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

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	ACCIDENT STATEMENT
Date Of Report	26/08/2019 11:31
Date Of Accident	23/08/2019 19:35
Exact Location Of Accident	ALONG CTE TWDS TIONG BAHRU RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN7811K
Insured/Policyholder	
Name Of Registered Owner	RED RIVER CANVAS SHELTER
Co Reg No	53182489J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91000049
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCC10003053

Policy Number DMCG19003052

Cover Note Number

Driver

Name of Driver FOO KEE SENG
NRIC No S1064221C
Date Of Birth 06/10/1952
Occupation OUTDOOR
Date Of Driving Pass 19/03/1973

Driving Experience 46 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91000049

Fax Number

Contact Number

EMail Address NOEMAIL

Address 43 BEDOK SOUTH ROAD #16-783

Postcode 460043

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)
Passenger 1

NAME: : WORKER

GENDER: : MALE

Passenger 2 NAME: : WORKER

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?

If Yes, against whom?

NO

NO

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD4830D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver CHEN FUNG FAH

NRIC/Passport Number S0113462J

Contact Number

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLC8391K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIAO JEN HSIEN

NRIC/Passport Number S2757902G

Contact Number

92485999

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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:

- 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)
 - (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
- 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 (c) 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.
- 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.

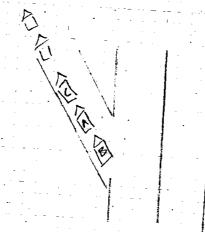
Policyholder's Signature Date & Time:

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

nevlee w Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

SKETCH PLAN



4- 147811E B- SHD 4830D C- SLC 8391K

Accident	Date & Time: 23/8/2016 10
	1935
Accident	Location: CTE twds Tions Bahrurd
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	grand & hit anto vehicle c
	Hwas a 3-vehicle chair collision.
	2000/2/04
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<u>.</u>	
	Reporting Only CD Co.
ARATION	☐ Reporting Only ☐ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TI
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,-,	TRAINING particulars are true in every respect. On the been excluded by the workshop that in the event that you wish to claim against your own policy (Own Damage Continues as a FOURTEEN (14) days clause whereby the claim must be made within the supulated timeframe from the day
(<u>x</u> () The state of the day
	Jeven Jeven
older's Sign	briver's Signature
older's Signat Time:	Popositive
older's Signat Time:	(If driver is not the policyholder) Name: Name:

ERGO

24-Hour Motor Accident Reporting

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, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate/Policy Number

DMCG19003052

Vehicle Registration Number

YN7811K

Cover Type

Comprehensive

Policy Type

Commercial Vehicle (Pte Use)

Name of Policyholder/insured

RED RIVER CANVAS SHELTER

Commencement Date of Insurance

25/03/2019

Expiry Date of Insurance

24/03/2020

EXCESS: (SECTION I).....EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)...
YOUNG&INEXP DRIVERS(SECTION I)

800.00 100.00 2,500.00

Finance Company/Hire Purchase Owner:

MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE 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 these respectively. 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

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 15 of the Road Transport Act, 1987 (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 (Thiru Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

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

Authorized Signature

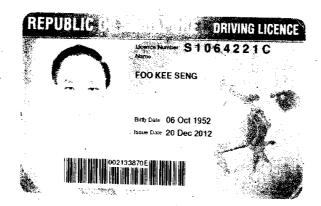
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A000505(A000505) EASTERN INSURANCE AGENCY PTE LTD	Contact Number: 65385366
Vehicle Chassis Number : FEB21EA01176, Vehicle Engine Number : 4P10B37440	CP1, 21/03/2019 11:58

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5 5 Temasek Boulevard #04-05 Suntec Tower Five Singapore 038985 Tel: +65 6829 9199 Fax: +65 6829 9248 www.ergo.com.sg

DRIVER DETAILS Pg. 1



IDENTITY CARD NO. \$1064221C



5630891

FOO KEE SENG.

符 集 程

CHINESE

06-10-1952

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 28 Motorcycles =< 200 cc 24 Feb 1973 Class 28 Motorcycles between 201 cc and 400 cc 24 Feb 1973 Class 2 Motorcycles between 201 cc and 400 cc 24 Feb 1973 Class 3 Motor Carser 3000 kg with =<7 passengers exclusive of the driver, and other motor vehicles =< 2500 kg Motor Carser 3000 kg with a constructed to carry 10ad or passengers and the unladen weight > 2500 kg Motor vehicles which are not constructed to carry 10ad and the unladen weight > 2750 kg Motor vehicles ont constructed to carry 10ad and the unladen weight > 2750 kg Motor vehicles not constructed to carry 10ad and the unladen weight > 2750 kg Motor vehicles not constructed to carry 10ad and the unladen weight > 2750 kg

16 07 2016

43 BEDOK SOUTH ROAD #16 783 SINGAPORE 460043

NF 428A

















