

## 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 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 ability.
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 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 Report	20/11/2017 11:42
Date Of Accident	18/11/2017 19:20
Exact Location Of Accident	BUKIT TIMAH RD NEAR EXIT MAYNE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG5843G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD FAWZI BIN HASHIM
NRIC No	S8317481A
Email Address	POJI313@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91994625
Alternative Phone No	OFFICE-91994625

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC17S004432
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD FAWZI BIN HASHIM
NRIC No	S8317481A
Date Of Birth	05/06/1983
Occupation	INDOOR
Date Of Driving Pass	04/09/2007
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91994625
Fax Number	
Contact Number	OFFICE-91994625
Email Address	POJI313@GMAIL.COM

Address	BLK 702 BEDOK RESERVOIR ROAD #05-3550
Postcode	470702
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

TRAFFIC LIGHT TURN GREEN. I WAS ABOUT TO MOVE OFF. SUDDENLY, VEHICLE B FROM MY REAR CAME AND HIT ONTO MY REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL58R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	MUHAMMAD FAWZI BIN HASHIM
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGG5843G

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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7. By the lodgment 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:

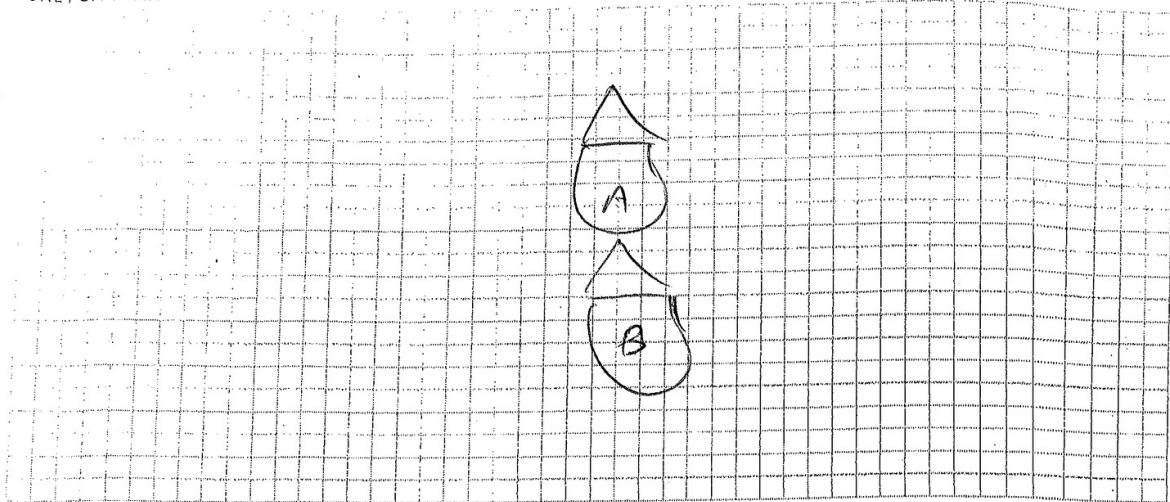
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic light turn green, I was about to  
 move off, suddenly vehicle B from my rear  
 came and hit onto my rear partition

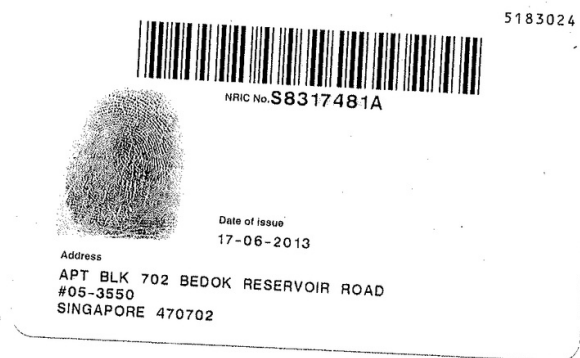
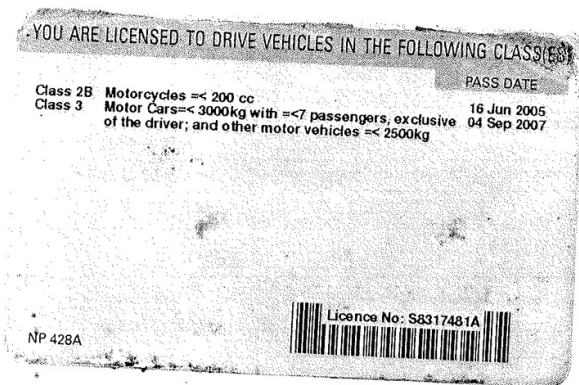
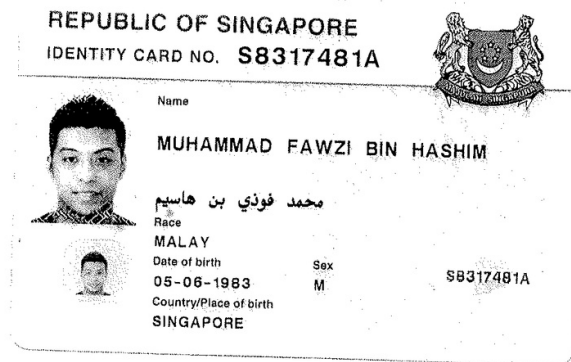
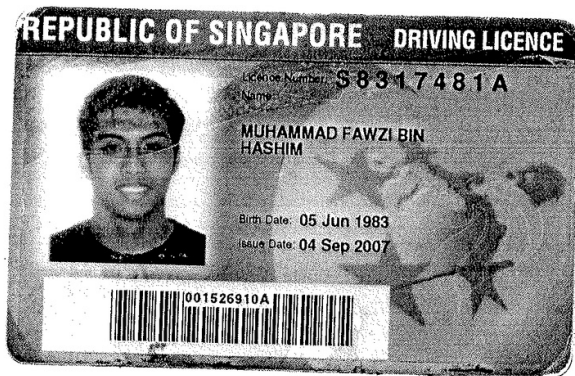
DECLARATION

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 & Time:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



**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)

CERTIFICATE NO. DMPC17S004432	C17065785
Type of CI: Private Vehicle	
Cover: Comprehensive	J0477 JIN-SHI (HOLDINGS) PTE LTD
1) Registration No. of Vehicle:	SGG5843G
2) Name of Policyholder:	MUHAMMAD FAWZI BIN HASHIM
3) Commencement Date of Insurance:	18/05/2017
4) Expiry Date of Insurance:	17/05/2018
5) Persons or Classes of Persons entitled to drive	
1) MUHAMMAD FAWZI BIN HASHIM	
2) Any other person who is driving on the Policyholder's order or permission	
Excess (Section 1) : S\$500.00	
Unnamed Drivers(Section 1): Additional : S\$500.00	
Non-Auth Workshops(Section 1): Additional : S\$300.00	
Windscreen : S\$100.00	
Young & Inexp Drivers(Section 1) : S\$3,000.00	
6) Name of Finance Company/Hire Purchase Owner: NA	
7) 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.	
8) 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	
(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 (for Items 7 & 8).	

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) and Part IV of the Road Transport Act, 1987 (Malaysia).

For and on behalf of  
 ERGO Insurance Pte. Ltd.  
 (Approved Insurer)



AUTHORIZED SIGNATURE

norman/11/05/2017 17:09:12

Accident Photo





Accident Photo



Accident Photo



Accident Photo







Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**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 : MSME17153193 Vehicle Registration No: SG65843G  
Name (as shown in NRIC) : MUHAMMAD TANZI BIN HAFIZ M NRIC/FIN/Passport No : 88317481A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 702 BEDOK RESERVOIR RD #05-3550 Singapore (470702)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9199 4625  
Email Address : poj313@gmail.com  
Date of Accident : 18/11/17 Time of Accident : 19.20  
Place of Accident : BLK 702 TUMAH RD NEAR EXCH MAYNIE RD  
Insurance Company : ERAO

(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:

ADD INJURY - OWNER.

[Signature]  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_