	008613/R1+f3 1 586A
	IGNMENT COE HILY: 2022 BUY
From: Date:	Veh No: 988 79419 Yr Regn: 2008 / JAN
Estimated Cost:	Type: M.Car / M.Cycle / Bus (Van / Lorry / Taxi / Prime Mover /
OD TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No: GRA 79413	Make: NISSANURUAN PANKL 3:0 c.c 2953
at Workshop m/s FIX AWV	Colour - GREY A/C: Insured / Std / NI / NA
or 5,500 M ST #01-61	Sp.Reading 569589 T/Radio: Insured / Std / NI / NA
Insured: ALL	Eng/No:
Policy No.	CNO: JNIM44E2520780298.
Claims No.	Gen. Cond: Good / Fall / Poor / Burnt
Sum Insured: Excess:	Steering: loorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: (Nil) / S/Rim / STD A/Rim or
	Tyre Size: F:
(Policy Condition)	R: 1.
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO! YOKO or
Bal. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal, R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. mm L/Bal. 6 mm
Est Repairs: days Res.: Yes or No	D.O.A. 17 08 2020 D.O.I. 18/887620
	Survey held at FIX ANTO
	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	
Date: Person Contacted: Vehicle: IN / OU	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	/
Dale/Time, File Pass W? Proli Report	Dave Of Ronalry
, ron, report	Days Of Repair:
) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add F	
	: Interview (\$) Photos
lopid formal :	:Tech. Invs (\$) Others
ump Sun / LE.A: (#)	: Wealand (%
	TOTAL

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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

AGG		

17/08/2020 16:11 Date Of Report 17/08/2020 12:35 **Date Of Accident**

FROM FERNVALE ROAD TOWARD TO BLK 409C ENTRANCE **Exact Location Of Accident**

Country/State of Loss **SINGAPORE**

IDETAILS OF OWN VEHICLE

Vehicle Registration Number GBA7914J

Insured/Policyholder

CKS GAS INSTALLATION SERVICES Name Of Registered Owner

Co Reg No 5XXXX586A **Email Address NOEMAIL**

Mobile Phone No

OFFICE-NOPHONE Alternative Phone No.

Vehicle Particulars

Manufacturer **NISSAN URVAN** Model

Exact Purpose for which vehicle was being used at FOR WORKING

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

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 FIRE AND/OR THEFT

Fleet Policy

DMCG20007030 Policy Number

Cover Note Number

Driver

Name of Driver CHAN KOK SIONG (CHEN GUO XIANG)

NRIC No SXXXX210J Date Of Birth 19/02/1977 Occupation **OUTDOOR Date Of Driving Pass** 30/10/2006

Driving Experience 13 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93886095

Fax Number

Contact Number OTHERS-93886095

EMail Address NOEMAIL

BLK 731 JURONG WEST STREET 72 Address

#04-17

2

NO

NO

NO

NO

1

Postcode 640731

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?

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)

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?

Circumstances of Accident

ON 17/08/2020@ABOUT 12.35PM AS I WAS DRIVING FROM FERNVALE ROAD TOWARD TO BLOCK 409C BEFORE ENTRANCE, THERE IS A JAM FROM THE ENTRANCE SO I WAS STOPPING AT THERE WHILE WAITING FOR THE LONG QUEUE, SUDDENLY THE VEHICLE B (SMM8358T) KNOCK TO MY CAR BEHIND. THE DRIVER APOLOGISE TO ME AND AGREE WITH PROCEED INSURANCE CLAIMS.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons:

THE DRIVER KEEP THE VIDEO FOOTAGE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SMM8358T

Vehicle Make/Model/Colour

KIA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver CHAN BENG LOONG, MICHAEL

NRIC/Passport Number SXXXX101B Contact Number 96323524

BLK 410B FERNVALE ROAD Address

#15-108

Postcode 792410

Insurance Company Name

Sketch Plan Pg. 1

SKETCH PLAN

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 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.
- The 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 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) 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")
 - 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.
 - (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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAIL

REG NO 53363586

Policyholder's Signatur Date & Time: 17 9 2020 Driver's Signature

(If driver is not the no

Date & Time: 17 8 2020

Reporting Centre Personnel's Signature

NRIC/FIN NO.: 17/8/2020

GIARMC SketchPlanForm V3

Sketch Plan Pg. 2

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