REF:

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.
- Information provided must be as <u>truthful</u> and <u>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.

THE WHEN THE RESERVE	ACCIDENT STATEMENT	
Date Of Report	30/07/2020 16:00	
Date Of Accident	29/07/2020 17:50	
Exact Location Of Accident	SLE (BKE) BEFORE WOODLANDS AVE 12	
Country/State of Loss	SINGAPORE	

CONTRACTOR OF THE PARTY OF THE	DETAILS OF OWN VEHICLE	STATE OF THE PARTY OF THE PARTY.
Vehicle Registration Number	GBJ4890U	

Insured/Policyholder

Name Of Registered Owner TWIN FULL ENGINEERING

Co Reg No 5XXXX365M Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-96489034

Vehicle Particulars

Manufacturer TOYOTA
Model DYNA

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 DMCG200003758

Cover Note Number

Driver

Name of Driver RAHAMAN MD MATIUR

NRIC No GXXXX753P
Date Of Birth 30/10/1987
Occupation INDOOR
Date Of Driving Pass 12/09/2017

Driving Experience 2 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96489034

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: LI GUAN SONG

GENDER:

: MALE

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 THE STATED DATE AND TIME, I WAS TRAVELLING ON SLE TOWARDS BKE BEFORE WOODLANDS AVE 12. AS I WAS TRAVELLING STRAIGHT ON THE THIRD LANE, VEHICLE C STARTED TO SLOW DOWN AND I FOLLOWED SUIT, SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR OF MY VEHICLE AND REALISED VEHICLE B HAD COLLIDED ONTO MY REAR AND MY VEHICLE WAS PUSHED AND COLLIDED ONTO VEHICLE C. I FELT UNWELL AND RECEIVED 2 DAYS MC AFTER VISITING DOCTOR.

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 Vehicle Make/Model/Colour

YP451Z

Details Of Properties

VEHICLE B

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 18

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBD3412E

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE C

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SMJ221Y

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE D

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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

GBE1272A

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE E

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

RAHAMAN MD MATIUR

Approximate Age Injuries Sustain

Injured person in which vehicle?

GBJ4890U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

Lunderstand, 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 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

TWIN FULL ENGINEERING Blk 22 Woodlands Link #04-08 Woodland East Industrial Estate Singapore 738734 Tel: 6854 1286 Fax: 6854 1982

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

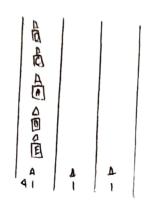
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

SKETCH PLAN



GB 5 4890U VEH B 4P 49512 VEH C GBP34RE VEH P SMS2214 UEH E GBE 12724

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE of TIME I WAS TRAVELLING ON SLE TOWARDS BKE BEFORE WOOD LAND AVE 12, AS I WAS TRAVELLING STRAIGHT ON THE 3RD LANE VEHICLE C STARTED TO SLOW DOWN R I FOLLOW SUIT, SUPPENCY I FELT A HUGE IMPACT FROM THE YEAR OF MY VEHICLE & REALISE UEH B HAVE COLLIDED INTO MY REAR S MY VEHICLE WAS RISH & COLLIDED ONTO VEH C.	AS I WAS TRAVELLIME STRAIGHT ON THE BRD LANE VEHICLE C STARTED TO SLOW DOWN & I FOLLOW SUIT, SUDDEN UT I FELT A HUCE IMPACT FROM THE YEAR OF MY VEHICLE & REALISE UPH B HAVE CONTRAINED.	AS I WAS TRAVELLING STRAIGHT ON THE 3RD LANE VEHICLE C STARTED TO SLOW DOWN & I FOLLOW SUIT, SUPPEN UT I FELT A HUGE IMPACT FROM THE YEAR OF MY VEHICLE & REALISE UEH B HAVE COLLIDED INTO MY REAR S MY VEHICLE WAS PUSH & COLLIDED ONTO VEH C.	AS I WAS TRAVELLING STRAIGHT ON THE 3RD LANE VEHICLE C STARTED TO SLOW DOWN & I FOLLOW SUIT, SUPPEN UT I FELT A HUGE IMPACT FROM THE YEAR OF MY VEHICLE & REALISE UEH B HAVE COLLIDED INTO MY REAR S MY VEHICLE WAS RISH & COLLIDED ONTO VEH C.
MC AFTER USITING POCTOR.			

TWING FULL ENGINEERING
Bik 22 Woodlands Link #04-08
Woodland East Industrial Estate
Singapore 738734

Tel: 6854 1286 - 12

Date & Time

(If driver is not the policyholder) Date & Time:

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business
Owner ID: 365M

Vehicle Details

Vehicle No.: GBJ4890U
Vehicle to be Exported: No
Intended Deregistration Date: 05 Aug 2020

Vehicle Make: TOYOTA

Vehicle Model: DYNA 150 5MT

Primary Colour: White

Manufacturing Year: 2019

 Manufacturing Year:
 2019

 Engine No.:
 1KD2853212

Chassis No.: JTFAT35Y10K213076

Maximum Power Output:

Open Market Value: \$27,082.00
Original Registration Date: 30 Apr 2019
First Registration Date: 30 Apr 2019

Transfer Count: 0
Actual ARF Paid: \$1,355.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 29 Apr 2029

COE Category: C - Goods Vehicle & Bus

 COE Period(Years):
 10

 PQP Paid:
 \$23,934.00

 COE Rebate Amount:
 \$20,902.00

 Total Rebate Amount:
 \$20,902.00

The information contained herein is correct as at 05 Aug 2020

OK

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ripare [4] isted: 17-Jul-2020 Tags: 2019 Toyota Dyna, Toyota Dyna, Toyota, Dyna

Toyota Dyna 150 3.0A

Fuel Type: Diesel

\$61,800

\$7.010 /vr

27-May-2019

2,982 ∝

29,000 lan

Truck

Available

PREMIUM AD