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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	15/01/2019 15:20
Date Of Accident	15/01/2019 08:05
Exact Location Of Accident	YISHUN RING RD CAR PARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD4385T
Insured/Policyholder	
Name Of Registered Owner	LEE KUAN HWA ENGINEERING
Co Reg No	199805823H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62699192
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 1.5T-3.0 (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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCG18003633
Cover Note Number	
Driver	

Name of Driver

NRIC No

S1553813I

Date Of Birth

23/09/1962

Occupation

OUTDOOR

Date Of Driving Pass

LEE TOK HWA

S1553813I

OUTDOOR

20/07/1984

Driving Experience 34 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97252135

Fax Number

Contact Number

EMail Address NOEMAIL

Address APT BLK 805 YISHUN RING RD #11-4285 S(760805)

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

2

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLEASE 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

SLS8084M Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver CHENG TZE WEE JOHN

NRIC/Passport Number S7634595C **Contact Number** 90217634

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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.
- 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:
 - 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")
- 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.

考光华被核工程 LEE KUAN HWA ENGINEERING Mailing Add 39, Westwood Ave Singapore 648719

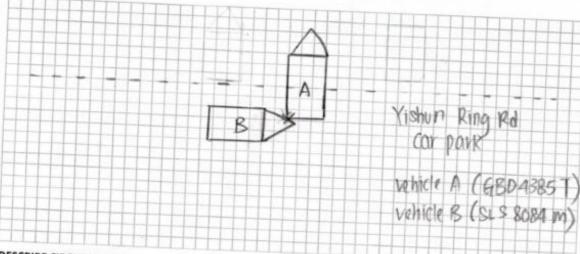
2 . 5389 3132 6764 5302 Fax : 6269 2239 HP : 9028 8798 Policyholder's Signature Drive

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

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanFerre_V3

SKETCH PLAN



I was reversing I will saw behind the vehicle. I saw the	braked and stopped. The vehicle B(SLS 8084 M) accidental	I was reversing I will saw behind the vehicle. I saw the vehicle B(SLS 8084 M) coming. My vehicle A(GBD 4385 T) braked and stopped. The vehicle B(SLS 8084 M) accidental	I was reversing I will saw behind the vehicle. I saw the vehicle B(SLS 8084 M) coming. My vehicle A(GBD 4385 T) braked and stopped. The vehicle B(SLS 8084 M) accidental	encowisi	ANCES OF THE ACCID	ENT			
				on the date vehicle A (I was r vehicle B (15/1/2019 of 6B7 4385 T reversing I N SLS 8084 M) Id Stopped 7	t about 080) at vish vill saw to Coming . The vehicle	pehind the My vehicle B(SLS &	vehicle. I A (GBD 4: 8084 M)	saw the
				thi with	ing venicle Al	480 4385	T) left	position.	

DECLARATION

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

光华橄榄工程

Making Add 139 Anstrood are Sing and 197 Briver's Signature
Tel: 62t. 192 Single Single Signature
(If driver is not the policyholder)

Date & Time:

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

GIARMC SkyrchPlanForm_V3

Driving License







III GC-2010 APT DLK 035 YAMIH MISO ROAD STILATER SHISAFORE PROBER



Policy Schedule Policy No. DMCG18083833

Motor Commercial Vehicle

ERGO

Insured Name	Fig Copy LEE RUMN HWA CHOINECRING
Auktress	
A CONTRACTOR OF THE PARTY OF TH	39 WESTWOOD AVENUE - SINGAPONE 645719
Bisiness (Chappeton	Отрега

Chert Code	CSO1000016	Y	
Intermediary Code (Producer)	A000484	Type of Gaver	Comprehensive
Date of leave		Transaction Type	Now Sugress
Control of the Contro	11/09/2018	Replacing Policy No.	700 000
Pariod Of Insurance	27/10/2018 FD 26/10/2019		

NCD Enhancer	800	2000 1011000		财产的	THE STATE OF
Basic Annual Program and, NGB 30,00% / Empariosy)	Street	107.01	Premium for the period (Settore GS 1)	860	1,526,66
Additional General	SGD	1,626,68	Premium after Discount '(Before GST)	SCD	-
	860		Premium GST at 7,00%	1	1,545,33
Total Assouat Premium (Before GST)	SGD		The state of the s	800	108.17
* Including Special Adjustment	1000	1/0/20000	Total Problem Payable (Industry of OST	500	1,553,50

Contrage De	talls	The same of the same	Section 1	Combaco Saxo				
Valida No.	Make / Mode	The second second	Few of Registration Body Type Torrough (Ton) Charate No					
GBD4365T	1.0						Engine No. 16/12/20251	
Sum baured Excess		MARKET	VALUE AT TIME	OF LOSS			1	
witherised Or		Extess; p II/OBSS M YOUNGAIN	SECTION (VINOSCREEN COME: FAP ORIVERS/SECT	RVEH BILOWIG	romer.	san san	500.00 100.00	
		14000 cores	in the Certificate fied further than in it: Act has not be	a Administration of the Company	5 registered under g		2,500,00 Org s kaden under th	
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inance Comp. Per Purchase	Bity/ Owner	Not Applica		- average (15 000	ing or any one about	paed-testing led mechanically propertie	i vehicle	
dditional Ros	efits	Not Applie	dite	-				

This Policy is subject to the following chauses, warrantes, and recomments, earlies less as printed herein and/or attached herein.

AUTHORISED WORKSHOP CLAUSE

(Applicable to Comprehensive and Third Porty Fire & The B Covers Only)

his horsely declared and understood that the indomety afforded by the policy will be operative only if repairs of the insured motor car (motor vehicle is certified out by an authorised workshop designated by the company.

BASIC POLICY EXCESS / DEALER'S WORKSHOP EXCESS

Executive Execution is provided a provided to the control of the c

For these arrangionents, a basic examps amount as snown on the schedule will apply

BREAKAGE OF WINDSCREEN OR WINDOW (INCORPORATING THE OPTION TO REPAIR THE WINDSCREEN)

The indepretsy provided by Section I of this Planty is decreased to early claim by the inserved for the hall cost of coinciding any glass in the varieties of in the windows including in-Values Unit (U) of the Motor Values tollowing breakage of such glass provided there is no further damage to the Motor Vehicle. This open close not induce the replacement of so in life.

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