

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	10/06/2024 16:59 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2024 07:55 (SGT)
Exact Location of Accident	Woodlands Avenue 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4147Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GALAXY LOGISTICS PTE LTD
Company Reg No	199802446Z
Email Address	raguramanspvirgo@gmail.com
Mobile Phone No	(Phone) +65-96770956
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	P410LA4X2MSZ
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	12742

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG23008368

DRIVER

Name of Driver	MUTHU ALAGU
Passport No/FIN	G6602468M
Date Of Birth	15/03/1968
Occupation	Outdoor

Driving Pass Date	12/08/2013
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84379457
Alt. Phone Number	-
Email Address	kpmalagu@gmail.com
Address	9 DAIRY FARM HEIGHTS #06-22 THE SKYWOODS
Address complement	-
Postcode	677670
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 - Change/cross lane
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

REFER TO THE SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNJ412B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HUANG JIANKANG
NRIC No	S6866021A

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**IMPORTANT NOTICE**

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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' 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.
- (collectively the "Purposes")

(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 & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A - XE4147Z
B - SNJ412B

Describe Circumstances of the Accident

Around 7:55 when driving XE4147Z at Woodlands Ave 12, I am driving at the 2nd lane, while I switching to 1st lane and hit the vehicle SNJH12B.

I _____ (Owner/Driver), Identification No. _____, Vehicle No. _____, will be sending the above stated damaged vehicle to _____ (Company Name) for my vehicle repair works and insurance claims. Goldbell Engineering Pte Ltd "GBE" had clearly informed me on new GIA rules and I accept all liabilities and discharged GBE.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

MAH



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

Adulfmeneia



Witnessed by Reporting Centre Personnel

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)

FLASH
 Fast-Response Accident Reporting Helpline™

24-Hour Helpline: 6100 1620

Certificate/Policy Number	: DMCG23006368		
Vehicle Registration Number	: XE4147Z		
Cover Type	: Comprehensive		
Policy Type	: Commercial Vehicle (Hire Use)		
Name of Policyholder/Insured	: GALAXY LOGISTICS PTE LTD		
Commencement Date of Insurance	: 29/06/2023		
Expiry Date of Insurance	: 28/06/2024		
Excess	: EXCESS (SECTION I)	S\$	2,000.00
	: ADD'L EXCESS, NON-AUTH WORKSHOPS (SECTION I)	S\$	300.00
	: EXCESS: WINDSCREEN COVER (VEH 10 TONS & ABOVE)	S\$	200.00
	: YOUNG&INEXP DRIVERS (SECTION I)	S\$	3,000.00

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 racing pace-making reliability trial or speed-testing.
- 2) Use for the carriage of passengers for hire or reward.
- 3) Use whilst drawing a greater number of trailers in all than is permitted by law.

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

A000574	HUA LIAN AGENCIES PTE. LTD.	Contact Number: 65612722
Vehicle Chassis Number : YS2P4X20005508118, Vehicle Engine/Motor Number : DC13115L017081145		CHPM, 20/06/2023 12:16

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5
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