

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	30/07/2018 15:25
Date Of Accident	28/07/2018 13:30
Exact Location Of Accident	CTE(AYE) ANG MO KIO AVE5 EXIT 14
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4735B
Insured/Policyholder	
Name Of Registered Owner	CHAN & CHAN ENGINEERING PTE LTD
Co Reg No	200407814Z
Email Address	CABCHUA.CCE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63634289

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85EU3ES-3.0 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	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	DMCV17S017509
Cover Note Number	

Driver

Name of Driver	CHANDRAN SAPPANI
Passport No/FIN	G7671467W
Date Of Birth	03/04/1985
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2012
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82054322
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	0
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	SIDE SWIPE
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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NPP
Police Station Address	ROAD: 114 HOUGANG AVE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

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

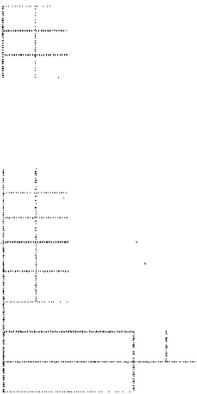
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	34543MID
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

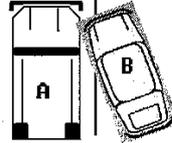
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



ANG MO KIO AVE 5 EXIT14



CTE(AYE)

VEHICLE A: GBG4735B

VEHICLE B: 34543MID

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

A VEHICLE 6878P HAD WITNESS FOR THIS ACCIDENT.

REMARKS

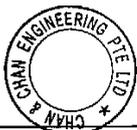
REPORTING ONLY	
OWN DAMAGED CLAIM	
THIRD PARTY CLAIM	X

REMARKS

You had been advised by the workshop that in the event that you wish to claim against your own policy (OD Claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

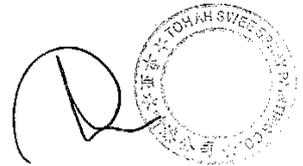
DECLARATION

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



Policyholder's Signature
Date & Time

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



Reporting Centre Personnel's Signature
Name: THOM WAH LIM
NRIC/FIN No.: S8976453 F.

SKETCH PLAN

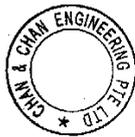
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8. Consent under the Personal Data Protection Act (PDPA)

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.



Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name: **THAM WAH LIM**
NRIC/FIN No.: **S 8976457**

INSURANCE CERT

ERGO

CERTIFICATE OF INSURANCE
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

CERTIFICATE NO. DMCV17S017509		C17069157
Type of CI: Commercial Vehicle		Chassis No. JAANHR85EH7100235 Engine No. 4JJ13A9370
Cover: Comprehensive	G0934 GTRUST PTE LTD	
1) Registration No. of Vehicle:	GBG4735B	
2) Name of Policyholder:	CHAN & CHAN ENGINEERING PTE LTD	
3) Commencement Date of Insurance:	17/08/2017	
4) Expiry Date of Insurance:	16/08/2018	
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) :	\$S700.00	
Windscreen - Below 10 tons :	\$S100.00	
Windscreen - 10 tons & above :	\$S200.00	
Young & Inexp Drivers(Section 1) :	\$S2,500.00	
6) Name of Finance Company/Hire Purchase Owner:	HONG LEONG FINANCE LTD	
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).

GTRUST PTE LTD

52 FOCH ROAD

#03-02

SINGAPORE 209274

TEL : 6100 5006 FAX : 6399 3419

EMAIL: gtrust@singnet.com.sg

Counter-signed by
GTRUST PTE LTD

For and on behalf of
ERGO Insurance Pte. Ltd.

AUTHORIZED SIGNATURE

G0934/21/08/2017 16:15:50

IC & LICENSE

Mr. Chua 9145 6658

mahivannan @ cce.com.sg / cabchua.cce@gmail.com
8205 4322

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: G7671467W
Name: CHANDRAN SAPPANI

Birth Date: 03 Apr 1985
Issue Date: 11 Feb 2017
Valid Till: 08-03-2022

902655564K

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

Employer: CHAN & CHAN ENGINEERING PTE. LTD.
Sector: CONSTRUCTION
Name: CHANDRAN SAPPANI
Occupation: ASSISTANT MECHANICAL SUPERVISOR

S Pass No: O 33151802
Date of Issuance: 18-05-2017
Date of Birth: 03-04-1985
Date of Expiry: 25-07-2020

LB033854

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Effective Date
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver, and other motor vehicles with unladen weight \leq 2500kg	09 Mar 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight \leq 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	08 Feb 2015

SP 435A

License No: G7671467W

VISIT PASS
Immigration Regulations

Name: CHANDRAN SAPPANI

Date of Birth	Sex	Nationality
03-04-1985	M	INDIAN

No.	Date of Issue	Date of Expiry
G7671467W	08-06-2017	25-07-2020

MULTIPLE JOURNEY VISA ISSUED

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180728/2100

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

2 of 3

Report No. T/20180728/2100

CONTINUATION OF REPORT

Brief Details.

On 28/07/2018 at about 1330hrs, I was driving in lane 4 along CTE(AYE) Ang Mo Kio avenue 5 Exit 14. Suddenly, an army vehicle from lane 3 turn into my lane and hit onto my driver side door. No one was injured and LTA officer came to the scene.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180728/2100

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3
Report No. T/20180728/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2018 17:50	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars			
Name of Informant: CHANDRAN SAPPANI		Address: APT BLK 51 ADMIRALTY ROAD WEST #01-05 COCHRANE LODGE SINGAPORE 757443	
ID Type / ID No.: FIN NO / G7671467W		Contact No.:	Mobile: 82054322
Nationality: INDIAN		Email:	
Sex: Male	Age: 33	Date of Birth: 03/04/1985	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: CONSTRUCTION		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 28/07/2018 13:30	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY CTE (AYE) Ang Mo Kio ave 5 exit 14				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
34543MID	Car				Slightly Damaged	0
GBG4735B	Lorry				Slightly Damaged	0

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180728/2100

3 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20180728/2100

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: F / Sgt 2 LIM JIA HE	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65476151	SN 085
Authentication Stamp NP168	Signature:
Singapore Police Force	

Signature Of Informant:	
Date/Time:	28/07/2018 17:50
Classification Of Case:	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

