

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	24/12/2019 15:42
Date Of Accident	23/12/2019 13:10
Exact Location Of Accident	ALONG BUKIT MERAH JUNCTION BEFORE TURNING TO CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1008L
Insured/Policyholder	
Name Of Registered Owner	YING CE ENGINEERING PTE LTD
Co Reg No	2XXXXX796E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90685766
Alternative Phone No	OFFICE-90685766

Vehicle Particulars

Manufacturer	HINO
Model	XZU710R-4.0 D 14FT WIDE CAB 5T (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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCG19007522
Cover Note Number	

Driver

Name of Driver	BALAKRISHAN RAMESH
Passport No/FIN	FXXXX030M
Date Of Birth	14/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2008
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90776664
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	39 WOODLAND CLOSE #06-37 MEGA @ WOODLAND
Postcode	737856
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?	YES
Foreign Vehicle Registration Number	SMC8879J (PRIVATE CAR)
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)	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

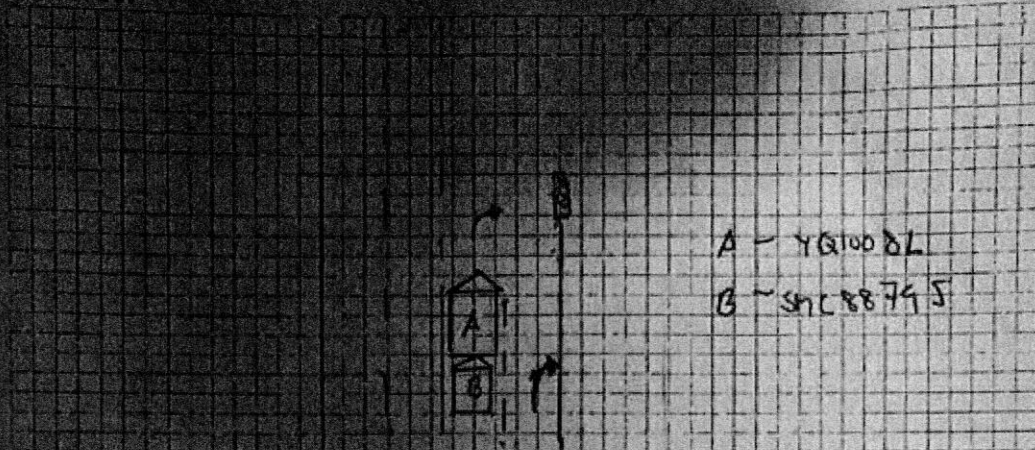
REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER STATED TIME & DATE, I AM TRAVELLING ALONG SALAK	
BUKIT MERAH, STOPPING AT TRAFFIC JUNCTION WAITING FOR THE TRAFFIC	
TO TURN GREEN THEN MOVING RIGHT INTO CTE TOWARDS ANG MO KIO.	
SUDDENLY WHILE MY VEHICLE WAS GOING TO MOVE OFF, I FELT A	
BANG IMPACT ON THE REAR SIDE OF MY VEHICLE, I STOPPED MY VEHICLE	
AND AUGHT TO CHECK WHAT HAPPEN, AND I SAW VEHICLE B HAD REAR	
ENDED MY LOOK, MY REAR SIDE WAS DAMAGE BUT NO ONE WAS	
INSURED	INSURER:
	VEHICLE:
	DOA:
	CLAIM TYPE:
	WORKSHOP:

DECLARATION

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

Policyholder's
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/PPN No.:

Accident Photo



Accident Photo

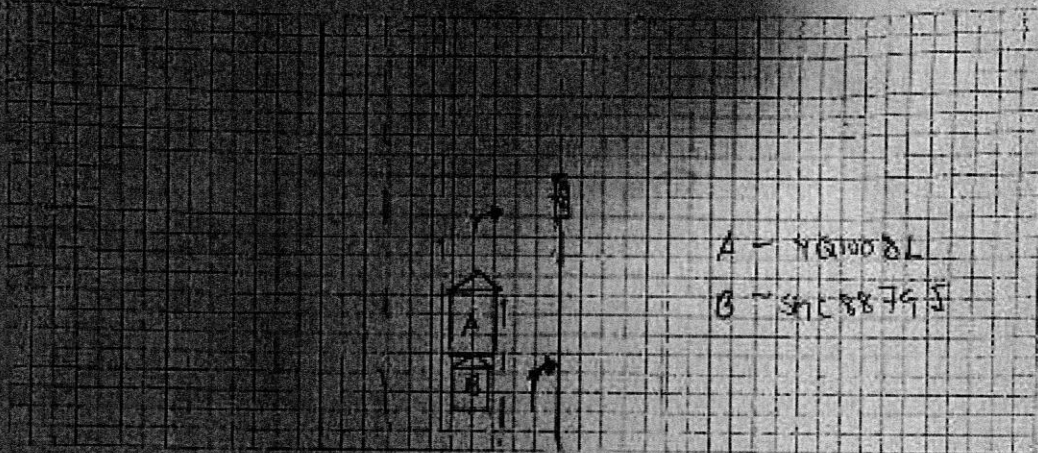


Accident Photo



Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER STATED TIME & DATE, I AM TRAVELLING FROM SAHAN	
GHUT MORAH, STOPPING AT TRAFFIC JUNCTION WAITING FOR THE TRAFFIC	
TO TURN RIGHT INTO HIGHWAY AND PROCEED.	
SUDDENLY WHILE THE MY VEHICLE WAS GOING TO MOVE OFF, I FEEL AT	
BACK IMPACT ON THE REAR SIDE OF MY VEHICLE, I STOPPED MY VEHICLE	
AND STARTED TO CHECK WHAT HAPPEN, AND I SAW VEHICLE B HAD REAR	
ENDED MY VEHICLE. MY REAR SIDE WAS DAMAGED BUT NO ONE WAS	
INSURED:	INSURER:
	VEHICLE:
	DOA:
	CLAIM TYPE:
	WORKSHOP:

DECLARATION

I/We declare that the information provided is true to the best of my/our knowledge.

Policyholder's Signature
Date & Time:

Witness's Signature
(If witness is not the policyholder)
Date & Time:

Reporting Centre Person's Signature
Name:
NIC/ID No.:

Accident statement

SKETCH PLAN

IMPORTANT NOTES

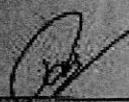
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8. Consent under the Personal Data Protection Act (PDPA)

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 claim;
 - (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 form of envelope/MAIL package); 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 purpose 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:
NIC/FIN No.:

Veron Chen (LKKAuto)

From: enquiry@forzaauto.sg
Sent: Wednesday, 8 January 2020 2:47 PM
To: SUR
Subject: [FWD: estimate for YQ1008L]
Attachments: estimate YQ1008L.pdf

Hi ,

I had forward the Estimate doc for your references. Please see attachment.
Any quiry please call me @62781889

Warm regards
Mei
Forza Autohaus Pte Ltd

----- Original Message -----

Subject: estimate for YQ1008L
From: <enquiry@forzaauto.sg>
Date: Mon, January 06, 2020 5:07 pm
To: sunpin@lkkauto.com

Good Day Sun Pin

I had attach the estimate file for your marking.
Please see attachment file

Warm regards
Mei
Forza Autohaus Pte Ltd