### 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 witholding 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 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.

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	08/12/2017 15:35
Date Of Accident	08/12/2017 11:20
Exact Location Of Accident	8 ANTHONY ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP1946J
Insured/Policyholder	
Name Of Registered Owner	STANDARD FORM PTE LTD
Co Reg No	198105885R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67448080
Vehicle Particulars	
Manufacturer	HINO
Model	XZU710R-HKFMS3-4.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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

Type Of Coverage

Fleet Policy NO

Policy Number DMCV17S002617

Cover Note Number

### Driver

ZULKIFLI BIN MOHAMED YAZID Name of Driver

NRIC No S1271233B Date Of Birth 04/06/1957 **OUTDOOR** Occupation Date Of Driving Pass 10/10/1991

**Driving Experience** 26 YEARS AND 1 MONTH

MALE Gender

Mobile Number (LOCAL) +65-82673000

Fax Number

**Contact Number** 

**EMail Address NOEMAIL**  Address BLK 302 TAMPINES STREET 32 #03-44

Postcode 520302

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 COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface DRY

### **Other Information**

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.
Number of Passengers (Including Driver) 2

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

ON THE 08/12/217 AT 1120AM AS I REVERSING MY VEHICLE BACK WARDS SUDDENLY MY VEHICLE HIT VEHICLE B (SLG 2788 T) REAR BOOT LID (DENT).

### 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 SLG2788T

Vehicle Make/Model/Colour MITSUBISHI/WHITE

Details Of Properties VEHICLE B

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **Details of Witness**

Name

Phone Number

**Email Address** 

### Sketch Plan

#### SKETCH PLAN

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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:

- 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)
  - (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
- 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.

er's Signature

(If driver is not the policyholder)

Date & Time: 18 - 12 - 17

Reporting Centre Personnel's Signature WHI SHUN

160 Name:

NRIC/FIN No .:

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te & Time:	(If driver is not the pol	licyholder)	Name:		1 JHUN
And the second s				IN No.:	



COMMERCIAL VEHICLE (PRIVATE USE)

R SB A000364 Cov.Type: C

### 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 NO.

DMCV17S002617

1) Index Mark and Registration

No. of Vehicle:

YP1946J

2) Name of Policyholder:

STANDARD FORM PTE. LTD.

3) Commencement Date of Insurance:

05 April 2017

EXCESS: (SECTION I). SGD1,100.00

YNG&INEXP DRV(SEC 1) SGD2,500.00 EXCESS:WS(BELOW 10T) SGD100.00

4) Expiry Date of Insurance:

04 April 2018

5) Persons or Classes of Persons entitled to drive

- 1) Any person who is driving on the Policyholder's order or permission
- 6) 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.

- 7) 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 6 & 7)

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)

Legend
Cov Type:
C - Comprehensive
F - Third Party, Fire & Theft
T - Third Party

545 ORCHARD ROAD #04-36
FAR EAST SHOPPING CENTRE
SINGAPORE 238882
TEL: 67376015 FAX: 67372374
Empil: santuck@singnet.com.sg

SANTUCK TRADE & INSURANCE AGENCY For and on behalf of ERGO Insurance Pte. Ltd.

545 ORCHARD ROAD #04-36 Approved Insurer

Authorized Signature

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5 5 Temasek Boulevard #04-01 Suntec Tower Five Singapore 038985 Tel: +65 6829 9199 Fax: +65 6829 9248 www.ergo.com.sg



























