SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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

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	ACCIDENT STATEMENT
Date Of Report	22/01/2019 16:40
Date Of Accident	22/01/2019 09:50
Exact Location Of Accident	59 STRATHMORE AVE LOADING/UNLOADING BAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF8562L
Insured/Policyholder	
Name Of Registered Owner	KA HENG TEA & COFFEE MERCHANT
Co Reg No	22875400C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62729364
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5AT 5DR EURO V
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	DMCG18000608
Cover Note Number	
Driver	
Name of Driver	CHAN CHENG KWEE
NRIC No	S0305936G
Date Of Birth	01/05/1938

Date Of Birth 01/05/1938
Occupation INDOOR
Date Of Driving Pass 08/02/1958

Driving Experience 60 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97491290

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 83 STRATHMORE AVENUE Address

#04-160

Postcode 141083

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

COLLIDED INTO PARKED VEHICLE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

3

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: CHAN HWEE TECK

GENDER: : MALE

Passenger 2

Passenger 1

NAME: : ONG KIM LAY GENDER: : FEMALE

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

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

SJG4724M

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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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 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 ".
 - (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:
 - 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.

莊 茶 啡 咖 與 結 KA HENG TEA & COFFEE MERCHAN

Blk 111, Jalan Bukit Merah #01 Policyholdgingapater#60111

Driver's Signature

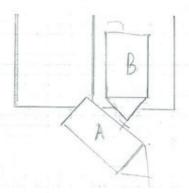
Tel Part & CRee: 6476 8182 Fax: 6278 569(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



A-GB= 85621 B- SJG 4724M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CDC ACINI	11/10/000
	T DATE & TIME: 201/19 0950
CONTACT NUMBER: 97491290/607296 / E-MAIL A	DDRESS:
LOCATION: I PARKED MY VAN AT TH	HE LOADING & UNLOADING EN
TO UNLOAD GOOD. A MOTOR CAR A	10 SJG 4724M PARKED
BESIFE ME. AS I CAME OUT	FROM THE LOADING BAY, I
ACCIDENTALLY SCRATCHED THE FR	CONT BUMPAR OF THESAY
CAR. NO INTUKY,	,
THE ACCIDENT HAPPE	VED AT STRAITHMORE
AVE BIK 59.	
7.0	
	K)
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DA	AYS TIME FRAME FOR YOU TO SUBMIT AN
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CH	ECK YOUR POLICY FOR MORE INFORMATION
lease state:	
() Claim Own Policy () Claim Third Party () Claim Of	VTP at other workshop (Reporting Only

DECLARATION

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

KA HERSTEIA DOFFEE MERCHAN Driver's Senature
Blk 147, 3dlaff Bukit Meran #01-1706
Singapore 160111
Tel: 6272 9264 6476 8182 Fex: 6278 5690

Driver's Senature
(If driver is not the Date & Time: 啡咖果品

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

ERGO

24-Hour Motor Accident Reporting and Assistance Helpline

6333 2222

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

DMCG18000608

Vehicle Registration Number

GBF8562L

Cover Type

Comprehensive

Policy Type

Commercial Vehicle (Pte Use)

Name of Policyholder/Insured

KA HENG TEA & COFFEE MERCHANT

Commencement Date of Insurance

28/03/2018

Expiry Date of Insurance

27/03/2019

EXCESS: (SECTION I)...... EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)...

SS

100.00 2,500.00

Excess

YOUNG&INEXP DRIVERS(SECTION I)

Finance Company/Hire Purchase Owner: UNITED OVERSEAS BANK 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.

* 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 (*).

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

Authorized Signature

Varl-lint

KCB INVESTMENTS PTE LTD

Co Reg No. 198103345Z 200 Jalan Sultan #02-36 Textile Centre

Singapore 199018 Tel: 6391-811 Fax: 6391 3810

Contact Number: 63913811 KCB INVESTMENTS PTE LTD A000503(A000503) CP1, 27/02/2018 17:11 Vehicle Chassis Number: JN1MC2E26Z0007788, Vehicle Engine Number: YD25413403A





Manager of the second s





Accident Photo





