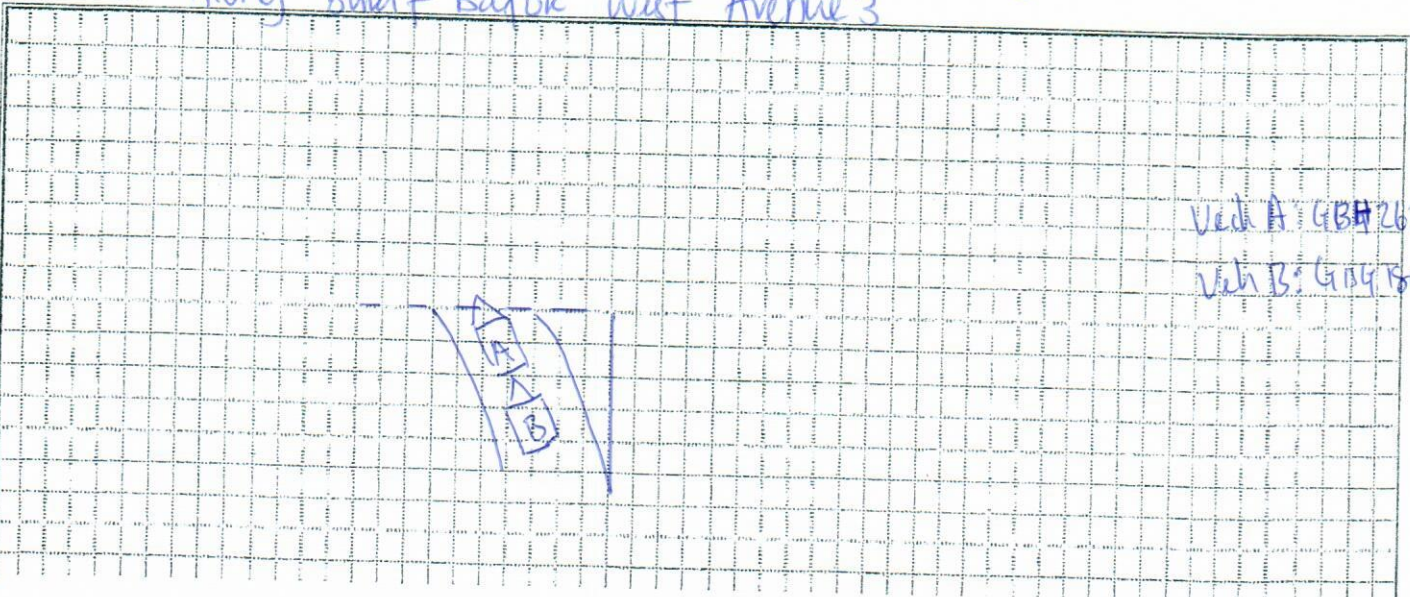
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Along Bukit Batok West Avenue 3



Vehicle A: GBH 2629H

Vehicle B: G04 B00R

Describe Circumstance of the Accident

On the stated date & time, I was driving along the stated location, while waiting for the main road traffic to be clear, suddenly I felt a impact on my rear, I got down and saw the lorry behind me had hit onto my van.

Declaration

I/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

Witnessed by Reporting Centre Personnel

gmuell 27/7/23

VEHICLE NO: GBH 2629H

MAKE & MODEL: Toyota Proace

AUTO / MANUAL

DATE OF ACCIDENT	26 / 07 / 2023	C.C. 2000
TIME OF ACCIDENT	1533	AM / <u>PM</u>
LOCATION OF ACCIDENT	Along bukit butoh west Ave 3	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Mr Consultancy	
EMAIL	mrconsultancy.sg@gmail.com	OFFICE:
NRIC	53242000D	MOBILE: 83883637
CLAIM TYPE	OD / <u>THIRTY PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u>	
INCURANCE CO.	Ergo	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCH22011501	
NAME OF DRIVER	AS ABOVE / (IF NO: Mohd Jufri Bin Ali	
NRIC	57315643B	
DATE OF BIRTH	02 / 05 / 1973	
ANY PASSENGER	YES / NO: 1	
NAME OF PASSENGER	Abdul Rashid Bin Adma	
GENDER OF PASSENGER	<u>MALE</u> / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	08 / 04 / 2020	
GENDER	<u>MALE</u> / FEMALE	
CONTACT NO.	Mobile: 9750 8184 Office:	Home:
EMAIL	mdjufri925@gmail.com	
ADDRESS	Blk 140C Corporation drive #13-72 S61340	
DOES DRIVER OWN OTHER VEHICLES?	No / If yes, Reg No:	INSURE:
RELATIONSHIP	<u>Employee</u> / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes, Who? Mohd Jufri Bin Ali & Abdul Rashid Bin Adma	
CONTACT NO.	9750 8184, 94559952	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	GBH 1800R	Any Passenger: 0
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
WHO IS REPORTING	<u>DRIVER</u> / OWNER / BOTH	
Original Language Used	<u>English</u> / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

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 : DMCG22011501
Vehicle Registration Number : GBH2629H
Cover Type : Comprehensive
Policy Type : Commercial Vehicle (Pte Use)
Name of Policyholder/Insured : MR CONSULTANCY
Commencement Date of Insurance : 18/08/2022
Expiry Date of Insurance : 10/10/2023

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

Excess : EXCESS: (SECTION I)..... S\$ 500.00
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I). S\$ 300.00
EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS).. S\$ 100.00
YOUNG&INEXP DRIVERS(SECTION I) S\$ 2,500.00

Finance Company/Hire Purchase Owner : TOKYO CENTURY LEASING (SINGAPORE) PTE 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

For Renewal/Extension, Please Contact
COE AUTO TRADING
18 Sin Ming Lane
#02-03 Midview City
Singapore 573960
Tel: 64589833, 64571902
Fax: 64565729

A100059	360 INSURANCE AGENCY PTE. LTD.	Contact Number: 64589833
Vehicle Chassis Number : YARVFAHKHGZ103466, Vehicle Engine/Motor Number : AH014045581		CP1, 17/08/2022 17:15