

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	30/04/2018 16:28
Date Of Accident	28/04/2018 15:00
Exact Location Of Accident	OUTSIDE 19 GREENLEAF DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD3877L
Insured/Policyholder	
Name Of Registered Owner	BUILDMATE (S) P/L
Co Reg No	197801401G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66310188

Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52R-15.7 D (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	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	SHI DONGHUI
Passport No/FIN	G8271431L
Date Of Birth	22/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	23/07/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90124109
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)	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

REFER TO SKETCH PLAN

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	SLM7768L
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

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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:
- (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:

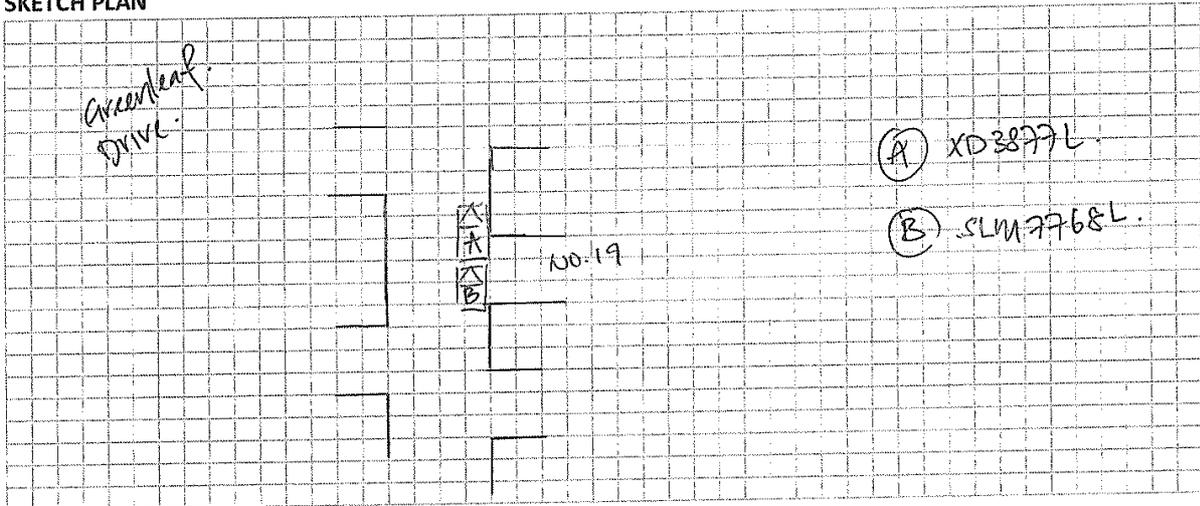
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I AM AWARED THAT MY 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.

UNAPPROVED SketchPlanForm_V3

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/04/18 @ around 1500 hrs , I drive my vehicle to make delivery to 19 Greenleaf Drive . After the delivery I was going to make my way out . While I reverse my ~~car~~ vehicle , suddenly I feel an impact from my rear then I stop my vehicle & went down to see and saw my vehicle had collided onto Vehicle B front portion.

DECLARATION

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

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

Policy No. DMCV#185006476.
 Insurer Erevo Veh.No. XD3877L

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.: _____



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. DMCV18S006476	C18073895
Type of CI: Commercial Vehicle	
Cover: Third Party	PO954 AWG INSURANCE BROKERS PTE LTD
1) Registration No. of Vehicle:	XD3877L
2) Name of Policyholder:	BUILDMATE (S) PTE LTD
3) Commencement Date of Insurance:	05/04/2018
4) Expiry Date of Insurance:	04/04/2019
5) Persons or Classes of Persons entitled to drive	
1) Any person who is driving on the Policyholder's order or permission	
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).

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

AUTHORIZED SIGNATURE

jenny_toh/27/03/2018 17:01:44

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G8271431L**

Name: **SHI DONGHUI**

DOB Date: **22 Feb 1976**

Issue Date: **04 Jun 2013**

Valid Till: **03 Jul 2018**

002187469K



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **BUILDMATE (S) PTE LTD**

Sector: **CONSTRUCTION**

Name: **SHI DONGHUI**

Occupation: **LOGISTICS COORDINATOR**

S Pass No.: **0 57852518**

Date of Application: **08-01-2018**

Date of Issue: **12-02-2018**

Date of Expiry: **25-02-2020**

L8608703



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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	04 Jul 2008
Class 4	Heavy motor cars and motor tractors > 2500 kg	23 Jul 2014

G8271431L

S/No. 9000207346

NP 428A

Licence No: G8271431L



VISIT PASS
Immigration Regulations

Name: **SHI DONGHUI**

Date of Birth: **22-02-1976**

Sex: **M**

Nationality: **CHINESE**

FIN: **G8271431L**

Date of Issue: **12-02-2018**

Date of Expiry: **25-02-2020**

MULTIPLE JOURNEY VISA ISSUED

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

