

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	20/07/2018 17:04
Date Of Accident	20/07/2018 09:50
Exact Location Of Accident	JUNCTION OF JALAN BESAR ROAD & KELANTAN LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8008S
Insured/Policyholder	
Name Of Registered Owner	DIAPREZ PTE LTD
Co Reg No	200818622K
Email Address	KATE.SOH@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96716656

Vehicle Particulars

Manufacturer	SUZUKI
Model	EVERY JOIN TURBO 660 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	SCNMG1800005301
Cover Note Number	

Driver

Name of Driver	CHUNG PENG YIAN
NRIC No	S1539778J
Date Of Birth	10/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1983
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96941272
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 28 KELANTAN ROAD #04-127
Postcode	200028
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FREELANCE DELIVERY
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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

I WAS TRAVELLING ALONG JALAN BESAR ROAD TURNING INTO KELANTAN LANE. NOTICE TAXI HAZARD LIGHTS ON AFTER STOPPING AND TALKING TO POTENTIAL PASSENGER. I HORNED TAXI DRIVER TO WARN HIM I AM TURNING LEFT TO KELANTAN LANE AND TAXI WAS STATIONARY AND NO INDICATION AT MOVING OFF. AFTER PASSING TAXI AND TURNING LEFT, I FELT A BUMP ON VAN LEFT SIDE BACK LOCATION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6533Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HENG SUN CHOOI
NRIC/Passport Number	S1255347A
Contact Number	85333805
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 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 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 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.

DIAPREZ PTE LTD

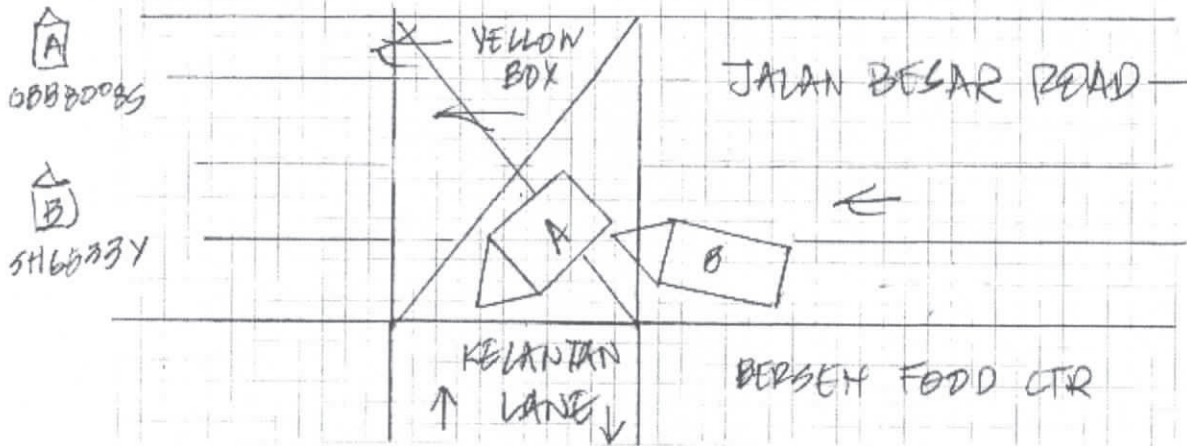
.....
Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Jalan Besar Road turning into Kelantan lane.
 Noticed taxi's hazard lights on ^{after stopping} and talking to potential passengers.
 I horned taxi driver to warn him I am turning left to Kelantan lane as taxi was stationary and no indications of moving off.
 After ~~stopping~~ ^{taxi} proceeding and turning left I felt a bump on van ~~left back~~ ^{side back} location.

DECLARATION

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

DIAPREZ PTE LTD

Policyholder's Signature
 Date & Time
 Authorised Signature:

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

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1539778J

Name: CHUNG PENG YIAN

Birth Date: 10 Jan 1962

Issue Date: 11 Sep 2003

000821219B



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1539778J

Name: CHUNG PENG YIAN


张平原

Race: CHINESE

Date of birth: 10-01-1962

Country/Place of birth: SINGAPORE

Sex: M



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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 09 Nov 1983

NP 428A

Licence No: S1539778J

5692227

NRIC No. S1539778J

Date of issue: 20-01-2017

Address: APT BLK 28 KELANTAN ROAD #04-127 SINGAPORE 200028



Motor Cover Note

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)

The Insured having proposed for insurance in respect of the Motor Vehicle stated below is HELD COVERED in the terms of the Company's usual form of Motor Vehicle Policy for the period stated herein unless the cover is terminated by the Company by notice in writing in which case the insurance will thereupon ceased and proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

Cover Note Number	:	SCNMCG1800005301	
Name of Policyholder/Insured	:	DIAPREZ PTE LTD	
Period of Insurance	:	From 00:00:00 13/03/2018 To 23:59:59 12/03/2019	
Reference Number	:	SQMCG1800766301	
Cover Type	:	Comprehensive	
Policy Type	:	Commercial Vehicle (Pte Use)	
Make	:	SUZUKI	
Model	:	EVERY 660 TURBO	
Vehicle Body Type	:	VAN	
Tonnage / C.C	:	0.33	
Chassis Number	:	DA17V820902	
Engine Number	:	R06A2136253	
Year of Registration	:	2018	
Sum Insured	:	Market Value	
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
Vehicle Number	:		
Hire Purchase Company	:	MAYBANK	

This Cover Note is valid for a period not exceeding 30 days from the period of insurance or replaced by a policy whichever shall occur first.

Premium Before Cover Warranty (Applicable to Individual Policyholders)

In order for cover to be valid, premium is to be paid in full payment before the period of insurance start date shown above.

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

Cash

A100003(A100003)



Authorized Signature

Your Policy is protected under the Policy Owners' Protection Scheme administered by the Singapore Deposit Insurance Corporation.
 Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please visit SDIC's website (www.sdic.com.sg) or ERGO's website (www.ergo.com.sg).

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	8622K

Vehicle Details

Vehicle No.:	GBB80085
Vehicle to be Exported:	Yes
Intended De-registration Date:	20 Jul 2018
Vehicle Make:	SUZUKI
Vehicle Model:	EVERY JOIN TURBO 660 AUTO
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	R06A2136253
Chassis No.:	DA17V820902
Maximum Power Output:	-
Open Market Value:	\$15,284.00
Original Registration Date:	13 Mar 2018
First Registration Date:	13 Mar 2018
Transfer Count:	0
Actual ARF Paid:	\$765.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	12 Mar 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$17,250.00
COE Rebate Amount:	\$13,800.00
Total Rebate Amount:	\$13,800.00

The information contained herein is correct as at 20 Jul 2018

OK