

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 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.

ACCIDENT STATEMENT

Date Of Report	25/04/2019 13:18
Date Of Accident	24/04/2019 17:30
Exact Location Of Accident	YISHUN AVE 1 TOWARDS SELETAR WEST LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM6129J
Insured/Policyholder	
Name Of Registered Owner	VCK- VANUATU AIR (S) PTE LTD
Co Reg No	199501539G
Email Address	AMY@VCKVAN.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65423911

Vehicle Particulars

Manufacturer	NISSAN
Model	MKB37BHHRA-7.7 D (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	YES
Policy Number	
Cover Note Number	

Driver

Name of Driver	ZAKIMAN BIN HASAN
NRIC No	G7520623U
Date Of Birth	04/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2005
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84114321
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O 15 CHANGI BUSINESS PARK CRESCENT #05-08
Postcode	486006
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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?	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)	2
Passenger 1	NAME: : RASIP BIN AHMAD 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

REFER TO ATTACHED COPY

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	SME5524P
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VENGUTU GOPI S/O KUMARA
NRIC/Passport Number	S7819626B
Contact Number	85002239
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

PCV Accident Report

(For Reporting only)



☐ Braddell ☐ Sin Ming ☐ Sg. Kadut ☐ Pandan ☒ Loyang ☐ Ubi

Section A - To Be Completed By Driver Who Is Involved in The Accident

Date & Time of Accident	Date: 24/4/19 1730 pm	Time: 1730 pm
Date & Time of Reporting	Date: 25/4/19 1030 am	Time: 1030 am
Place of Accident	Yishun Ave 1 To ward Sate for West Link	
Vehicle Reg. No. :	Yin 6129 J	Make / Model : NISSAN MKB 37BNHRA
Purpose of Use at Time of Accident : Goods transportation / private usage / others:		
Name :	ZAKIMAN B. HASAN	NRIC / FIN No. : 6 7520623 U
Address :	05-07 BLOK 13 TAMAN DESA MUTIARA TEBRAU	
Postcode :	81100	Date Of Birth : 04-04-1982
Home :		Handphone : 84114321
Email :	richard@vckvan.com.sg	Gender : (Male) / Female
Occupation :	Managerment / Sales / Retiree / Housewife / Technical / Education / Others : DRIVER	
Type of Claims :	Third Party / Own Damage / Reporting Only	Licence Pass Date :
Driver Status :	Owner / <u>Non-owner</u>	Years of Driving Experience : 14y
If you are not the owner, the owner's name & tel : VCK Vanuatv Air CS pte ltd		
Owner's Address : 15 Changi Business Park Cresend Singapore 486006		
Relationship with Owner : employee Owner's NRIC / Company Reg. No. : 200916381 D		
Vehicle Towed In ?	Yes / <u>No</u>	My Insurance Company : ERGO
Police Reported ?	Yes / <u>No</u>	Police Report Reference No. : NA
Company's Vehicle ?	Yes / <u>No</u>	Insurance Policy No. : DMC 6 / 9002879
Do you have witness ?	Yes / <u>No</u>	Type of Policy: Comprehensive / Third Party Fire & Theft / Third Party Only
(If Yes, Witness Name & Contact No. : RASIP BIN AHMAO		
Weather Condition :	Clear / Cloudy / <u>Light Rains</u> / Heavy Rains	
Road Condition :	Dry / <u>Wet</u>	Was anyone injured in the accident ? Yes / <u>No</u>
Other vehicle or property damage ?	Yes / <u>No</u>	Was Notice of Intended Prosecution given ? Yes / <u>No</u>

Describe How Accident Happened : Please use **SKETCH PLAN** for accident description & sketch of accident scene

Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model :	Honda	Vehicle Reg. No. :	SME 5524 P
Name of Driver :	VENGUTU Gopi S/O KUMARA	NRIC No. :	S 7819626 B
Insurance Company :		Handphone :	85002239

Driver's Declaration : I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue.

Signature :

Date :

25/4/19

SKETCH PLAN

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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:

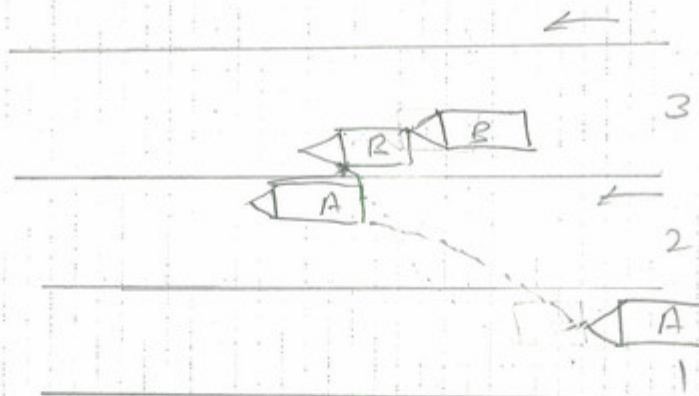
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Yishun Ave 1 towards Seletar West Link.



A - Ym 6129J
B - SME 5524P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/04/19 at 1730 hrs, I was driving along lane 1 and change to lane 2.

At lane 3, a vehicle (SME 5524P) change to lane 2 and hit onto my lorry Rear RH.

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:

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

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 : 1100 619053522 Vehicle Registration No: YM 61293
Name (as shown in NRIC) : ZAKIMAN BIN HANAN NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : do = 15 atanki Business Park Singapore (486006)
Crescent
Contact (Tel) : _____ Mobile No. : 84 114 321
Email Address : _____
Date of Accident : 24/08/19 Time of Accident : 1730h
Place of Accident : Yishun Ave 1 Towards Selerat Westlink
Insurance Company : _____

(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:

1) Company's Name : VCE-VANUATU AIR (S) PTE LTD
2) Company's Reg. No : 199501539/6
3) Email Address : amy@vckvan.com.sg
4) Company's address : 15, atanki Business Park
05-08, SE 486006

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

Jane Tan

Jane Tan
S1425371/E
24/08/2019