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 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.	
	ACCIDENT STATEMENT
Date Of Report	05/01/2018 09:21
Date Of Accident	03/01/2018 21:00
Exact Location Of Accident	BLK 26D JALAN MEMBINA COURT S`167026
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY9217T
Insured/Policyholder	
Name Of Registered Owner	TEH AH CHUN
NRIC No	S2163935D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87879609
Alternative Phone No	OFFICE-87879609
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	DMPC17S021820
Cover Note Number	
Driver	
Name of Driver	TEH TIONG SENG
NRIC No	S9690962D
Date Of Birth	27/07/1996
Occupation	INDOOR

Occupation **INDOOR Date Of Driving Pass** 16/01/2017

Driving Experience 0 YEAR AND 11 MONTH

Gender MALE

Mobile Number (LOCAL) +65-87879609

Fax Number

Contact Number

EMail Address TIONG.SENG@HOTMAIL.COM Address BLK 72 REDHILL ROAD

#09-51

Postcode 150072

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

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Insurance Company of Driver's Own Vehicle

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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?

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

NO

2

NAME: : MR TEH

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT MERAH WEST NPC

Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

ATTACHED POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA4425G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

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

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 7. By the kidgement 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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) he have insured vehicle(s) involved in this accident (all insurer(s) he have insured vehicle(s) as the "Insurers"), the Insurers "but years all the Monstary 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 withGry 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 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 egents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan

A: SGY9217T B: SHA 4425G

BIK JGD JALAN MEMBINA COURT SINGARE 167026

Individual Statement

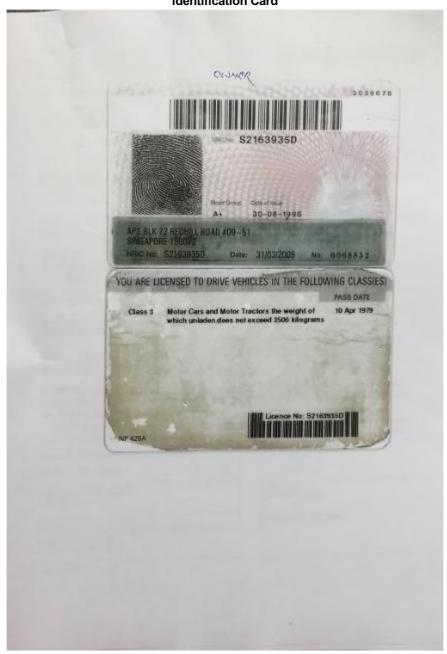
SINGAPORE ACCIDENT STATEMENT

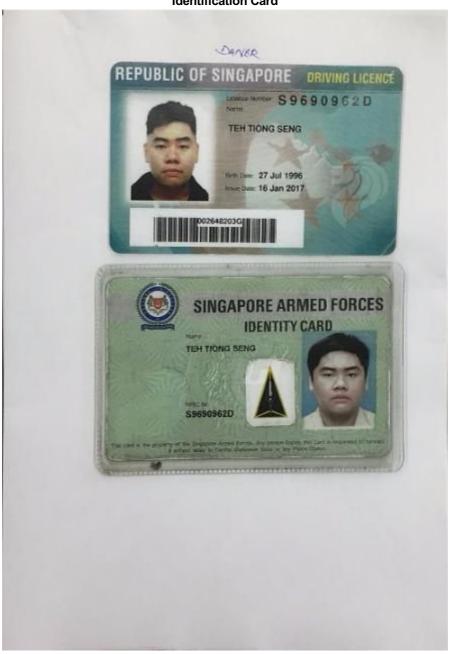
Accident Date: 03 / 61 / 2018 Time: -2 100 (hh:mm) 24 hr format
Location BIK 260 JALAN MEMBINA COURT SINAGAPORE 167026
Vehicle Number SGY 9217 T
Insured Name TEH AH CHUN
NRIC /FIN S2163935 D Contact Number
Make TOYOTA Model VIOS
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select () Third Party () Reporting
Insurance Company FQ Go
Type of Policy () Complensive () Third Party Fire & Theft () TP Only
Policy Number
Name of Diagrams
Name of Driver 15H ()Same as Insured
AMIC IPPL COLO Res
NRIC / FIN 596969620 Contact Number 87979609
Date of Birth 27/07/1996
Driving Pass Date 16/01/2017
Gender () Male () Female
The second of th
Email Address Tiong Seng @ hutmail@m ()NO EMAIL
Address of Driver Blk & Rechin Rd 409-51
Was driver an employee of the Insured's Company? () Yes (/) No
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions () Clear () Raining () Others
Road Surface (/) Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes (No Was anybody injured in the accident? () Yes (No
Was anybody injured in the accident? () Yes (/) No If yes , injured detail
Was there any video captured by St. Camera? () Yes () No
Was the Accident reported to the Police? () Yes () No If yes attach police report
DETAILS OF 3rd party Name / Nric Contact
Veh B SHA 4425 G
Veh C
Veh D
Veh E
Veh F

Individual Statement

TTACHED POLICE	REPORT	
laration		
	large and true in distance and the	(S. FOO)
deciare the roregoing paracu	lars are true in every respect.	(8) (8)
V/D		a la la color
¥8	411-	1 3 / E
- 3	EU	
yhokier's Signature / Date &	Driver's Signature (Fighwer is not the policyholder) / Date	- 1
l	& Time	Witnessed by Reporting Centre Personnel









Police Report





Report No. D/20180103/2107

POLICE REPORT (NP299)

Police Station Of Origin Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159662 Tel No: 1800-3779999

Date/Time Report Made 03/01/2018 23:07	Vide Re	port No.	102 -	Station Diary No 95	
Name Of Informant TEH TIONG SENG	Address APT BLK 72 REDHILL ROAD #09-51 SINGAPORE 150072				
ID Type / ID No.' NRIC NO / S9690962D	Contact No. Home/Office		Mobile 87879609		
Nationality SINGAPORE CITIZEN	Email A	Email Address			
Occupation SAF Regular	Sex Male	Age 21	Date of Birth 27/07/1996	Race	
Institution/School Name	Languag	Language			
Date/Time Of Incident 03/01/2018 21:00	APT BLI SINGAR	Location Of Incident APT BLK 26D JALAN MEMBINA MEMBINA COURT SINGAPORE 167026 Along the road beside coffeeshop			

Brief details.

On 03/01/2017 at about 8pm, I drove my father car reg number SGY9217T to blk 26D Jalan Membina together with my brother for dinner and haircut. I parked the car outside the coffee shop, on the double line. At that point of time, everything was intact.

Both of us came back to retrieve the car at about 9pm, I then saw there is 1 unknown vehicle parked infront or my car and 01 comfort taxi reg. number: SHA4425G behind my car. Both car was parked very

Signature Of Officer Recording The Report

D / Sgt 2 CAI JINBIAO

Signature Of Interpreter. Not applicable

Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp LIM YI WEI, VEE Contact No.: 68728805 Signature Of Informant

Date/Time: 03/01/2018 23:07

Classification Of Case:

Authentication Stamp

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Police Report





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180103/2107

close to mine. I unable to drive out.

I then horn for about 05mins, and many people started to gather. Soon the said taxi driver, 01 Chinese uncle in his 50s came. While waiking towards his taxi, he then started turned unhappy to me. I took out my phone and recorded the incident as I do not want to get involve into any trouble.

I wish to inform that there wasn't any assault or threat took place. The driver did not scold me any abusive language. But before he drive off, he moved forwards his taxi and hit onto the rear part of my car and drove off. It sustained some dent and cracks. No one was injury during this incident.

I had reported and filed a complaint to Comfort Taxi Company of the said driver, they informed they will do their internal investigation. I will make my own insurance claim.

I am filing this report for my own record purpose. I do not need police for any further investigation. That's all.

Signature Of Officer Recording The Report

D / Sgt 2 CAI JINBIAO

Signature Of Interpreter

Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp LIM Y1 WEI, VEE Contact No. 98728905 Signature Of Informant

Date/Time: 03/01/2018 23:07

Classification Of Case

Authentication Stamp

On the

CERTIFICATE OF INSURANCE



CERTIFICATE OF INSURANCE
MOTOR/PHICLES (IMBO-HERTWIDS AND CORFESATION) ACT (DAMFOR 1881
MOTOR VEHICLES (IMBO-HERTWIDS AND CORFESATION) ACT, 1940
MOTOR VEHICLES (IMBO-HERTWIDS AND CORFESATION)
MOTOR VEHICLES (IMBO-HERTWIDS ANDES THES OWLASSING

CERTIFICATE NO. DMPC17S021820

C17071511

Type of CI: Private Vehicle

B000017 ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD. Cover Comprehensive

1) Registration No. of Vehicle: 2) Name of Policyholder: TEH AH CHUN 36 Commencement Date of Insurance: 16/11/2017 4) Expiry Date of Insurance:

5) Persons or Classes of Persons entitled to drive

1) TEHAHCHUN

2) Any other person who is driving on the Policyholder's order or permission

Excess (Section 1): 5\$500.00

Unnamed Drivers(Section 1): Additional: \$3500.00 Non-Auth Workshops (Section 1): Additional: \$8300.00

Windscreen: \$\$100.00

Young & Inexp Drivers(Section 1): \$\$3,000.00

6) Name of Finance Company/Hire Purchase Owner: RICARDO CARS PTE LTD

7) Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to give 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 and its registration under the Road Traffic Act has not been concelled at the time of the accident loss or damage.

fil Limitations as to Use

13) 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 hire carrage of goods either than samples in connection with any trade or business.
(3) Use for any purpose in connection with the Motor Trade.

Limitations randered inoperative by Section 8 of the Motor Vehicles (Phird-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 185) and Part IV of the Road Transport Act. 1987 (Malaysia).

For and on behalf of ERGO Insurance Pto. Ltd. (Approved Imurer)

Humaira ahmad/16/11/2017 09:18:44

AUTHORIZED SIGNATURE





Accident Photo



Accident Photo











Accident Photo

