MCHM19106999 / Cheng Hoe Motor Pte Ltd - Yishun ENTRY DATE & TIME: 15/08/2019 16:10 SUBMITTED BY: Ong Wei Lin

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 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

15/08/2019 16:10 Date Of Report **Date Of Accident** 15/08/2019 11:25

Exact Location Of Accident TPE TOWARDS CHANGI (NEAR TAMPINES AVE 12 EXIT)

Country/State of Loss **SINGAPORE**

DETAILS OF OWN VEHICLE

XB7771S Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner OR KIM PEOW CONTRACTORS (PRIVATE) LIMITED

Co Reg No 197701891R

Email Address ANNIEYEO@OKPH.COM

Mobile Phone No

Alternative Phone No Office-63671960

Vehicle Particulars

Manufacturer **MITSUBISHI** Mode FV517JD2RDEB

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

REPORTING ONLY If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

ERGO INSURANCE PTE. LTD. Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

Fleet Policy NO

DMCG18003840 Policy Number Cover Note Number 01/10/18 - 30/09/19

Driver

Name of Driver THOMSAN AMALARAJ

Passport No/FIN G7530969X Date Of Birth 09/07/1974 **OUTDOOR** Occupation Date Of Driving Pass 24/09/2010

8 YEARS AND 10 MONTHS **Driving Experience**

MALE Gender

Mobile Number (LOCAL) +65-98328271

Fax Number

Contact Number

EMail Address NOEMAIL

Address

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 **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

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) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED.

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

SHA4299D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver LIM AH KUAN S1206869G 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 SFP1308B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

V LOGANATHAN S/O VELAITHAM Name of Driver

NRIC/Passport Number S7181525J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.:

INSURER

DATE & TIME:

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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:
 - full 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")
- 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
- 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.
- 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.
- 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
 - fill 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:

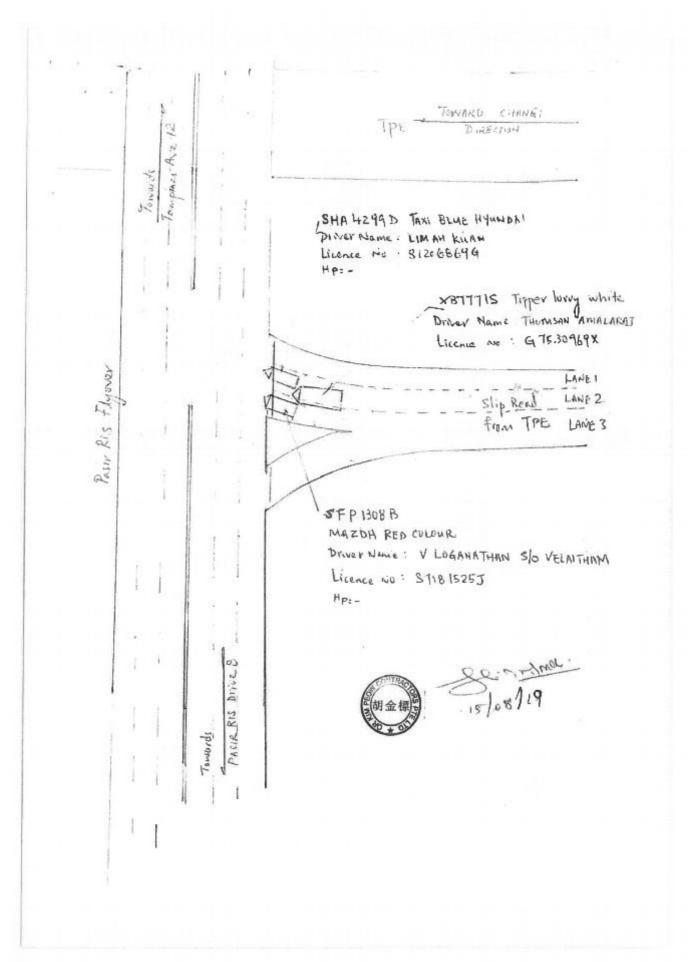
Reporting Centre P

Name NRIC/FIN No.

Sketch Plan #2

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A	
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sweezed to my	left and this cause my vehicle hit pate
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SEPISORB on Alu	e left lane & SHR42993 on the right lane.
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SPP1508B on Alu	e left lane & SHB42993 on the right lane.
SPP1302B on All	e left lane & SHB42993 on the right lane.
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Sketch Plan #3



Driving License



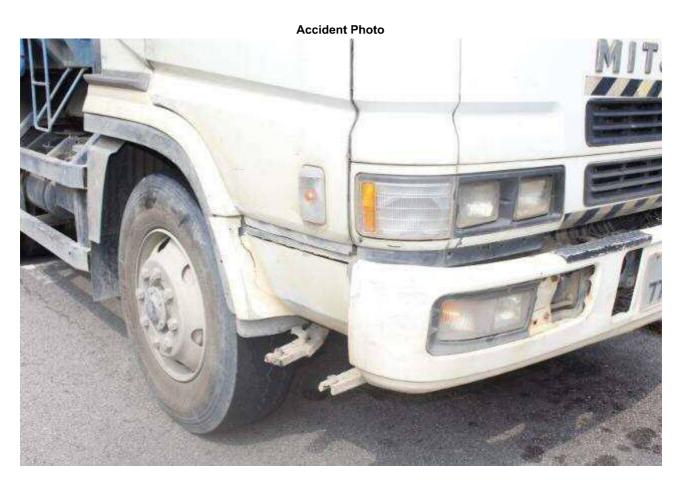


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E-FILE 8/20/2019

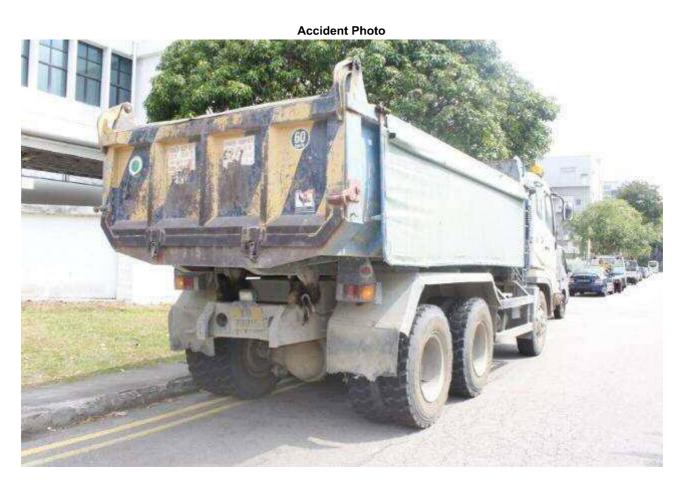






E-FILE 8/20/2019





Scene Photo



Scene Photo

