

## 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	10/03/2017 12:43
Date Of Accident	09/03/2017 15:35
Exact Location Of Accident	PIONEER CIRCLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9560G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GROWTH VENTURE PTE LTD
Co Reg No	198803362W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96221431

### Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO-1.3 D JTD (M)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCV16S015194
Cover Note Number	

### Driver

Name of Driver	GOH NGEE MENG
NRIC No	S7827280E
Date Of Birth	25/09/1978
Occupation	OUTDOOR
Date Of Driving Pass	18/08/2000
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96221431
Fax Number	
Contact Number	
EEmail Address	NGEEMENG@GROVEN.COM.SG

Address	BLK 66 JALAN MATA AYER #05-16 SINGAPORE
Postcode	759160
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	- - -

#### General Information of the Accident

Type Of Accident	COLLISION- HEAD TO REAR (INSURED HIT TP)
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
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)	1

#### 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

#### 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	PC2811H
Vehicle Make/Model/Colour	
Details Of Properties	
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	

# Accident Sketch Plan

## 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 **truthful and accurate as possible**. Any willful 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. 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 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.
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.



10 MAR 2017

10 MAR 2017

Policyholder's Signature / Date & Time

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  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan

**Accident Sketch Plan**

**Describe Circumstances of the Accident**

I was travelling on AYE in the direction towards Tuas and need to get to Pioneer Road North via Pioneer Circus.

I exited from Jalan Ahmad Ibrahim into Pioneer Circus and travelled along the outer lane of the circus.

At the exit of Pioneer Road into Pioneer Circus, the mini bus PC2811H collided into my van, hitting the right side of the van's cargo compartment.

Time of collision is 3:35pm

Weather is clear with no rain and no traffic congestion.

**Declaration**

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

10 MAR 2017   
 Policyholder's Signature / Date & Time

 10 MAR 2017  
 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  
 Singapore 575643  
 Tel: 64531221 Fax: 64531224  
 (Canal Section)  
  
 Witnessed by Reporting Centre Personnel

ORIGINAL



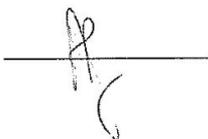
CERTIFICATE OF INSURANCE  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE NO. DMCV16S015194	C16058571
Type of CI: Commercial Vehicle	
Cover: Comprehensive	G1559 GRANDIOSE PTE LTD
1) Registration No. of Vehicle:	GBB9560G
2) Name of Policyholder:	GROWTH VENTURE PTE LTD
3) Commencement Date of Insurance:	09/11/2016
4) Expiry Date of Insurance:	08/11/2017
5) Persons or Classes of Persons entitled to drive	
1) Any person who is driving on the Policyholder's order or permission	
Excess (Section 1) : S\$600.00	
Windscreen - Below 10 tons : S\$100.00	
Windscreen - 10 tons & above : S\$200.00	
Young & Inexp Drivers(Section 1) : S\$2,500.00	
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 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 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	
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).

Counter-signed by  
GRANDIOSE PTE LTD

For and on behalf of  
ERGO Insurance Pte. Ltd.



  
AUTHORIZED SIGNATURE

g1559/12/10/2016 11:38:36

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7827280E



Name  
GOH NGENE MENG  
(WU YIMIN)  
吴依岷  
Race  
CHINESE  
Date of birth 25-09-1978 Sex M  
Country of birth SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7827280E  
Name: GOH NGENE MENG (WU YIMIN)  
Birth Date 25 Sep 1978  
Issue Date 10 Sep 2003

000819218F

4305306

NRIC No. S7827280E

Date of issue 11-11-2008

BLK 66 JALAN MATA AYER #05-16  
SINGAPORE 759160

NRIC No. S7827280E Date: 11/01/2011 No: 6563934

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Aug 2000

NP 428A

Licence No: S7827280E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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 : MCA 17 032397 Vehicle Registration No: GBB 9960G
Name(as shown in NRIC) : GOH NGEE MENG NRIC/FIN/Passport No : L78 27280E
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : Blk 66 JALAN MATA AYER # 05-16 Singapore( 759160 )
Contact (Tel) : Mobile No. : 9622 143 |
Email Address :
Date of Accident : 09/03/2017 Time of Accident : 15:35 PM
Place of Accident : ALONG PIONEER CIRCLE
Insurance Company: ERGO INSURANCE PTE. LTD.

(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:

Amend to 3rd party claim.

Multiple horizontal lines for additional information or amendments.

Policyholder / Driver's Signature
Date:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7044
Reporting Centre Personnel's Signature
(Claims Section)
Name:
NRIC/FIN No.:
Date: