

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	07/11/2018 15:27
Date Of Accident	07/11/2018 10:30
Exact Location Of Accident	PIE TWDS TUAS AFTER CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3516Z
Insured/Policyholder	
Name Of Registered Owner	TWINTOWN CONSTRUCTION PTE LTD
Co Reg No	201213772K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92718855

Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52K
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	DMCG18003766
Cover Note Number	

Driver

Name of Driver	CHIN KIM NAM
NRIC No	S7613536C
Date Of Birth	04/05/1976
Occupation	INDOOR
Date Of Driving Pass	07/02/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94454484
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 931 JURONG WEST ST 92 #09-209
Postcode	640931
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 - CHANGE/CROSS LANE
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 DRIVING ALONG PIE TOWARDS TUAS. I WAS ON THE EXTREME LEFT LANE. WHILE DRIVING STRAIGHT AHEAD, AT THE POINT WHERE THE SLIP ROAD FROM TOH TUCK AVENUE ON MY LEFT, SUDDENLY I FELT AN IMPACT ON THE LEFT SIDE OF MY VEHICLE. I ALIGHTED FROM MY VEHICLE AND REALISED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (GBG8577P) THAT CAME OUT FROM THE SLIP ROAD, IGNORED THE GIVE WAY LINE AND CAUSED THE COLLISION TO THE LEFT FRONT PORTION OF MY VEHICLE. THEN THE INDIAN NATIONALITY DRIVER RESISTED TO EXCHANGE OF PARTICULARS AND ASKED ME TO PROCEED WITH INSURANCE CLAIM.

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	GBG8577P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)	

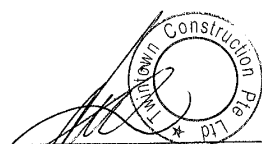
SKETCH PLAN

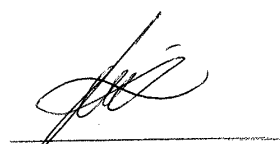
IMPORTANT NOTICE

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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.


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.:

NB1

Sketch Plan #2 Pg. 1

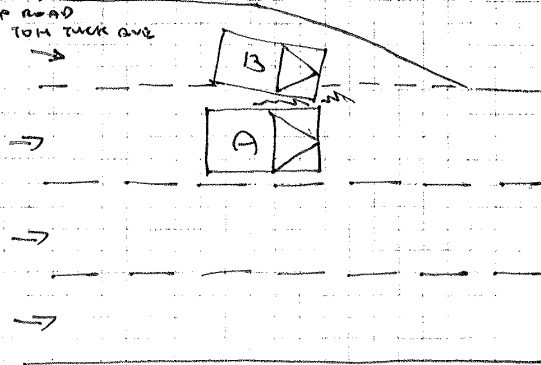
SKETCH PLAN

PIE TOWARDS THAS AFTER CLEMANTI AVE 6
EXIT.

VEHICLE A - XE 3516 Z

VEHICLE B - GAG 8577 P

SLIP ROAD
FROM TOM TUCK AVE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG PIE TOWARDS THAS , I WAS ON THE EXTREME LEFT LANE .
WHILE DRIVING STRAIGHT AHEAD , AT THE POINT WHERE THE SLIP ROAD FROM TOM TUCK AVE ON MY LEFT ,
SUDDENLY I FELT A IMPACT ON THE LEFT SIDE OF MY VEHICLE .
AUGMENTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE NUMBER (GAG 8577 P)
THAT CAME OUT FROM THE SLIP ROAD , IGNORED THE GIVE WAY LINE AND CAUSE THE COLLISION TO THE LEFT FRONT PORTION OF MY VEHICLE .
THAN THE INDIAN NATIONALITY DRIVER REQUESTED TO EXCHANGE OF PARTICULAR AND ASKED ME TO PROCEED WITH INSURANCE CLAIM .
VEHICLE A - XE 3516 Z
VEHICLE B - GAG 8577 P

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.:

IDENTITY CARD No. S7613536C



CHIN KIM NAM
(CHEN JINNAN)

陈锦南
Race
CHINESE
Date of Birth
04-05-1976 M
Issued At
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7613536C
Name: CHIN KIM NAM (CHEN JINNAN)

Birth Date: 04 May 1976
Issue Date: 07 Feb 2011

001932743D

3877530

NRIC No. S7613536C

Date of issue
11-05-2006

Address
APT BLK 931 JURONG WEST STREET 92
#09-209
SINGAPORE 640931

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 CC	20 Sep 2000
Class 2A Motorcycles between 201 CC and 400 CC	30 Oct 2001
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	07 Feb 2011
Class 4 Heavy motor cars and motor tractors > 2500 kg	19 Jul 2012
Class 5 Motor vehicles > 7250 kg not constructed to carry any load	29 Oct 2012

S7613536C S / No. 9000175286

NP 428A

Licence No: S7613536C

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	:	DMCG18003766	<div style="border: 1px solid black; padding: 5px; text-align: center;"> 24-Hour Motor Accident Reporting and Assistance Helpline 6333 2222 www.ergo.com.sg </div>	
Vehicle Registration Number	:	XE3516Z		
Cover Type	:	Comprehensive		
Policy Type	:	Commercial Vehicle (Pte Use)		
Name of Policyholder/Insured	:	TWINTOWN CONSTRUCTION PTE LTD		
Commencement Date of Insurance	:	02/10/2018		
Expiry Date of Insurance	:	01/10/2019		
Excess	:	EXCESS: (SECTION I)..... EXCESS: WINDSCREEN COVER(VEH 10 TONS & ABOVE) YOUNG&INEXP DRIVERS(SECTION I)	S\$ S\$ S\$	2,000.00 200.00 2,500.00

Finance Company/Hire Purchase Owner : MAYBANK

***Persons or Classes of Persons entitled to drive:**

1. The Policyholder
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 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

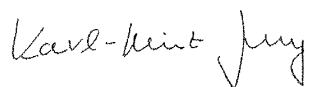
This Policy does not cover :

- 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 (*).

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

A000577(A000577)	INSURE HOUSE	Contact Number: 68420051
Vehicle Chassis Number : JALCYZ52KH7000039, Vehicle Engine Number : 6WG1431784		CP1, 14/09/2018 14:39

Accident Photo



Accident Photo



Accident Photo



Accident Photo

