

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 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	08/03/2018 09:42
Date Of Accident	07/03/2018 09:00
Exact Location Of Accident	JLN BUKIT MERAH & HOY FATT RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7138K
Insured/Policyholder	
Name Of Registered Owner	WINTER COOL ENGINEERING P/L
Co Reg No	201425896M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62640494

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 D PANEL VAN (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	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	DMCG18000439
Cover Note Number	

Driver

Name of Driver	LAU YICK HWA
Passport No/FIN	G2059375Q
Date Of Birth	03/04/1994
Occupation	OUTDOOR
Date Of Driving Pass	11/10/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92712432
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	N/A
Postcode	
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
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?	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)	2
Passenger 1	NAME: : N/A
	GENDER: : FEMALE

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

ON 07/03/2018 AT AROUND 0900HRS, MY VEHICLE WAS STATIONARY AS THE TRAFFIC LIGHT IS RED AT JALAN BUKIT MERAH JUNCTION WITH HOY FATT RD. ONCE IT TURN TO GREEN AND DO A QUICK CHECK MY SIDE MIRROR IS THERE ANY VEHICLE BESIDE MY VEHICLE BUT THEN AFTER I TURN BACK AND NOTICED THAT VEHICLE B STILL STATIONARY ON THE SPOT AND CAUSED ME ACCIDENTALLY SLIGHTLY COLLIDED ONTO HIS 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	SLL488X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98198547
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

Inter Cool Engineering Pte Ltd
Reg. No. 201425606M
Office No.2, Fan Yeong Road Singapore 629780
Mailing Add: Bldg 647 Jurong West St. 61
#04-164 Singapore 640647
Tel: 67959733 Office: 62540434 Fax: 67941540
Email: inter_cool_an@yahoo.com.sg

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 INSURER 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.

SKETCH PLAN

(A) ABF 7138K

(B) SL 488X

Hoy Fatt Rd

Jln Bukit Merah

A

B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Accident Circumstances

DECLARATION

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

Reg. No. 201425933M1
Office: No 2, Fan Young Road Singapore 629787
Mailing Add: Blk 847 Jurong West St. 61
#04-164 Singapore 640547

Policyholder's Signature
Date & Time:

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

☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other works hop
☒ For record purpose

Policy No. OMCA 18000439
Insurer Erigo Veh. No. ABF 7138K

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/Policy Number	:	DMCG18000439		
Vehicle Registration Number	:	GBF7138K		
Cover Type	:	Comprehensive		
Policy Type	:	Commercial Vehicle (Pte Use)		
Name of Policyholder/Insured	:	WINTER COOL ENGINEERING PTE LTD		
Commencement Date of Insurance	:	23/02/2018		
Expiry Date of Insurance	:	22/02/2019		
Excess	:	EXCESS: (SECTION I).....	S\$	500.00
		EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..	S\$	100.00
		YOUNG&INEXP DRIVERS(SECTION I)	S\$	2,500.00

24-Hour Motor Accident Reporting
and Assistance Helpline

6333 2222

www.ergo.com.sg

Finance Company/Hire Purchase Owner : HL BANK

*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or permission

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.

* 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 (*).

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

Karl-Hint Juy

Authorized Signature

A000611(A000611)	SONA INSURANCE AGENCIES	Contact Number: 92706527
Vehicle Chassis Number : JN1MC2E26Z0007487, Vehicle Engine Number : YD25410457A		CP1, 13/02/2018 13:10

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2059375Q**

Name: **LAU YICK HWA**

Birth Date: **03 Apr 1994**

Issue Date: **18 May 2017**

Valid Till: **19/01/2021**

002694706B

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **WINTER COOL ENGINEERING PTE. LTD.**

Sector: **CONSTRUCTION**

Name: **LAU YICK HWA**

Occupation: **CONSTRUCTION WORKER**

Work Permit No: **4 04128000**

Date of Application: **05-03-2015**

Date of Issue: **06-03-2017**

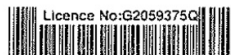
Date of Expiry: **26-12-2018**

L7695205

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	20 Jan 2016
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	11 Oct 2016

NP 428A



VISIT PASS
Immigration Regulations

Name
LAU YICK HWA



Date of Birth	Sex	Nationality
03-04-1994	M	MALAYSIAN
FIN	Date of Issue	Date of Expiry
G2059375Q	06-03-2017	26-12-2018

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

