SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

	aforesaid.	and to the archiving of this report at the centre and to copies of the report being made available
		ACCIDENT STATEMENT
	Date Of Report	08/07/2019 17:59
	Date Of Accident	07/07/2019 17:20
	Exact Location Of Accident	KEAT HONG LINK
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	YM29D
	nsured/Policyholder	
	Name Of Registered Owner	SZE YEN TRADING
	Co Reg No	53040282C
	Email Address	SZEYENKHOO@GMAIL.COM
	Mobile Phone No	(LOCAL) +65-98261778
	Alternative Phone No	OFFICE-98261778
	Vehicle Particulars	
	Manufacturer	MITSUBISHI
	Model	CANTER FEB21ER4SDEN
	Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
	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
	nsurance Company	
	Name of Insurance Company	ERGO INSURANCE PTE. LTD.
	Type Of Coverage	COMPREHENSIVE
	Fleet Policy	NO
	Policy Number	DMCG18005996
	Cover Note Number	
	Driver	
	Name of Driver	KHOO SZE YONG(QIU SHIRONG
	NRIC No	S7512035D
	Date Of Birth	28/04/1975
	Occupation	OUTDOOR
	Date Of Driving Pass	10/11/2012
	Driving Experience	6 YEARS AND 7 MONTHS
	Gender	MALE
	Mobile Number	(LOCAL) +65-98261778
	Fax Number	
	Contact Number	

SZEYENKHOO@GMAIL.COM

Address

APT BLK 817C KEAT HONG LINK #13-117 SINGAPORE 683817

Postcode

683817

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

OWNER

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?

Number of vehicles (including own vehicle)

NO

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance? Was any other material or property damaged?

NO

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. 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

ON 07/07/2019 AT 5.20PM, I STATIONERY MY LORRY -YM29D OUTSIDE OF GARBAGE HOUSE MAIN GATE IN BLOCK 817A,KEAT HONG LINK AND WAITING THE SHUTTER OPEN. ON MY RIGHT ROAD SIDE, THERE IS A YELLOW & BLACK COLOUR ROAD HUMP. (PHOTO PROVED). A TAXX- SHC7836Z DROVE BY MR MAGIT SIGH DHAM NRIC NO S7320521B H/P.92963924. THE DRIVER DRIVE HIS TAXI TO MY LORRY REAR LEFT CORNER & HIT TO MY LORRY LEFT CORNER . THE TAXI FRONT LET DOOR ADVERTISEMENT STICKER CRATCHED ONLY AND HIS TAXI FRONT LEFT DOOR SIDE MIRROR WAS FOLDED BACK SHOWN THAT HIS NO REDUCED HIS TAXI SPEED (PHOTO PROVED) THEREAFTER WE EXCHANGE OUR'S CONTACT AND OUR PARTICULARS. I NO LIABLE IN THIS ACCIDENT.

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC7836Z

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

MANGIT SINGH DHAMI

NRIC/Passport Number

S7320521B

Contact Number

92963924

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

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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)
 - (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.
- 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)

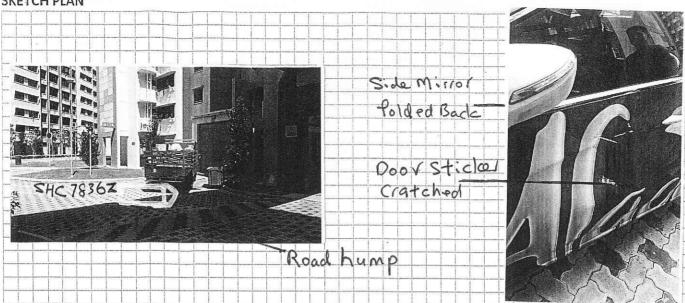
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/07/2019 at 5.20pm,I stationery my lorry- YM29D outside of garbage house' main gate in Block 817A , Keat Hong Link and waiting the shutter open.On my right road side , there is a yellow & black colour road hump. (Photo Proved)

A Taxi -SHC7836Z drove by Mr Magit Sigh Dham Nric No S7320521B H/P:92963924

The driver drive his taxi to my lorry rear left corner & hit to my lorry left corner. The taxi front left door' advertistment sticker cratched only and his taxi front left door side mirror was folded back shown that his no reduced his taxi' speed. (Photo proved)

Thereafter we exchage our's contact and our particulars. I no liable in this accident.

On 30/11/2019

Date of accident is 06/07/2019 and not

95 Stated here

pew Anton

DECLARATION

Date & Time:

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

Policyholder's Signature

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

NRIC/FIN No.: