

## 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 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. 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             | 18/12/2018 13:33     |
| Date Of Accident           | 17/12/2018 12:55     |
| Exact Location Of Accident | BKE TOWARD WOODLANDS |
| Country/State of Loss      | SINGAPORE            |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SKB4859Y                |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | NOR RAIHAN BINTE JUMARI |
| NRIC No                     | S6824087E               |
| Email Address               | KHALID0408@GMAIL.COM    |
| Mobile Phone No             | (LOCAL) +65-91096109    |
| Alternative Phone No        | OFFICE-91096109         |

### Vehicle Particulars

|  |                  |
|--|------------------|
| Manufacturer   | MERCEDES-BENZ    |
| Model  | C 180 KOMPRESSOR |
| 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   | PRIVATE CAR      |

### Insurance Company

|                           |                          |
|---------------------------|--------------------------|
| Name of Insurance Company | ERGO INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE            |
| Fleet Policy              | NO                       |
| Policy Number             | DMPG18005735             |
| Cover Note Number         |                          |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | KHALID BIN AWANG       |
| NRIC No              | S6819542Z              |
| Date Of Birth        | 24/05/1968             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 21/12/1991             |
| Driving Experience   | 26 YEARS AND 11 MONTHS |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-91096109   |
| Fax Number           |                        |
| Contact Number       |                        |
| Email Address        | KHALID0408@GMAIL.COM   |

|   |                              |
|---|------------------------------|
| Address   | BLK120 MARSILING RISE #10-56 |
| Postcode  | 730120                       |
| Was driver an employee of the Insured's Company     | NO                           |
| If No, Relationship of the Driver with the Insured  | SPOUSE                       |
| Vehicle Registration Number of Driver's Own Vehicle | -                            |
|   | -                            |
|   | -                            |
| Insurance Company of Driver's Own Vehicle           | -                            |
|   | -                            |
|   | -                            |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR                         |
| Road Surface       | DRY                           |

#### Other Information

|   |   |
|---|---|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 2   |
| 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)   | 3   |
| Passenger 1   | NAME: : NOR RAIHAN BINTE JUMARI<br>GENDER: : FEMALE     |
| Passenger 2   | NAME: : SOPHIA MARISSA PUTRI KHALID<br>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

REFER TO SKETCH PLAN

#### 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 | XD5189B            |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              |                    |
| NRIC/Passport Number        |                    |
| Contact Number              |                    |
| Address                     |                    |
| Postcode                    |                    |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**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:

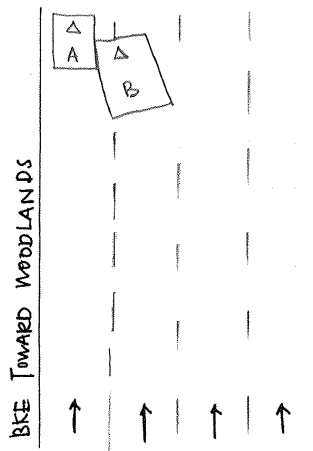
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



## Sketch Plan Pg. 2

### SKETCH PLAN



A: SKB48594

B: XD5189B

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was a clear and sunny Monday afternoon on 17 Dec 2018 at arid 1 PM. I was driving SKB48594 along KJE and exited KJE to get into BKE toward Woodlands. I stayed on left most lane of BKE and was travelling at 70-80km/h when suddenly a truck XD5189B on my right swerved into my lane and sideswiped my vehicle. (Kindly see video)

Immediately following the collision, I activated my hazard light and pulled over onto the left shoulder of BKE (between KJE and Mandai). My hazard lights stayed on throughout as my vehicle was stationary. The driver of XD5189B, Low Eng Siah, apologized to me profusely claiming that he did not see my vehicle and he was running late on his schedule. Without any prompting he presented his NRIC and Driving license and again apologized to me repeatedly as well as expressed his regrets for causing the accident hence resulting in the damage to the right side of my vehicle.

He further expressed his hope that no injury was sustained by me and my 2 passengers (my wife and daughter) as a result of the accident that he had caused.

In my 28 yrs of driving I have never come across a driver who is not only honest in readily admitting his mistake but also polite and gentlemanly in his dealings with me by asking my family members condition.

Per evidence in the video of my rear in car camera.

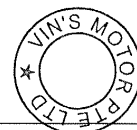
### DECLARATION

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:  
NRIC/FIN No.:



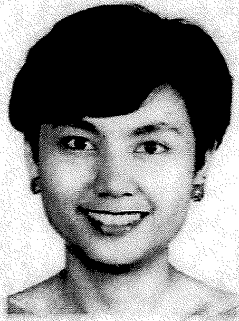
Policy holder

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S6824087E**



Name

**NOR RAIHAN BINTE JUMARI**



نور ریحان بنت جوماري

Race

**MALAY**

Date of Birth

**03-08-1968**

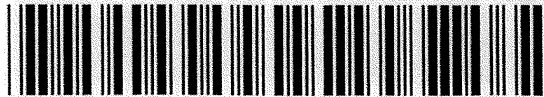
Sex

**F**

Country of Birth

**SINGAPORE**

2860635



NRIC No. **S6824087E**



Blood Group

**A+**

Date of issue

**27-07-1996**

Address

**APT BLK 102 SPOTTISWOODE PARK ROAD  
#16-86  
SINGAPORE 080102**

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6819542Z

Name  
**KHALID BIN AWANG**

Malay  
**خالد بن اوانغ**


Race  
**MALAY**

Sex  
**M**

Date of Birth  
**24-05-1968**

Country of Birth  
**SINGAPORE**

NRIC No. S6819542Z



2557456

NRIC No. S6819542Z

Blood Group  
**B+**

Date of Issue  
**05-01-1995**

APT BLK 120 MARSILING RISE #10-56  
SINGAPORE 730120

NRIC No. S6819542Z

Date: 05-08-2003

No. 4774065



REPUBLIC OF SINGAPORE DRIVING LICENCE

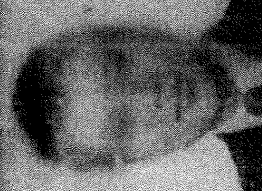

Licence Number  
**S6819542Z**

Name  
**KHALID BIN AWANG**

Birth Date  
**24 May 1968**

Issue Date  
**16 Dec 2002**

000013623C

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  
**21 Dec 1991**

Licence No. S6819542Z

NP 428A

**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** : DMPG18005735  
**Vehicle Registration Number** : SKB4859Y  
**Cover Type** : Superior Comprehensive  
**Policy Type** : Private Car  
**Name of Policyholder/Insured** : NOR RAIHAN BTE JUMARI (NOT DRIVING)  
**Commencement Date of Insurance** : 01/12/2018  
**Expiry Date of Insurance** : 30/11/2019



**Excess** : EXCESS: (SECTION I)..... S\$ 1,000.00  
 ADD'L EXCESS: UNNAMED DRIVERS (SECTION I).... S\$ 500.00  
 ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) S\$ 300.00  
 EXCESS: WINDSCREEN S\$ 100.00  
**YOUNG & INEXP DRIVERS (SECTION I)** S\$ 3,000.00

**Finance Company/Hire Purchase Owner** : DBS BANK LTD

\*Persons or Classes of Persons entitled to drive:

1. KHALID BIN AWANG
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 only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 3) Use for any purpose in connection with the Motor Trade

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

Authorized Signature

|  |              |                          |
|--|--------------|--------------------------|
| A000255(A000255)   | LIM CHEK HAI | Contact Number: 95882202 |
| Vehicle Chassis Number : WDD2040452A533295, Vehicle Engine Number : 27191031344548 |              | PC1, 29/11/2018 10:01    |



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

