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 ability.
- 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	28/06/2018 15:29
Date Of Accident	25/06/2018 18:00
Exact Location Of Accident	TAMPINES ST 11
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF4907C
Insured/Policyholder	
Name Of Registered Owner	FLC ENGINEERING PTE LTD
Co Reg No	NA
Email Address	FICENGRG@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67475926
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
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	DMCV17S021976
Cover Note Number	
Driver	
Name of Duivan	COLL DENC DOON WILLIE

Name of Driver GOH PENG BOON WILLIE

NRIC No S1644467G

Date Of Birth 15/07/1964

Occupation OUTDOOR

Date Of Driving Pass 10/11/2000

Driving Experience 17 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98288911

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 284 TAMPINES ST 22 #11-165

Postcode

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 **COLLIDED INTO PARKED VEHICLE**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES 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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact **TEL NO**: 65470000 - **FAX NO**:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: REQUEST FROM OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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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- 5. Any false reporting may be referred to the Police for investigation.
- 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:
 - 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.

SINGAPUNE 417942 F028 FAX: 6742 9808 Rollcyholders Signature

JKIT AVENUE

RIAL PARK

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

		Vobielo N
		Vehicle N
		A-
		В-
+		
		Legend
		A 6
		Vehicle Bike
DESCRIBE CIRCUMSTANCES OF T	THE ACCIDENT	
01	Att I	
Ketar To	Attached.	
,		
DECLARATION		
	rs are true in every respect.	
	rs are true in every respect. may have a 14 day clause whereby the claim again:	st own policy must be made within
LITTURE OF THE PARTY IN THE PARTY	rs are true in every respect. may have a 14 day clause whereby the claim agains of occurrence, Kindly check your policy for more d	st own policy must be made within etails.
I/We declare the foregoing particular Please be advised that your insurer stipulated timeframe from the date		V
I/We declare the foregoing particular Please be advised that your insurer stipulated timeframe from the date	Driver's Signature Re	st own policy must be made within etails.

GIARMC SketchPlanForm_V9





T/20180627/2086

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20180627/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2018 13:48		lade:	Vide Report No.:	Station Diary No.:	
Informant	t's Particu	ılars			
GOH PENG BOON WILLIE			Address: APT BLK 284 TAMPINES ST 22 #11-165 HDB-TAMPINES SINGAPORE 520284		
ID Type / ID No.: NRIC NO / S1644467G			Contact No.: Home/Office:	Mobile: 98288911	
Nationality: SINGAPORE CITIZEN		ΕN	Email:		
Sex: Male	Age: 53	Date of Birth: 15/07/1964	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation: ENGINEERING CONTRACTOR		NTRACTOR	Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Accid	ent			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/06/2018 18:00	Type of Location:	
Location: Along Road 1 TAMPINES S					
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis	ion:	-1		Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF4907C	Lorry	ТОҮОТА	TOYOTA DYNA 150 MANUAL	White		0





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20180627/2086

2 of 3

CONTINUATION OF REPORT

Brief Details.

ON 25/6/2018 AT ABOUT 1800HRS AT TAMPINES ST 11,

I WAS ALLEGED TO BE INVOLVED IN AN ACCIDENT. I RECEIVED A CALL ON 27/6/2018 AT 1238 FROM IO YUS. I CALLED HIM BACK AT 1324HRS AND HE INFORMED ME THAT I WAS INVOLVED IN AN ACCIDENT. HE ASKED ME IF I WAS IN THE AREA ON THAT DAY AND IF I WAS THE OWNER AND DRIVER OF THE VEHICLE. I ANSWERED YES TO BOTH QUESTIONS AND HE ASKED ME TO PROCEED DOWN TO TRAFFIC POLICE. AS SUCH, I CAME DOWN AND WHEN HE INSPECTED THE VEHICLE, HE SAW THAT THERE WERE SOME BLACK PAINT MARKS ON THE LEFT CENTER PORTION OF MY VEHICLE. ON THAT DAY, I DO NOT REMMEBER BEING INVOLVED IN ANY ACCIDENT. I DID NOT FEEL ANY IMPACT OR HEAR ANY HORN INFORMING ME ABOUT AN ACCIDENT. HENCE, I DID NOT KNOW THAT I WAS INVOLVED IN AN ACCIDENT.





3 of 3 Report No. T/20180627/2086

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

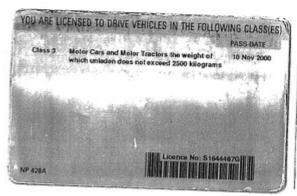
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / LEE KWANG HONG KENDRICK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/06/2018 13:48
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case: SINGAPORE POLICE FORCE
Authentication Stamp NP168	Signature:



















Accident Photo



