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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aloresalu.			
	ACCIDENT STATEMENT		
Date Of Report	26/12/2017 11:05		
Date Of Accident	24/12/2017 10:45		
Exact Location Of Accident	INSIDE TUAS CUSTOM TOWARDS JB CUSTOM		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKT931C		
Insured/Policyholder			
Name Of Registered Owner	YAP KOK SAN		
NRIC No	S1699648C		
Email Address	OK99OKOK@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-90690332		
Alternative Phone No	OFFICE-NOPHONE		
Vehicle Particulars			
Manufacturer	HONDA		
Model	CIVIC-1.6 (A)		
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	THIRD PARTY		
Fleet Policy	NO		
Policy Number	DMPC17S013957		
Cover Note Number			
Driver			
Name of Driver	YAP KOK SAN		
NRIC No	S1699648C		

Name of Driver YAP KOK SA
NRIC No S1699648C
Date Of Birth 02/04/1965
Occupation OUTDOOR
Date Of Driving Pass 25/10/1985

Driving Experience 32 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90690332

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address OK99OKOK@GMAIL.COM

Address BLK 857 JURONG WEST ST 81

#14-550

Postcode 640857

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

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

AT TUAS CUSTOM TOLL DATE:24/12/20147, TIME:1045AM,THE VEHICLE SKD682E,DRIVER MAM ABOUT AGE 40 YEAR OLD ABOVE,CHINESE RACE DRIVING AND IMPACT MY REAR BUMPER AND EXHAUST PIPE CAUSE DAMAGE AS PICTURE PHOTO(EVIDENCE)THE RUBBER BOOT AND OTHER ITEMS PARTS WAS ALSO INTERNAL DAMAGES. MY VEHICLE SKD 931C WAS STATIONARY IN THE LANE.

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 SKD682E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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 the purpose of the purpo
 - (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.:

I AM AWARED THAT MY IN SURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

<u> Статом: StetchPone-Cito_v.</u>

Sketch Plan Pg. 2

KETCH PLAN		
		A-SK1931C
		B-SKD682E
	0.000	
	SKD931C	
	X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P
	SKD 682	2
	A CONTRACTOR OF THE CONTRACTOR	
	Inside was Castom to	wards JB custom
TOODER CIRCUMSTANCES	CETHE ACCIDENT	in kan mengelah di dianggalah di pengelah kan mengelah dianggalah dianggalah dianggalah dianggalah dianggalah d Pengelah dianggalah dianggalah dianggalah dianggalah dianggalah dianggalah dianggalah dianggalah dianggalah di
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	The state of the s
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M /uns Ca	15/m 1611, dates: 24/12/	2017, 49me: 10.43AM
The vehicle	SKD 682 E doner 1	Men abut age, 40 yaar our
above Chrise 1	race alling and Impac	A my rear planper and
exhaust mie		ne posto (endendes)
The rubber bush	and others items parts was	arso inverna aurages
My Venici	e SKD 931 C was at s	stationary in the lane
- U		
		No.
		☐ Claim own policy
		Claim third party Claim OD (TP) at other works hop
		G Far record purpose
ECLARATION We declare the foregoing part	iculars are true in every respect.	Policy No. PMPC(130(3)) Insurer EPG() Veh.No.SCT931
Ma a		
JUINT		(X
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:
ARMC SketchPlanForm_V3		2



PRIVATE CAR

Legend Cov Type: C - Comprehensive F - Third Party, Fire & Theft T - Third Party

PC1 R SB A000494 Cov.Type: T

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)

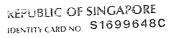
CERTIFICATE NO.	DMPC17S013957
 Index Mark and Registration No. of Vehicle: 	SKT931C
2) Name of Policyholder:	YAP KOK SAN
3) Commencement Date of Insura	nce: 14 September 2017
4) Expiry Date of Insurance:	13 September 2018
5) Persons or Classes of Persons er	stitled to drive
1) YAP KOK SAN	2) Any other person who is driving on the Policyholder's order or permission
6) Provided that the person driving Vehicle or has been so permitted in that behalf from driving the N	is permitted in accordance with the licensing or other laws or regulations to drive the Motor I and is not disqualified by order of a Court of Law or by reason of any enactment or regulation Motor Vehicle.
And provided further that the Mo Act has not been cancelled at th	otor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic ne time of the accident loss or damage.
7) Limitations as to Use	
(1) Use only for social do	mestic 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
	f goods other than samples in connection with any trade or business connection with the Motor Trade
Limitations rendered inoperative and Section 95 of the Road Transp	by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) ort Act, 1987 (Malaysia) are not to be included under these headings (for Items 6 & 7)

Page 5 of 12

Authorized Signature

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

IC,CI,DL Pg. 2





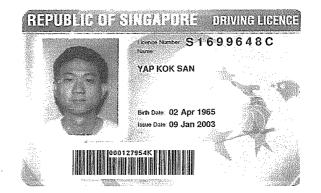


YAP KOK SAN

CHINESE

02-04-1965 M

SINGAPORE





VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) PASS DATE Class 2B Motorcycles not exceeding 200 cc 17 Jan 1925 Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms Licence No: \$1599643C





