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

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	03/01/2018 17:13		
Date Of Accident	02/01/2018 19:40		
Exact Location Of Accident	WOODLANDS RD NEAR BUS STOP B19 (LP 200)		
Country/State of Loss	SINGAPORE		
D	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	YN4692G		
Insured/Policyholder			
Name Of Registered Owner	YONG AIK CONSTRUCTION PTE LTD		
Co Reg No	-		
Email Address	ADMIN@YONGAIK.COM.SG		
Mobile Phone No			
Alternative Phone No	OFFICE-91964827		
Vehicle Particulars			
Manufacturer	MITSUBISHI		
Model	-		
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	REPORTING ONLY		
Vehicle Category	COMMERCIAL VEHICLE		
Insurance Company			
Name of Insurance Company	ERGO INSURANCE PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMCV16S016219		
Cover Note Number			
Driver			
Name of Driver	THOZHAN RAJASEKAR		
Passport No/FIN	G8336225T		

Passport No/FIN G8336225T
Date Of Birth 04/01/1979
Occupation OUTDOOR
Date Of Driving Pass 19/03/2010

Driving Experience 7 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91964827

Fax Number

Contact Number

EMail Address NOEMAIL

Address 2 YISHUN INDUSTRIAL STREET 1 #08-21 NORTHPOINT B12HUB

Postcode 768159

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

-

NO

NO

3

NO

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? NO

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1 NAME: : P1

GENDER: : MALE

Passenger 2 NAME: : P2

GENDER: : MALE

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?

Circumstances of Accident

THE ACCIDENT HAPPENED AT WOODLANDS ROAD NEAR LP200 AT 19:40HOURS. I WAS AT LANE 2 AND SIGNALLED RIGHT IN ORDER TO MAKE A U-TURN IN FRONT. I WAS CHANGING LANE FORM LANE 2 TO LANE 1. VEHICLE SLF2119E CAME AND SCRATCHED THE REAR RIGHT SIDE OF MY LORRY. I WAS AT LANE 1 WHEM THE ACCIDENT HAPPEN. THE VEHICLE WAS SPEEDING AT THAT TIME. MY LORRY DOES NOT HAVE ANY DAMAGE.

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 SLF2119E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KALAI

NRIC/Passport Number S7107031Z Contact Number 94238815

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 interested parties.
- 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 .
 - 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.

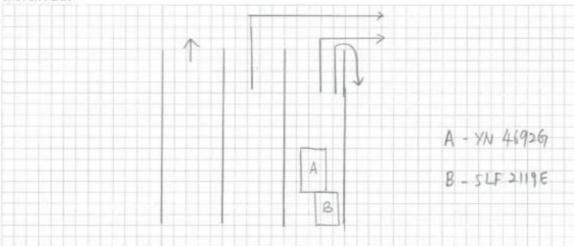
Policyholder's Signature
Date & Time: 3 | 1 | 28 | 8

Driver's Signature (If driver is not the policyholder) Date & Time: CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Siyn Aport 575643
Tel: 64534735 Fax: 6453 7944
(Claims Section)

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

Accident Sketch Plan





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
The accident happened at wordland Road near LP 200 at 19:40 hours.
I was at Lane 2 and rightlied tight in order to make a u-turn in front.
I was changing lake from lane 2 to lane 1.
vehicle SLF 21195 came and stratched the rear right side of my larry.
I was at lane lat when the accident happen. The rehicle was speeding at
that time my lorry does not have any damage.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Oriver's Signature (If driver is not the policyholder) Date & Time: Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singsh 4-575643 Tel: 6453 1235 Pax: 6453 7944 (Claims Section)

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

ERGO

COMMERCIAL VEHICLE (PRIVATE USE)

R SB A000162 Cov.Type: C

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, 1967 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

		NO.

DMCV16S016219

1) Index Mark and Registration

No. of Vehicle:

Y114692G

2) Name of Policyholder:

YONG AIK CONSTRUCTION PTE LTD

3) Commencement Date of Insurance:

05 January 2017

EXCESS: (SECTION I). SGD800.00

YMG&INEXP DRV(SEC I) SGD2,500.00 EXCESS:WS(BELOW 10T) SGD100.00

4) Expiry Date of Insurance:

04 January 2018

- 5) Persons or Classes of Persons entitled to drive
 - 1) Any person who is driving on the Policyholder's order or permission
- 6) 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.

- 7) 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) Was 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.

HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

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 6 & 7)

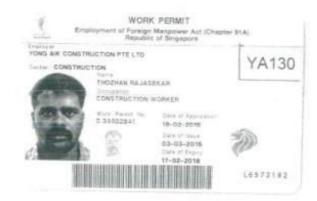
WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

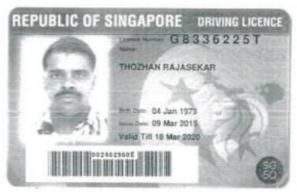
Legend
Cov Type:
C - Comprehensive
F - Third Party, Fire & Theft
T - Third Party

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

Authorized Signature

NRIC & Driving license











Accident Photo



Accident Photo



Accident Photo

