

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	09/07/2019 15:53
Date Of Accident	09/07/2019 07:50
Exact Location Of Accident	ALONG IRWELL BANK ROAD TOWARDS KIM SENG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2902P
Insured/Policyholder	
Name Of Registered Owner	FOONG AH WENG CONSTRUCTION PTE LTD
Co Reg No	200006055N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67496382

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FK61FMJ1RDEA
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	DMCG19004424
Cover Note Number	

Driver

Name of Driver	SELVAM MANICKAM
Passport No/FIN	G6170218R
Date Of Birth	10/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83568537
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	25 MANDAI ESTATE, SINGAPORE 729930
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	COLLISION - HEAD TO REAR
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	3
Was any body injured in the Accident?	NO
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.	NO
Number of Passengers (Including Driver)	1

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 SKETCH PLAN

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	SJE5891S
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC7210J
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE HIRE

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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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

S. Hanickam 9/7/19

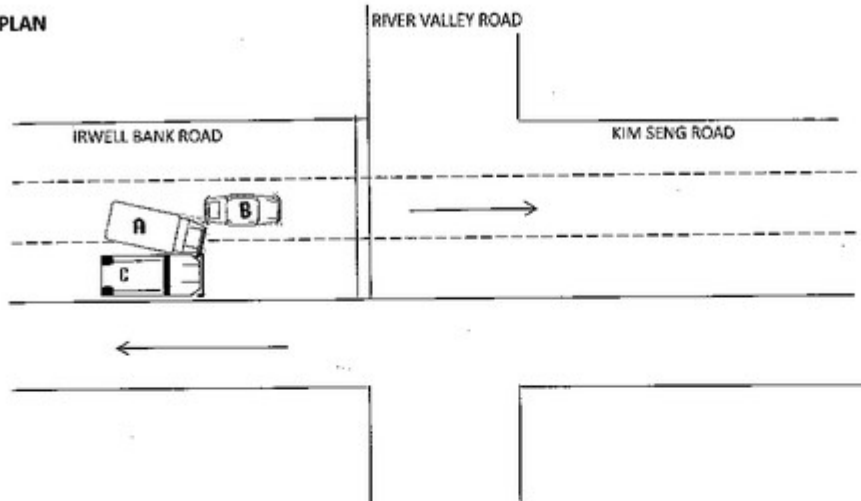
Driver's Signature
(If driver is not the policyholder)
Date & Time



Reporting Centre Personnel's Signature
Name: *Sally Ang*
NRIC/FIN No.: *S17681644*

Sketch Plan #2

SKETCH PLAN



VEHICLE A: YN2902P
 VEHICLE B: SJE5891S
 VEHICLE A: PC7210J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 09/07/2019, I WAS DRIVING ALONG IRWELL BANK ROAD TOWARDS KIM SENG ROAD ON THE 2ND LANE.

WHILE REACHING THE TRAFFIC JUNCTION OF IRWELL BANK ROAD AND RIVER VALLEY ROAD, THE TRAFFIC LIGHT HAD JUST TURNED AMBER,

THE VEHICLE "B" SJE5891S IN FRONT OF ME SUDDENLY BRAKED AND STOPPED, WHEN I SAW THE VEHICLE STOPPED, I TRIED TO SWEVERED TO MY

RIGHT IN ORDER TO AVOID MY VEHICLE COLLIDED ONTO IT. HOWEVER DUE TO THE ROAD WET SURFACE CONDITION, MY VEHICLE COULD NOT STOP

IN TIME, AS SUCH, MY VEHICLE HAD HIT ONTO THE VEHICLE "B" RIGHT REAR CORNER PORTION. AT THIS MOMENT, I HAD ALSO HIT ONTO THE

VEHICLE "C" ON MY RIGHT.

REMARKS		REMARKS
REPORTING ONLY	<input checked="" type="checkbox"/>	You had been advised by the workshop that in the event that you wish to claim against your own policy (OD Claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
OWN DAMAGED CLAIM	<input type="checkbox"/>	
THIRD PARTY CLAIM	<input type="checkbox"/>	

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
 Date & Time

S. Hanickam
 9/7/19
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time



Reporting Centre Personnel's Signature
 Name: *Sally Ang*
 NRIC/FIN No.: *S17681644*

Driving License



83568537

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, 1967 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate/Policy Number	: DMCB18004424	<div> 24-hour Motor Accident Reporting and Assistance Helpline 6333 2222 www.ergo.com.sg </div>
Vehicle Registration Number	: YN2902P	
Cover Type	: Comprehensive	
Policy Type	: Commercial Vehicle (Pte Use)	
Name of Policyholder/Insured	: FOONG AH WENG CONSTRUCTION PTE LTD	
Commencement Date of Insurance	: 02/05/2019	
Expiry Date of Insurance	: 11/09/2020	
Excess	: EXCESS (SECTION I).....	S\$ 500.00
	EXCESS: WINDSCREEN COVER/VEH BELOW 10 TONS).....	S\$ 100.00
	YOUNG&INEXP DRIVERS(SECTION I) DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD	S\$ 2,595.00

Finance Company/Hire Purchase Owner : LTD

*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 driving a trailer except the towing of any one disabled mechanically propelled vehicle

Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (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, 1967 (Malaysia)

For and on behalf of ERGO Insurance Pte. Ltd.
 Approved Insurer

Karl-Hinrich Jürg

Authorized Signature

A100042	NG KEE CHEN DAVID	
Vehicle Chassis Number : FK01FMA00195, Vehicle Engine Number : 0M601656986		CP1, 29/04/2019 16:01

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H G&T Reg. No.: M2-0116830-5
 5 Temasek Boulevard #09-05 Suntec Tower Five Singapore 038985 Tel: +65 6629 9199 Fax: +65 6629 9248 www.ergo.com.sg

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

