MNPH19063152 / NPH Auto Service - HQ ENTRY DATE & TIME: 15/05/2019 13:59 SUBMITTED BY: Peggy Foo

### 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	15/05/2019 13:59
Date Of Accident	14/05/2019 08:40
Exact Location Of Accident	WESTCOAST HIGHWAY TOWARDS ALEXANDRA ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP9511C	
Insured/Policyholder		
Name Of Registered Owner	ALKADRI EXPRESS TRANSPORTATION (S) PTE LTD	
	40040000	

Co Reg No 199102285E
Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-65468867

**Vehicle Particulars** 

Manufacturer HINO

Model XZU710R-4.0 D 14FT WIDE CAB 5T (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?

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 DMCG18004236

Cover Note Number

**Driver** 

Name of Driver MUHAMMAD HADIZ BIN ISHAK

NRIC No S9534703G
Date Of Birth 20/09/1995
Occupation OUTDOOR
Date Of Driving Pass 27/07/2015

Driving Experience 3 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97249943

Fax Number

Contact Number

EMail Address MUHDHAAFIZ@GMAIL.COM

**BLK 272 TAMPINES STREET 22** Address

#02-06

Postcode 520272

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**

**COLLISION - HEAD ON COLLISION** Type Of Accident

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

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NO

2

NO

NAME: : NIK ZULHELMI

**GENDER:** : MALE

### **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**

I WAS TRAVELLING ALONG WEST COAST HIGHWAY TOWARDS ALEXANDRA ROAD, THE ACCIDENT ACCURE DUE TO THE CAR UPFRINT MAKING LAST MINUTE CHANGING OF LANE, SO ALL THE CARS INFRONT MANAGE TO WHILE MY VEHICLE COULD STOP IN TIME AND HIT THE FRONT VEHICLE SGQ5255B.

#### Attachment(s)

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

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGQ5255B

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

#### SKETCH PLAN

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- 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.
- 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:
  - 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.

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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
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
The accident homened violeterday around organia along
Westcones Habitan tailords alexandra pood The accordant active
The accident happened yesterday around 0840am along Westcoast Highway towards alexandra Road. The accident occure due to the car upfront making last minute changing of lane.
So all the cars infront manage to while my vehicle couldn't
brake on time and hit SGQ525SB,
NIK Zulhelmi
DECLARATION
/We declare the foregoing particulars are true in every respect.

Policyholder's Nighature

Date & Time:

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

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

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9534703G



reame

MUHAMMAD HAFIZ BIN ISHAK

Race INDIAN Date of birth 20-09-1995 Country of birth SINGAPORE

896347030



mundhaafiz9@gmail.com/97249943 65468867





INIC No. S9534703G

Date of issue 16-04-2012

ADT BLK 272 TAMPINES STREET 22 #02-06 SINGAPORE 520272 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES).

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 27 Jul 2015 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No:S9534703Q





















