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MSAT19099588 / Sng Ah Tee Motor & Panel Service Pte Ltd - Pioneer ENTRY DATE & TIME: 3007/2019 11:59
SUBMITTED BY: JOYCE TAN LAI CHIN

## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 31/07/2019 13:20

## 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

**ACCIDENT STATEMENT** 

 Date Of Report
 30/07/2019 11:59

 Date Of Accident
 02/05/2019 14:45

Exact Location Of Accident JUNCTION OF YUAN CHING RD & CHINESE GARDEN

Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number YN3330H

Insured/Policyholder

Name Of Registered Owner HON INDUSTRIES PTE LTD

Co Reg No 200209767G

Email Address YEEJIA@HONINDUSTRIES.COM.SG

Mobile Phone No

Alternative Phone No Office-65113194

**Vehicle Particulars** 

Manufacturer MITSUBISHI

Model FE83PE6SRDEB-3.9 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 NO

Policy Number DMCG19000324

Cover Note Number

Driver

Name of Driver RAJAMOHAMED BAHRUDEEN

NRIC No G8378310P

Date Of Birth 15/06/1982

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Occupation OUTDOOR
Date Of Driving Pass 11/12/2012

Driving Experience 6 YEARS AND 4 MONTHS

N/A

Gender MALE

Mobile Number (LOCAL) +65-91243121

Fax Number
Contact Number

EMail Address NOEMAIL

Address Postcode

Was driver an employee of the Insured's YES

Company

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 - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident? YES

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) 1

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG NPP

Police Station Address ROAD: 158 YUNG LOH ROAD #01-58, POSTCODE: 610158,

NO

**COUNTRY**: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT T/20190502/2099

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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 SLD744Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LOW WAY MENG

NRIC/Passport Number S6976413D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 Name: : UNKNOWN

Gender: : Male

**DETAILS OF INJURED PERSON 1** 

Name UNKNOWN

Approximate Age Injuries Sustain

Injured person in which vehicle? SLD744Z

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode E-FILE Page 4 of 22

Sketch Plan

X

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IC,CI,DL

X

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POLICE REPORT

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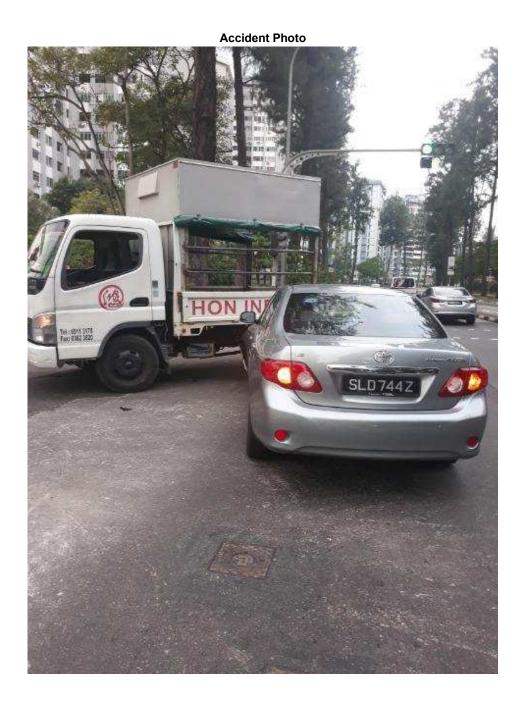
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