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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/06/2018 10:03
Date Of Accident	12/06/2018 09:00
Exact Location Of Accident	X HOUGANG AVE 3 & DEFU AVE 1
Country/State of Loss	SINGAPORE
ı	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XB8081T
Insured/Policyholder	
Name Of Registered Owner	KIAN HOCK ENGRG PTE LTD
Co Reg No	200710981E
Email Address	DAWOOD@KIANHOCK.COM
Mobile Phone No	
Alternative Phone No	OFFICE-81837608
Vehicle Particulars	
Manufacturer	ISUZU
Model	CXH50T
Exact Purpose for which vehicle was being used at time of accident	t en
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCV18S00015S
Cover Note Number	

Driver

Name of Driver ZHENG YANPING
Passport No/FIN G2373041W

Date Of Birth 28/01/1984

Occupation OUTDOOR

Date Of Driving Pass 02/01/2014

Driving Experience 4 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84336798

Fax Number

Contact Number

EMail Address DAWOOD@KIANHOCK.COM

BLK 134 JURONG EAST ST 13 #02-309H S600134 Address

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?

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)

Passenger 1

NAME: : MARIMUTHU

GENDER: : MALE

NO

2

NO

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

REFER TO ATTACHED REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

1

Vehicle Registration Number SLQ6344L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LIM HUI WEN NRIC/Passport Number S8629514H

Contact Number NA NA Address NA Postcode NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 23

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. 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:

- (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

10.20 AM

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

policyholder Signature Date & Time:

No.

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan Pg. 1

	Accident Sketch P	idii ry. i			
SKETCH PLAN	Bus Stop Res St	To the words to Enous Link ?			
DESCRIBE CIRCUMSTANCES OF					
		Actual was Driving Whood IT			
		04.1W WAS DRIVING XB808 IT 3 TO ENOUS LINK On: 12/6/18			
		VEHICLE WAS STAND SLG 6344L			
1 HIT THE VEHI	CLE IN FRONT	= MINOR DAMAGE, NO INJURIES			
BOTH PARTIES					
1					
		Erao.			
		Vehicle No XIS 808 1 T Date of Accident 12 6/18			
		Reporting Only			
		Own Damage Claim Third Party Claim			
		Other Workshop			
DEGLI ANTONI		<<<<<<<<<<.			
DECLARATION I/We declare the foregoing particular	ars are true in every respect.				
*	72 km 80	10:20 AM W			
Policyholder's Signature	Driver's Signature	2018 6 \ S Reporting Centre Personnel's Signature			
, one morace of organization					

Date & Time:

1

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:



ERGO

COMMERCIAL VEHICLE (PRIVATE USE)

CP1
R SB
A100005
Cov.Type: F

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.	DMCV18S000155			
Index Mark and Registration No. of Vehicle:	XB8081T			
2) Name of Policyholder:	KIAN HOCK ENGINEERING PTE LTD			
3) Commencement Date of Insurance:	: 26 March 2018			
4) Expiry Date of Insurance:	25 March 2019			
5) Persons or Classes of Persons entitled to drive				
 Any person who is driving 	on the Policyholder's order or permission			
6) Provided that the person driving is p	permitted in accordance with the licensing or other laws or re			

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

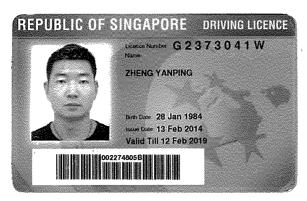
- 1) Use for hire or reward racing pace-making reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

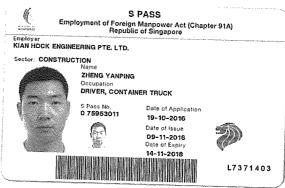
Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (for Items 6 & 7)

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)

<u>Legend</u> Cov Type:	है प्रकृत्यक्ष मान्य प्रकृत है। है जिल्लामा प्रकृत है है है है है	For and on behalf of ERGO Insurance Pte. Lta. Approved Insurer
C - Comprehensive F - Third Party, Fire & Theft T - Third Party		1
		Authorized Signature

WP & DL Pg. 1





WP & DL Pg. 1

VISIT PASS

Immigration Regulations YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) Name ZHENG YANPING EFFECTIVE DATE Motor cars =< 3000 kg with =< 7 panengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg Heavy motor cars and motor tractors > 2500 kg Motor vehicles > 7250 kg not constructed to carry any load 02 Jan 2014 15 Oct 2014 Oats of Birth Ssx 28-01-1984 M Class 4 Nationality CHINESE Date of Expiry FIN Date of Issue Oste of Explry G2373041W 09-11-2016 14-11-2018 MULTIPLE JOURNEY VISA ISSUED \$ / No. 9000210092 G2373041W Licence No: G2373041W NP 428A







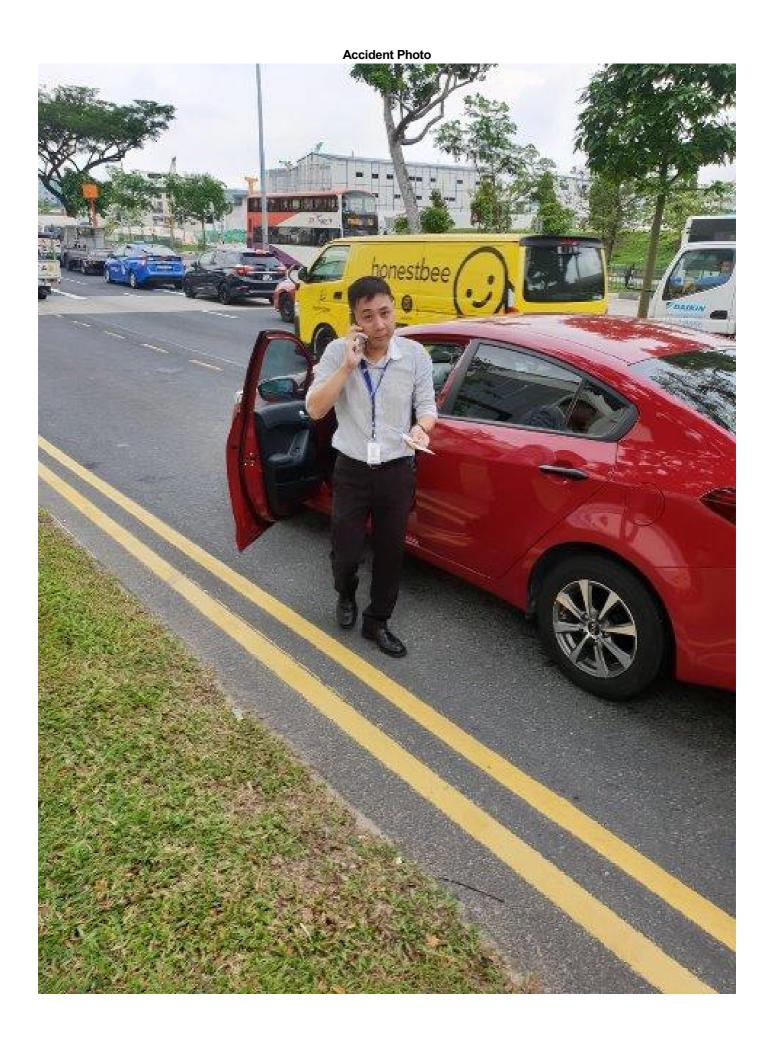


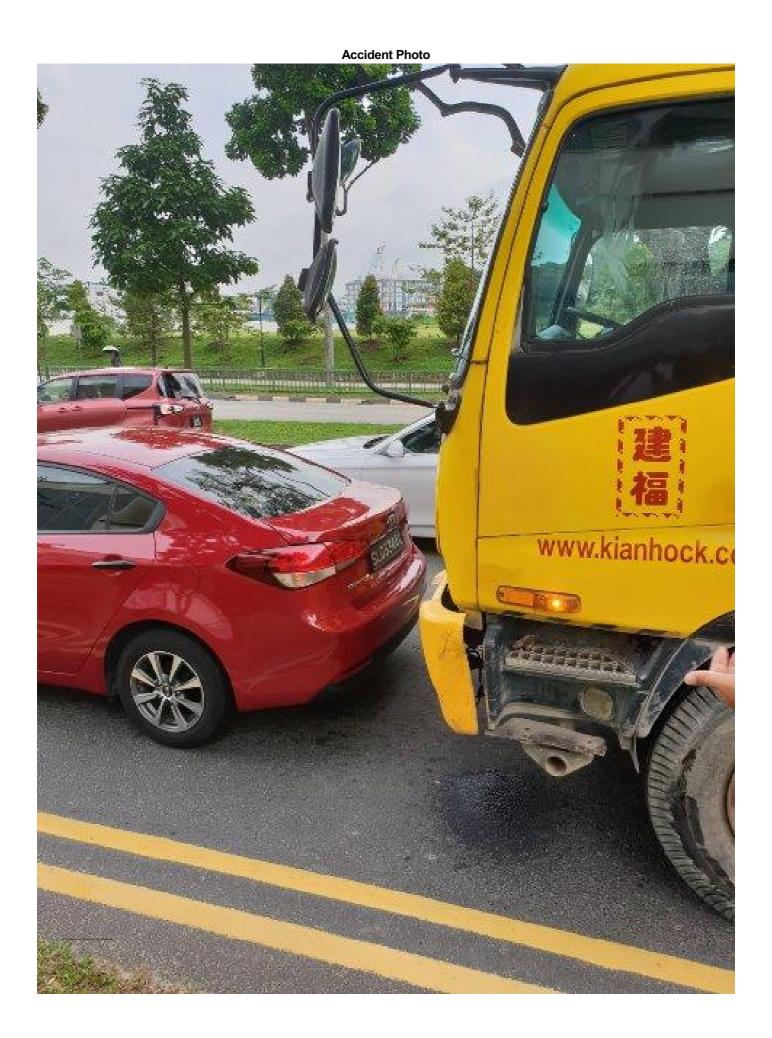




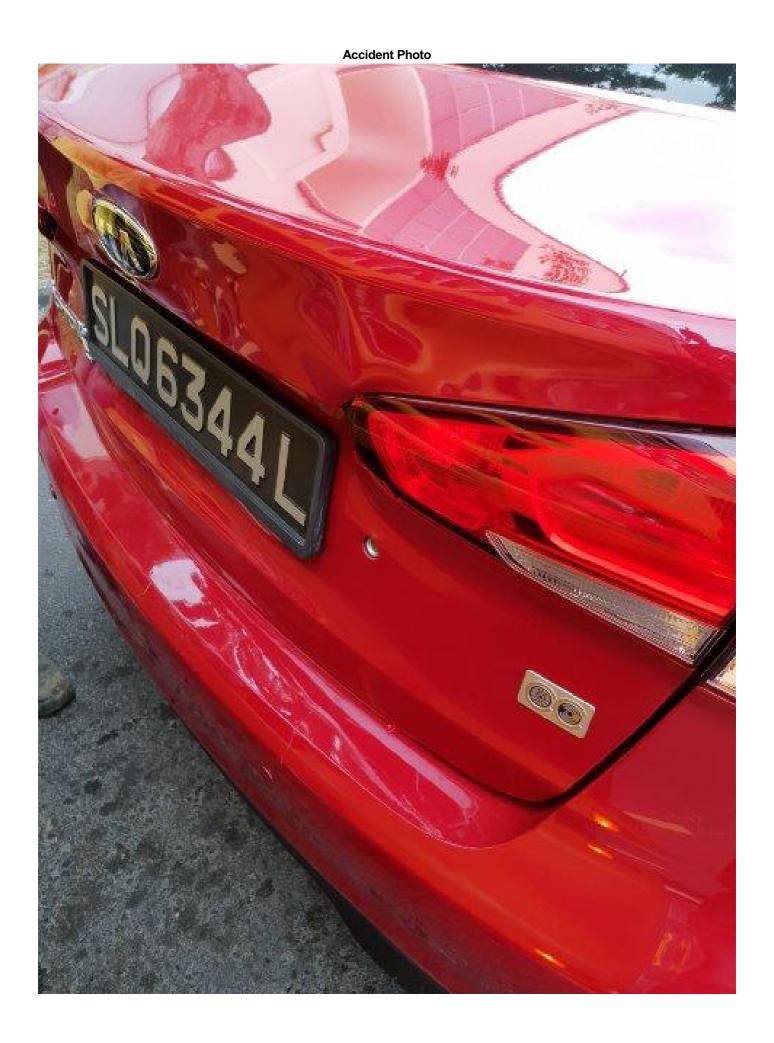


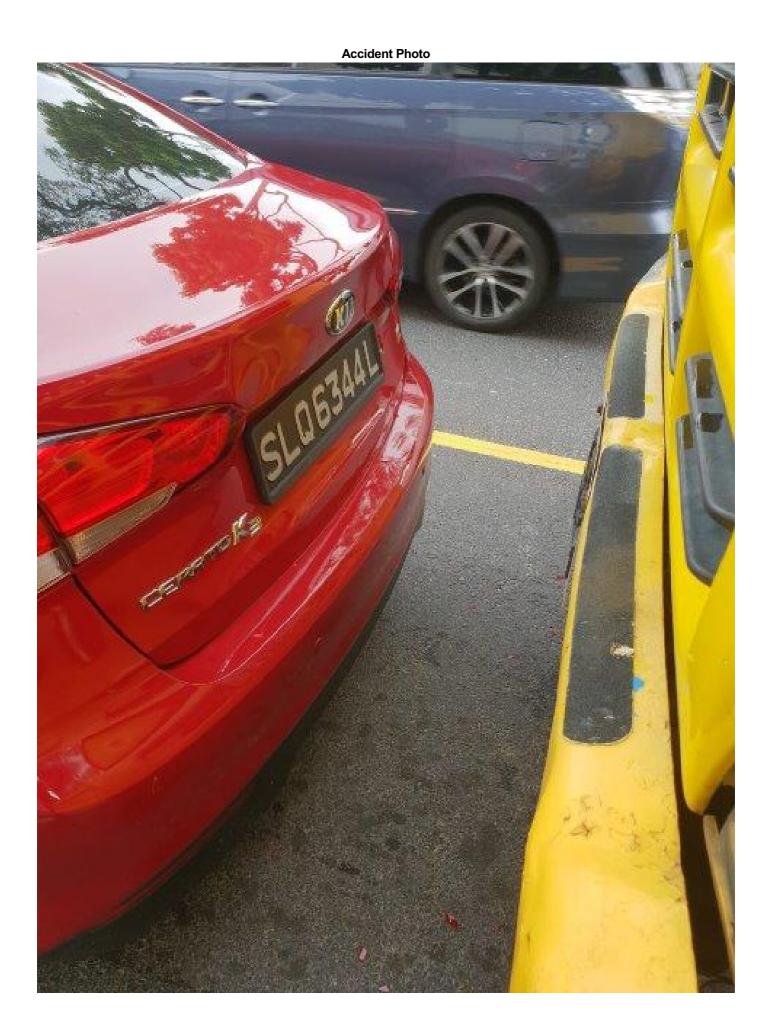


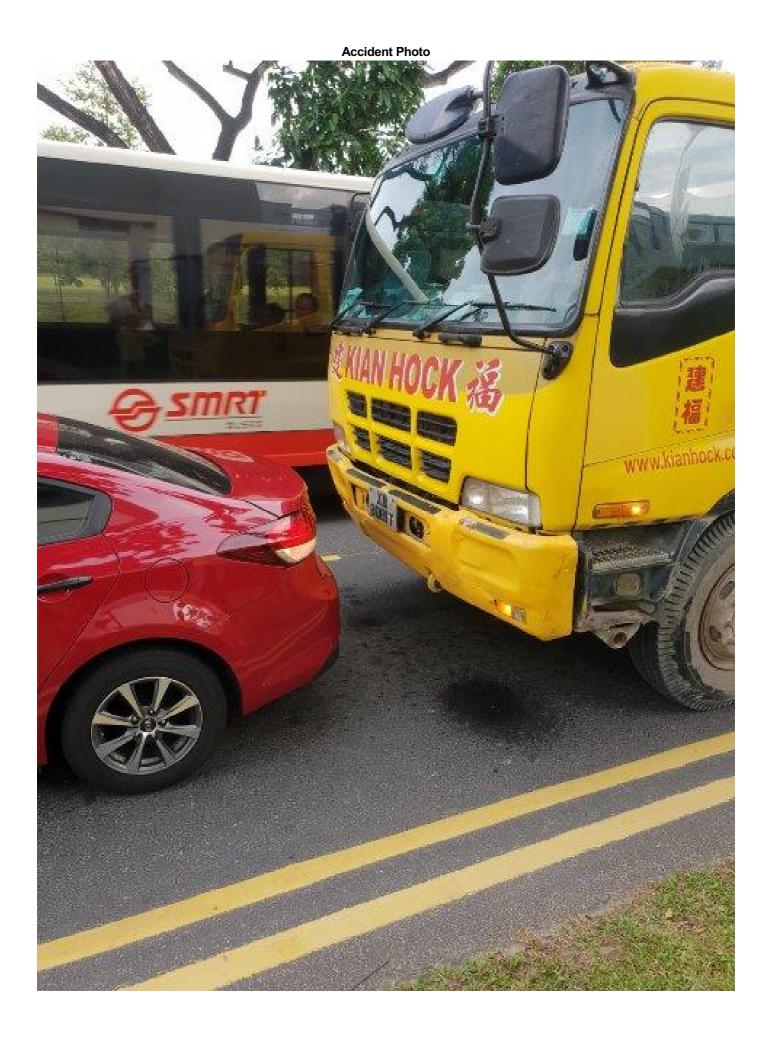


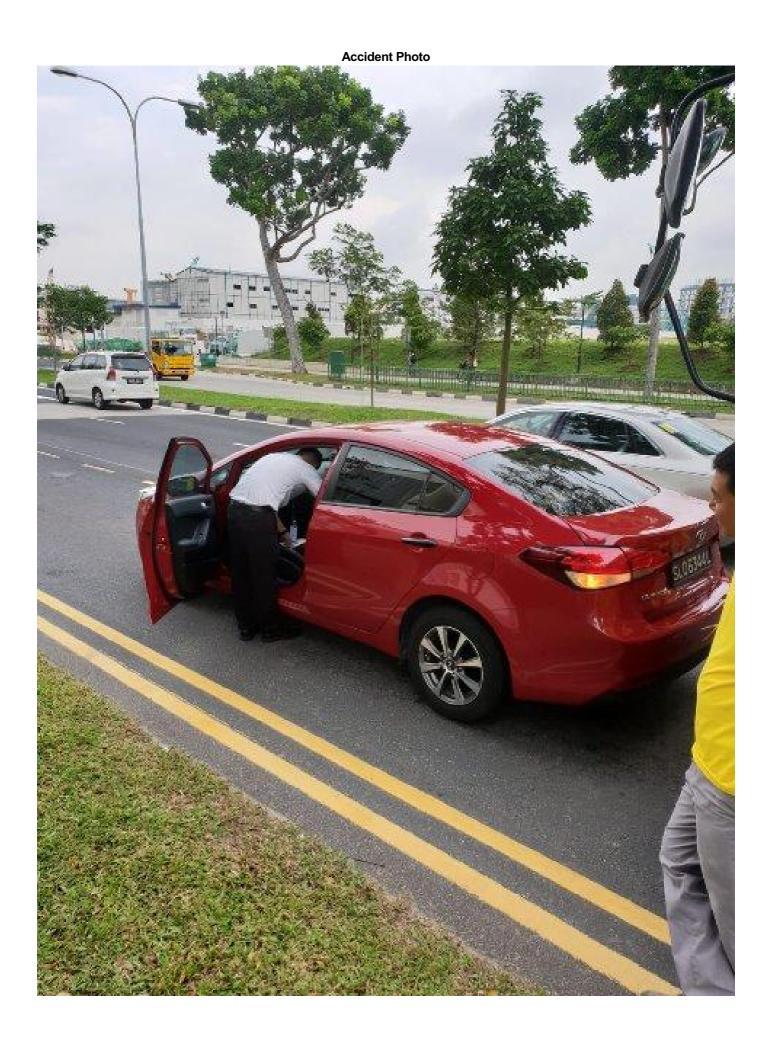












Addendum Sheet Pg. 1



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: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MKFS18076512 _____Vehicle Registration No: __XB8081T Name(as shownin NRIC): ZHENG YANPING ___NRIC/FIN/Passport No: __G2373041W (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address _Singapore() : ______Mobile No. :_____84336798 Contact (Tel) **Email Address** Date of Accident :_ 12/06/2018 Time of Accident: 0900 Place of Accident : X HOUGANG AVE 3 & DEFU AVE 1 Insurance Company: ERGO Insurance Pte. Ltd. (B) ADDITIONALINFORMATION/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: DOA SHOULD BE 12/06/2018 Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No.:

Date:

GIARMC addendumform_V3