Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 07/06/2018 18:08

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 reguldate 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.

- 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

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Date Of Report 07/06/2018 17:32

Date Of Accident 04/06/2018 17:20

Exact Location Of Accident SLE EXIT WOODLANDS AVE 12

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GY6700J

Insured/Policyholder

Name Of Registered Owner TIANDI ACMV ENGINEERING PTE LTD

Co Reg No 201006080D

Email Address TIANDIACMV@SINGNET.COM.SG

Mobile Phone No

Alternative Phone No OFFICE-63689588

Vehicle Particulars

 Manufacturer
 TOYOTA

 Model
 DYNA 150 D

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

COMMERCIAL USE

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company ERGO INSURANCE PTE. LTD.

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

 Policy Number
 DMCV17S011962

 Cover Note Number
 26/6/17-25/6/18

Driver

Name of Driver CHOO CHEE KIONG

 NRIC No
 \$7686918I

 Date Of Birth
 02/09/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/05/1996

Driving Experience 22 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81247552

Fax Number

Contact Number

EMail Address NOEMAIL

23 JLN SETIA 7/3 TMN SETIA INADH

81100 JOHOR BAHRU

Address 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 CHAIN COLLISION

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

3

Number of Passengers (Including Driver)

Passenger 1 NAME: : WORKER 1

> GENDER: : MALE

Passenger 2 : WORKER 2 NAME:

> MALE GENDER:

Details of Police Action

Was the accident reported to the police?

YES

If Yes Please state which Police Station

Police Station Name

WOODLANDS EAST N.P.C

ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY: Police Station Address SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBE8257Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

SKETCH PLAN

V. HICLE NO .: 67 6700 J DATE & TIME: 04/06/18

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of noticy liebility on the part of the insurance
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- 6. The report will be forwarded by the insurers of the GIA Records Management Centre entiblished 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
- 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 an resald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree 2 id consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose anit/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 Informatics") and disclose and transfer such Personal Information ... all insurer(s) who have insured vehicle(s) involved in this iccident (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)
 - (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 (in, fuding the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclose e 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 de ling with my claims.(collectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insure a 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:

Criver's Signature

(if driver is not the policyholder) Date & Time:

Name.

NRIC/FIN No.:



T/20180604/2196

Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

1 of 3 Report No. T/20180604/2196

REPORT OF A TRAFFIC ACCIDEN	REPORT	OF A	TRAFFIC	ACCIDEN
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Date/Time Report Made: 04/06/2018 21:23			Vide Report No.:	Station Diary No.:	
		1 112			
	Informant: CHEE KION		Address: 23 JLN SETIA 7/3 TMN SETI	A INDAH 81100 JOHOR BAHRU	
	/ ID No.: D / \$76869	181	Contact No.: Home/Office.	Mobile: 81247552	
Nationality: MALAYSIAN			Email:		
Sex: Male	Age:	Date of Birth: 02/09/1976	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Structural steel worker (workshop)/fabricator			Criving Licence Information: Class: 2B,3	Date of Expiry	

			THE RESIDENCE OF THE PARTY OF T	
Type of Accident:	Attended by Police	Drink Drive: No	Date/fin:e of Accident: 04/06/2018 17:20	Type of Location Straight Road
WOODLAND	S AVENUE 12 S AVENUE 12 F.GT, BEF		gradier et silvier	i
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo		raffic Volume: leavy
Type of Collis Between Mov	ion: ing Vehicles - Head To Re	ear	A	Anyone conveyed by ambulance:

		*			- ·		1
GBE5621A	Lorry		TOYOTA DYNA	Silver		Slightly Damaged	Ó
GBE8257Z	Lorry		TOYOTA DYNA	White		Slightly Damaged	0
GY6700J	Lorry		TOYOTA DYNA	Silver	-	Slightly Damaged	0
YN3132M	Lorry		MITSUBISHI	White	3	Slightly Damaged	0





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 3 of 3 Report No. T/20180604/2196

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: SN 136 J / MUHAMMAD ZAGHARY BIN AHMAD	Signature Of In ormant:
Signature Of Interpreter Not applicable	Date/Time: 04/06/2018 21:23
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt YUS MASTARI I KHAZALI Contact No.: 65476214	Classification Of Case:
Authentication Stamp	-





Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

2 of 3 Report No. T/20180604/2196

CONTINUATION OF REPORT

No of Dodootic	volved: No		111. 10	1	~		
No. of Pedestriar	Use of Pedestrian Crossing: NA						
Name	CHOO CHEE KIONG		ID No.		S7686918I		
Related Vehicle	GY6700J (Lony)			Conta	ct No.	81247552	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	Committee to the	NIL		
	ted Medical Leave	NIL	Degree o		NII.		

Brief Details.

On the 04/06/18 at about 1720hrs, I was travelling along SLE, wanting to exit at Woodlands Ave 12 with my forry (GY6700J). As I was on the lane-towards the Woodlands Ave 12 exit there was a heavy jam.

While I was waiting in the queue in stationary, I felt an impact from the rear of my vehicle. Due to the impact I collided head onto the rear of another long (YN3132M) in front of me at that point of time. I put my vehicle to a stop and mail a a check.

There is a chain collision between 4 lorries, (GBE5621A to GBE8257Z to GY6700J to YN3132M). I called for the Police for assistance.

I did not suffer any visible injuries. My lorry only suffered dents on the 'ront and rear part of the vehicle. I do not have any build in camera installed in my lorry.

The Traffic Police, Ambulance and SCDF came to the incident. Passengers in GBE5621A and GBE8257Z was conveyed by the ambulance.

The Traffic Police officer then advised me to lodge a traffic accident report. Vide Report: F/20180604/0177