

## 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	07/09/2018 09:29
Date Of Accident	06/09/2018 11:05
Exact Location Of Accident	SLIP RD AFTER LOR 6 TOA PAYOH EXIT TO PIE(TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9358P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KALTECH ENGINEERING & REFRIGERATION PTE LTD
Co Reg No	199307561H
Email Address	JWLEE@KALTECH.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68633681

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB71 (M)
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	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	DMCV17S013117
Cover Note Number	

### Driver

Name of Driver	GAN CONGCONG
Passport No/FIN	G2958615U
Date Of Birth	23/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	09/04/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	+65-83122388
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	N/A
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

REFER TO SKETCH PLAN

#### 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	SLX2342G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG WENG WAI
NRIC/Passport Number	S7022794J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

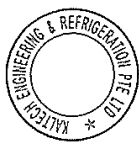
*Ergo*

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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.



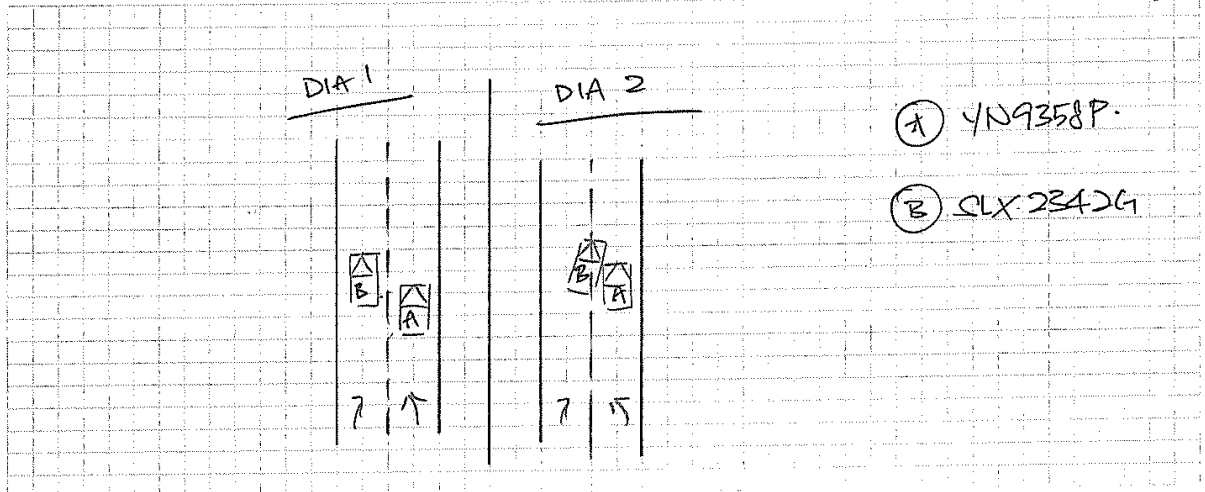
Policyholder's Signature  
Date & Time:

*Guan*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 06/09/18 at around 1105 hrs, I was travelling from \_\_\_\_\_ way.  
Macpherson RD to PIE (TUAS). Along the long slip road to exit PIE (TUAS),  
before reach Kallang River.  
I drive pass the exit to Lor 670A Payoh and when \_\_\_\_\_, Vehicle B was on the left lane  
but out of sudden, he cut into my lane & collided onto my  
vehicle front left portion which I was driving straight in my  
lane.

☐ Claim own policy  
☐ Claim third party  
☒ Claim OD / TP at other works hop  
☒ For record purpose

## 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:

☐ Claim own policy  
☐ Claim third party  
☒ Claim OD / TP at other works hop \_\_\_\_\_  
☐ For record purpose

Policy No. \_\_\_\_\_  
Insurer IRAD Veh.No. 4N9388

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

06/SEP/2018/THU 15:55

FAX No.

P. 001/001

**ERGO**

COMMERCIAL VEHICLE (PRIVATE USE)

CP1  
R SB  
A000316  
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.**

DMCV17B013117

1) Index Mark and Registration  
No. of Vehicle:

YN9358P

2) Name of Policyholder:

KALTECH ENGINEERING &amp; REFRIGERATION PTE LTD

3) Commencement Date of Insurance:

23 September 2017

EXCESS: (SECTION I). SGD800.00  
YNG&INEXP DRV (SEC I) SGD2,500.00  
EXCESS:WB (BELOW 10T) SGD100.00

4) Expiry Date of Insurance:

22 September 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 &amp; 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 &amp; Theft

T - Third Party

For and on behalf of ERGO Insurance Pte. Ltd.  
Approved Insurer\_\_\_\_\_  
Authorized Signature

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G2958615U**


Name: **GAN CONGCONG**

Birth Date: **23 May 1993**

Issue Date: **22 Jul 2017**

Valid Till: **21/07/2022**

002706234J



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore


Employer: **KALTECH ENGINEERING & REFRIGERATION PTE LTD**

Name: **GAN CONGCONG**

Work Permit No.: **0 77409092**

Sector: **MANUFACTURING**

K0661821



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

**EFFECTIVE DATE**


**C** Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg **09 Apr 2018**

**G2958615U**

**S / No. 9000313782**

**Licence No: G2958615U**

**NP 428A**



**VISIT PASS**  
Immigration Regulations

06-08-2018

Name: **GAN CONGCONG**

FIN: **G2958615U**

Date of Birth: **23-05-1993** Sex: **M**

Nationality: **CHINESE**

**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.**

Download SGWorkPass App to check status





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





# Addendum Sheet Pg. 1



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

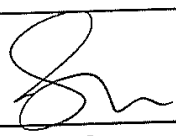
Original Report No : MCA718115849 Vehicle Registration No: YN9358P  
 Name (as shown in NRIC) : Katted Engineering & Refrigeration Pte. Ltd. NRIC/FIN/Passport No : \_\_\_\_\_  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Date of Accident : 06/09/18 Time of Accident : 1105 Hrs  
 Place of Accident : Slip RD after Lor 6 Toa Payoh Exit to PIE (Tuas)  
 Insurance Company : Ergo Ins.

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Typo Error on Date of Accident should be 06/09/18.

Policyholder / Driver's Signature  
 Date:

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

Addendum Sheet Pg. 1



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Original Report No : MCAT 18115849 Vehicle Registration No: YN9358P  
Name (as shown in NRIC) : Kattedu Engineering & Refrigeration Pte. Ltd. NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
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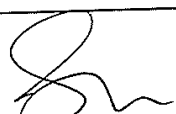
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Accident Circumstances

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: