

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	08/05/2019 13:19
Date Of Accident	08/05/2019 07:40
Exact Location Of Accident	BEDOK NORTH RD TWDS BARTLEY RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7383D
Insured/Policyholder	
Name Of Registered Owner	HIS INTERSECURE SOLUTIONS (S) PTE LTD
Co Reg No	200101615M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91515222

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200

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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
------------------	--------------------

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG19002391
Cover Note Number	

Driver

Name of Driver	LEOW THIAM HOE
NRIC No	S8004854H
Date Of Birth	16/02/1980
Occupation	INDOOR
Date Of Driving Pass	06/05/1999
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96287659
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 33 CHAI CHEE AVENUE #23-244
Postcode	461033
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	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)	5
Passenger 1	NAME: : JANELLE LEOW YI LIN GENDER: : FEMALE
Passenger 2	NAME: : JANESEA LEOW YI EN GENDER: : FEMALE
Passenger 3	NAME: : TOH GEOK HONG GENDER: : FEMALE
Passenger 4	NAME: : THONG MYU MANG 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

ON THE SAID DATE AND TIME OF ACCIDENT, I WAS TRAVELLING IN MY VEHICLE A (GBD7383D) ALONG BEDOK NORTH RD TWDS BARTLEY RD EAST. SUDDENLY, A VEHICLE B (SKQ8830Z) CUT INTO MY LANE FROM MY LEFT AND JAM BRAKE WHERE THE TRAFFIC WAS CLEAR AHEAD OF HIM ON THE FIRST LANE FROM THE RIGHT. AS HE CUT INTO MY LANE AT SUCH A FAST SPEED, I COULDN'T STOP IN TIME AND COLLIDED ONTO THE REAR PORTION OF HIS VEHICLE. ME AND MY FAMILY (PASSENGERS INSIDE MY VEHICLE) WILL GO TO SEE DOCTOR AFTER THIS IF FEELING NOT WELL AFTER THE ACCIDENT. MY CAR DID INSTALL CAR CAMERA RECORDER AND I WILLING TO PROVIDE MY VIDEO FOOTAGE FOR MY ACCIDENT CLAIM PURPOSE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TP WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ8830Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	KOO CHONG EN JOEL
NRIC/Passport Number	
Contact Number	93863323
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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. 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

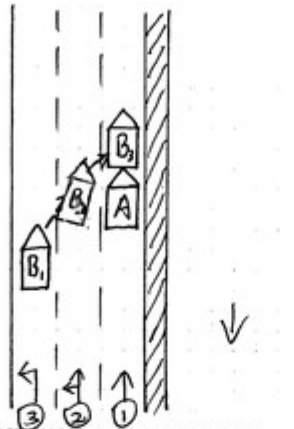

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 8/5/19 1035HRS.

8/5/19 10.50AM
Reporting Centre Personnel's Signature
Name:
NRIC/ID No:

PRBCUSE

SKETCH PLAN



Veh. A : GBD 7383D

Veh. B : SKQ 8830Z

Bedok North Rd Towards
Bartley Rd East.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the said date & time of accident, I was travelling my vehicle (A) (GBD 7383D) along Bedok North Rd towards Bartley Rd East. Suddenly a vehicle (B) (SKQ 8830Z) cut into my lane from my left and I am brake where the traffic was clear ahead of him on the 1st lane from the right. As he cut into my lane at such a fast speed I couldn't stop in time and collided into his rear portion of his vehicle. me & my family (passengers inside my vehicle) will go to see doctor after this cause feeling not well after accident. my car did install car camera recorder and I willing to provide my video footage for my accident claim 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: 8/5/19, 1035HRS.

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8004854H



Name
LEOW THIAM HOE

廖添和

Race
CHINESE

Date of birth
16-02-1980

Sex
M

Country of birth
SINGAPORE

4528628

REPUBLIC OF SINGAPORE DRIVING LICENCE



LEOW THIAM HOE

16 Feb 1980

COMPANY: HIS Intersecure Solutions

NP: 91515557

Vehicle: GBD7383D

4528628



NRIC No. S8004854H



Date of issue
17-02-2010

APT BLK 33 CHAI CHEE AVENUE #23-244
SINGAPORE 461033

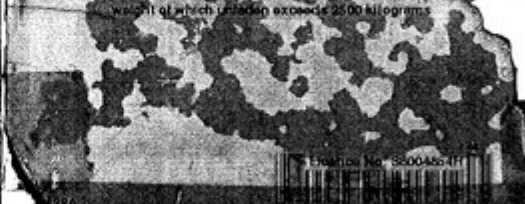
NRIC No. S8004854H Date: 16/08/2012 No: 7106895

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING

PASS 041

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 06 May 1999

Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms 07 May 1999



Expiry No. S8004854H

ERGO**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 : DMCG19002391
 Vehicle Registration Number : GBD7383D
 Cover Type : Comprehensive
 Policy Type : Commercial Vehicle (Pte Use)
 Name of Policyholder/Insured : HIS INTERSECURE SOLUTIONS (S) PTE LTD
 Commencement Date of Insurance : 31/03/2019
 Expiry Date of Insurance : 30/03/2020

24-Hour Motor Accident Reporting
 and Assistance Helpline

6333 2222

www.ergo.com.sg

Excess	:	EXCESS (SECTION I).....	SS	500.00
	:	EXCESS: WINDSCREEN COVER (VEH BELOW 10 TONS).	SS	100.00
	:	YOUNG&INEXP DRIVERS (SECTION I)	SS	2,500.00

Finance Company/Hire Purchase Owner :

*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

Karl-Heinz Jung
 Authorized Signature

SUNMEX ENTERPRISE
 8 ENGGOR STREET
 #24-02
 SINGAPORE 079718
 TEL: 6220 5977 FAX: 6220 1698

A000361	SUNMEX ENTERPRISE	
Vehicle Chassis Number : VSKYBAM20Z0092551, Vehicle Engine Number : K9KF276D054186		CP1, 05/03/2019 14:24

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5
 5 Temasek Boulevard #04-01 Suntec Tower Five Singapore 038985 Tel: +65 6829 9199 Fax: +65 6829 9248 www.ergo.com.sg

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

