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 | 22/03/2019 16:38 |
| Date Of Accident | 22/03/2019 07:20 |
| Exact Location Of Accident | CARPARK OF BLK 3004 UBI AVE 3 |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBF5911H |
| Insured/Policyholder | |
| Name Of Registered Owner | DALILA BTE ABU BAKAR |
| NRIC No | S1539254A |
| Email Address | FRANKIE@CARWAY.COM.SG |
| Mobile Phone No | (LOCAL) +65-84092685 |
| Alternative Phone No | OFFICE-84092685 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | LITEACE-1.5 (A) |
| 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 | 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 | DMCG19000289 |
| Cover Note Number | |
| Driver | |

Name of Driver DALILA BTE ABU BAKAR

NRIC No S1539254A

Date Of Birth 27/06/1962

Occupation INDOOR

Date Of Driving Pass 12/12/2008

Driving Experience 10 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-84092685

Fax Number

Contact Number OFFICE-84092685

EMail Address FRANKIE@CARWAY.COM.SG

Address BLK 226 PASIR RIS STREET 21

#02-84

Postcode 510226

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Briver's CWIT

.

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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? YES

Was any injured conveyed to hospital by

NO

YES

Was any other material or property damaged?

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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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 GY6966J

Vehicle Make/Model/Colour

Details Of Properties

Details Of Froperties

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)

DETAILS OF INJURED PERSON 1

Name DALILA BTE ABU BAKAR

Approximate Age
Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURIES

GBF5911H

YES

Sketch Plan

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
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 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:
 - 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

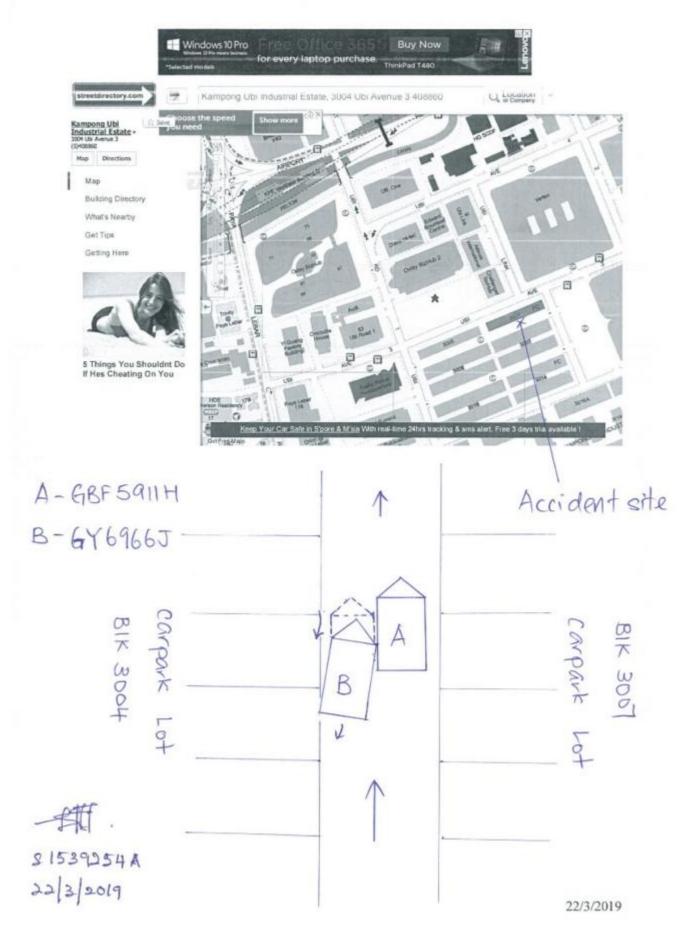
(ii) for complying with requirements under any regulations, laws or court orders.

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.:

| KETCH PLAN | | |
|---|--|--|
| | se my states plan | <u>Vehicle</u> A - |
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| eaf. | | Legend |
| | | Vehicle Mutorcycle |
| ESCRIBE CIRCUMSTANCES | OF THE ACCIDENT | |
| Refer to my | Statements. | |
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| DECLARATION I/We declare the foregoing partir Please be advised that your insurer may from the day of occurrence. Kindly chec | culars are true in every respect. y have a fourteen (14) days clause whereby the claim again ix your policy for more details. | st own policy must be made within the stipulated timeframe |
| Policyholder's Signature Date & Time: | Driver's Signature (If driver is not the policyholder) | Reporting Centre Personnel's Signature Name: |

Date & Time:

NRIC/FIN No.:



Accident Sketch Plan

Accident Statement

On 22nd of March 2019, at around 0720Hrs, I was driving my vehicle (GBF5911H) along the road between Blk 3004 and 3007 Ubi Ave 3. Suddenly a vehicle (GY6966J) reverse and hit onto the left rear of my vehicle. I'm making a third party claim.

Name: Dalila Bte Abu Bakar

NRIC: S1539254A

ERGO

24-Hour Motor Accident Reporting and Assistance Helpline

6333 2222

www.ergo.com.sg

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

DMCG19000289

Vehicle Registration Number

GBF5911H

Cover Type

Comprehensive

Policy Type

Commercial Vehicle (Pte Use)

Name of Policyholder/Insured

DALILA BTE ABU BAKAR

Commencement Date of Insurance

30/12/2018

Expiry Date of Insurance

29/12/2019

Excess

EXCESS: (SECTION I)...

600,00

EXCESS: (SECTION I)...... EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS).. YOUNG&INEXP DRIVERS(SECTION I)

100.00 2.500.00

Finance Company/Hire Purchase Owner: LIAN HONG PTE LTD

*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.

- - 1) Use in connection with the Policyholder's business
 - Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
 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

Warl- Wint

Authorized Signature

SG MOTOR TRADER PTE LTD

Reg. No.: 201537467C 172 Sin Ming Drive Singapore 575720 Tel: 6933 9400 Fax: 6456 0678

A000572(A000572) SG MOTOR TRADER PTE. LTD. Contact Number: 69339417 CP1, 24/12/2018 11:28 Vehicle Chassis Number: S402M0061280, Vehicle Engine Number: 3SZDFX7410

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1539254A





Name

DALILA BTE ABU BAKAR

دلیله بنت ابو بکر

7

Race MALAY

Date of birth

Sex

S1539254A

27-06-1962 Country/Place of birth SINGAPORE

5762052



NRIC No. S1539254A



Date of issue

30-06-2017

Address

APT BLK 226 PASIR RIS STREET 21 #02-84 SINGAPORE 510220





Licence Number: S 1 5 3 9 2 5 4 A

DALILA BTE ABU BAKAR

Birth Date: 27 Jun 1962 Issue Date: 12 Dec 2008



84092685

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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

12 Dec 2008

Licence No: S1539254A









