Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 26/03/2019 14:19

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	26/03/2019 13:53					
Date Of Accident	23/03/2019 21:00					
Exact Location Of Accident	WOODLANDS DRIVE 50 BLK 888 LOADING /UNLOADING					
Country/State of Loss	SINGAPORE					
DETAILS OF OWN VEHICLE						
Vehicle Registration Number	GBB9603S					
Insured/Policyholder						
Name Of Registered Owner	TROPICAL ENVIRONMENT PTE LTD					
Co Reg No	198905668D					
Email Address	NOEMAIL					
Mobile Phone No	(LOCAL) +65-81266252					
Alternative Phone No	OFFICE-67620500					
Vehicle Particulars						
Manufacturer	MITSUBISHI					
Model	FB70ABOSRDEB-2.8 D (M)					
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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					
Fleet Policy	NO					
Policy Number	DMCG18001355					
Cover Note Number						
Driver						
Name of Driver	ENG TECK SENG					
NRIC No	S1559504C					
D-t- Of Disti	00/00/4000					

NRIC No S1559504C

Date Of Birth 02/06/1962

Occupation OUTDOOR

Date Of Driving Pass 25/08/2004

Driving Experience 14 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81266252

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 847 WOODLANDS STREET 82 #10-285

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : BILLY ENG

GENDER: : MALE

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

ON 23/3/19 AT 2100HRS WHILE REVERSING AT LOADING BAY BLK 888 WOODLANDS DR.50 GBB9603S, MY LORRY SPARE TYRES HIT BUMPER OF A TAXI SHC5508J ,A LADY TAXI DRIVER DEMANDED I COMPENSATE HER \$400 FOR HER DAMAGES WHICH I REFUSE, SHE TREATHEN TO MAKE A REPORT & CLAIM A NEW BUMPER

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

SHC5508J TAXI

Details Of Properties

Vehicle Category

TAXI

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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- 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)
 - (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.

Policyh der's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time: 263119

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	SHC S	2087		
Double Yell	on Line 13	I A		
		Condi		
		G8B 96035		
Woodlans	BUR 838			
10 messoy				
7,7	loading Bay			
CRIBE CIRCUMSTANCES OF	THE ACCIDENT			
02 23 3/19	at 2100 de	s while ne	veryon at Load	hip
ay BUR 888	Woodland DR.	50 GBB 9603	5. My long 5	gare
yres hit bunger	s of a ten	K. SHC 5508	J. A Cady toxis	driver
lemanded con	pensate le	- \$400 for	her danages.	which
Loques, She	theaten.	to make a	uport all c	Lain
a new bumper	,			
ADATION				
	s are true in every respect.			
ARATION declare the foregoing particulars	Fare true in every respect.			26/3

Name: NRIC/FIN No .:

(If driver is not the policyholder)
Date & Time: 26/3/19

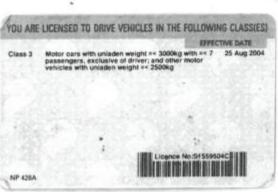
GIARMC Skirch Element, VI.





8 RIVEN 6 (M)





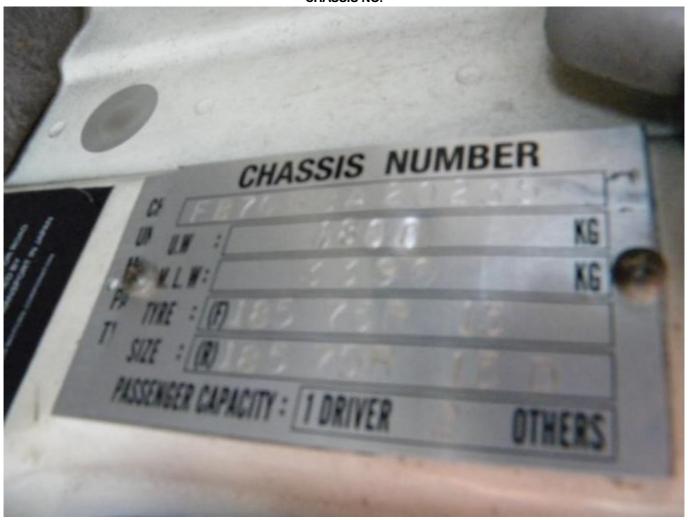


Accident Photo





CHASSIS NO.



FRONT VIEW

