

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	26/02/2018 09:55
Date Of Accident	25/02/2018 14:40
Exact Location Of Accident	CTE TOWARDS UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8822B
Insured/Policyholder	
Name Of Registered Owner	YEW SENG HENG CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	DESMOND@YSH.SG
Mobile Phone No	
Alternative Phone No	OFFICE-94592822

Vehicle Particulars

Manufacturer	TOYOTA
Model	WORK PURPOSE
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCV17S014325
Cover Note Number	

Driver

Name of Driver	BOOMINATHAN LAKSHMANAN
Passport No/FIN	G2490210U
Date Of Birth	29/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2014
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98994124
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	50 KAKI BUKIT INDUSTRIAL TERRACE
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 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

PLEASE SEE ATTACHED.

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	SGL5099L
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	KHOR LIANG QUAN
NRIC/Passport Number	S8829117D
Contact Number	98805181
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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:

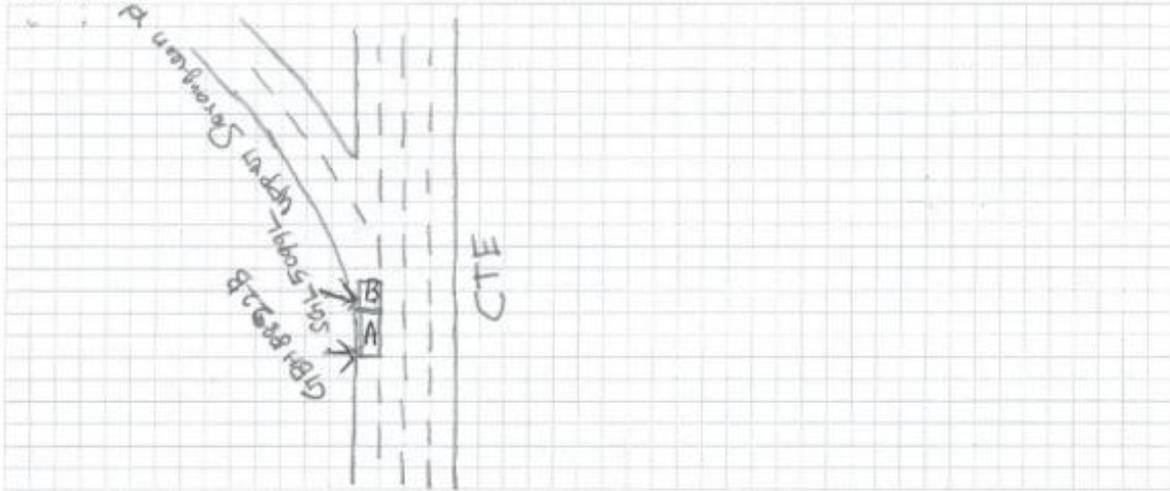
R. J. Lim 26/02/18
10:10am
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CTE towards Upper Serangoon exit. There was heavy traffic. Suddenly the vehicle in front of me stopped. I also stopped but could not stop in time and hit the rear of the vehicle.

DECLARATION
I, HEREBY DECLARE that:-
 1. The reporting centre personnel has explained the above statement & sketch plan to me.
 2. I fully understand and agree with the above statement.
 3. The information given is true and correct to best of my/our knowledge and belief.

R. B. [Signature]
 Name, Signature & Company Stamp (if applicable)

Insurance Co. _____
 Vehicle No. _____ Date of Accident _____
 Reporting Only
 Own Damage Claim @ KFS
 Third Party Claim

DECLARATION

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

Policyholder's Signature _____
 Date & Time: _____

R. B. [Signature] 26/02/18
 Driver's Signature (if driver is not the policyholder) _____
 Date & Time: 10:10am

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2490210U**

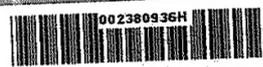
Name: **BOOMINATHAN LAKSHMANAN**

Birth Date: **29 May 1989**

Issue Date: **30 Dec 2014**

Valid Till: **29 Dec 2019**

002380936H



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

Employer:
YEW SENG HENG CONSTRUCTION PTE. LTD.

Sector: **CONSTRUCTION**

Name:
BOOMINATHAN LAKSHMANAN

Occupation:
ASSISTANT MECHANICAL ENGINEER

S Pass No.: **036537256**

Date of Application: **31-10-2017**

Date of Issue: **05-11-2017**

Date of Expiry: **04-11-2018**

L8515475



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	30 Dec 2014
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	30 Dec 2014

NP 428A

Licence No: G2490210U



VISIT PASS
Immigration Regulations

Name:
BOOMINATHAN LAKSHMANAN

Date of Birth	Sex	Nationality
29-05-1989	M	INDIAN
FIN	Date of Issue	Date of Expiry
G2490210U	19-12-2017	04-11-2018

MULTIPLE JOURNEY VISA ISSUED

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





COMMERCIAL VEHICLE (PRIVATE USE)

CP1
E SB
A000126
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.

DMCV17S014325

1) Index Mark and Registration
No. of Vehicle:

GBH8822B

2) Name of Policyholder:

YEW SENG HENG CONSTRUCTION PTE LTD

3) Commencement Date of Insurance:

29 November 2017

EXCESS: (SECTION I). SGD700.00
EXCESS:WS (BELOW 10T) SGD100.00
YNG&INEXP DRV (SEC I) SGD2,500.00

4) Expiry Date of Insurance:

23 August 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

For and on behalf of ERGO Insurance Pte. Ltd.
Approved Insurer

Authorized Signature

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

