

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	01/07/2019 17:50
Date Of Accident	29/06/2019 20:35
Exact Location Of Accident	998 TOA PAYOH NORTH IND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL9949U
Insured/Policyholder	
Name Of Registered Owner	EP- POPWER ENTERPRISE
Co Reg No	52812071M
Email Address	ESENTT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94500337
Alternative Phone No	OFFICE-84500337

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR71L-4.6 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	THIRD PARTY
Vehicle Category	GOODS VEHICLE

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCV18S008602
Cover Note Number	

Driver

Name of Driver	YEO KIM YERN
NRIC No	S1657730H
Date Of Birth	01/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	26/11/1986
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94500337
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 249 BISHAN STREET 22 #10-364
 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 (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? NO
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] NOTICE OF REPORTING
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO NOTICE REPORTING

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 SKA8596J
 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

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 (a | 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.

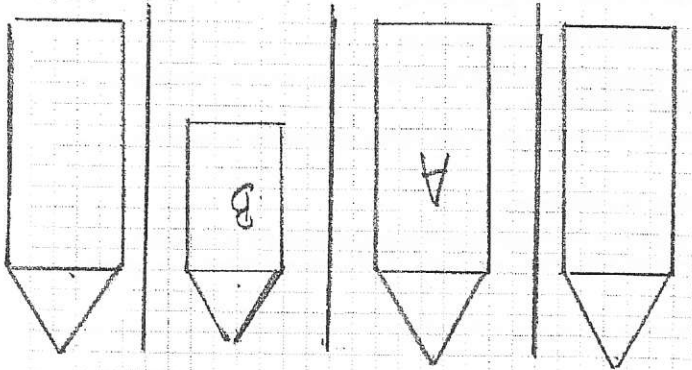
Policyholder's Signature
Date & Time:

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

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, UBI BRANCH
NAME & SIGNATURE: _____
DESIGNATION: _____ DATE: _____
Reporting Centre Personnel's Signature
Name: _____

Sketch Plan Pg. 2

SKETCH PLAN



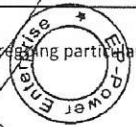
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to notice of Reporting.

DECLARATION

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

17/19
[Signature]
Policyholder's Signature



17/19
[Signature]
Policyholder's Signature

COMFORTDELGRO ENGINEERING PTE LTD

EXTERNAL BUSINESS DIV, UBI BRANCH

NAME & SIGNATURE: _____

DESIGNATION: _____ DATE: _____

Annex D

NOTICE OF REPORTING

This is to confirm that YEO KIM YERN, C/N: 94500337, NRIC: S1657730HJ has reported to the Police a non-injury traffic accident which happened at Blk 998 Toa Payoh North Industrial Estate public carpark.

On 29/06/2019 at 2035hrs involving the following vehicles:

- 1) YL9949U (Grey in colour, Lorry - ISUZU) (Complainant)
- 2) SKA8596J (Other Party)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer:

Sgt Ryiean Yeow Zhen Rui

Date: 30/06/2019 Time: 1625hrs

S/D Ref: 13

Police Post/Unit: Boon Teck Neighbourhood Police Post / Tanglin Division

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

Sgt T18027
Ryiean Yeow



PRINTED NAME OF ISSUING OFFICER

	SINGAPORE POLICE FORCE	CM 062
		
SIGNATURE		