

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	01/10/2020 12:42
Date Of Accident	30/09/2020 07:50
Exact Location Of Accident	BLK160 YISHUN ST11 CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3401R
Insured/Policyholder	
Name Of Registered Owner	ENTRUST ORGANISATION PTE LTD
Co Reg No	2XXXXX253M
Email Address	JOLEEN@ENTRUST-ORG.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68946652

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCG20004635
Cover Note Number	

Driver

Name of Driver	ZHUO ZIXIONG
NRIC No	SXXXX376B
Date Of Birth	14/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2019
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98158670
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 864 YISHUN AVENUE 4 #08-29
Postcode	760864
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	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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : COLLEAGUE 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 30/09/2020 AFTER PARKING MY LORRY IN PARKING LOT 31, I WAS SITTING INSIDE THE DRIVER SEAT WITH MY PASSENGER. SHORTLY, I WITNESSED SMH3907T HAD COLLIDED ONTO VEHICLE C AND LOST CONTROL AND COLLIDED ONTO THE FRONT PORTION OF MY LORRY WHEN SHE WAS DRIVING OUT HER CAR FROM THE PARKING LOT. I WAS INJURED IN THIS ACCIDENT.

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	SMH3907T
Vehicle Make/Model/Colour	MINICAR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH PEI YING PHOEBE
NRIC/Passport Number	SXXXX939Z
Contact Number	82332636
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

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 INJURED PERSON 1

Name ZHUO ZIXIONG

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBH3401R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

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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 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.



Policyholder's Signature
Date & Time:

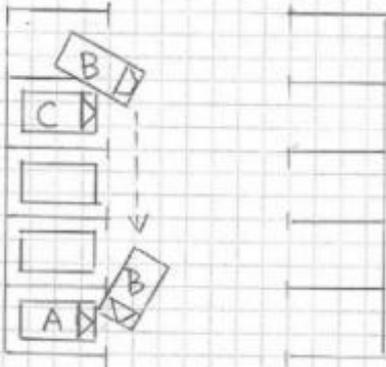
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DOA = 30/09/2020

Time: 07:50 am

A = GBH 3401R

B = SMH 3907T

C = Unknown

Blk 160 Yishun St 11 Car Park

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/09/2020 after parking my lorry in parking lot 31, I was sitting inside the driver seat with my passenger. Shortly, I witnessed SMH 3907T had collided onto vehicle C and lost control and collided onto the front portion of my lorry when she was driving out her car from the parking lot. I was injured in this accident.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Handwritten signature]

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

[Handwritten signature]

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



[Handwritten signature]

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)
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number	: DMCG20004635		
Vehicle Registration Number	: GBH3401R		
Cover Type	: Comprehensive		
Policy Type	: Commercial Vehicle (Pte Use)		
Name of Policyholder/Insured	: ENTRUST ORGANISATION PTE LTD		
Commencement Date of Insurance	: 27/04/2020		
Expiry Date of Insurance	: 26/04/2021		
Excess	: ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).	S\$	300.00
	EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..	S\$	100.00
	EXCESS: (SECTION I).....	S\$	500.00
	YOUNG&INEXP DRIVERS(SECTION I)	S\$	2,500.00
Finance Company/Hire Purchase Owner	: UNITED OVERSEAS BANK 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 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

This Policy does not cover :

- 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 95 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 (Third Party Risks and Compensation) Act (Chapter 189), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

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



Authorized Signature

A000215	KANG KIM CHIANG JEROME	Contact Number: 68422936
Vehicle Chassis Number : JTFAT35Y40K210172, Vehicle Engine Number : 1KD2794074		CP1, 08/04/2020 11:06

Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. [REDACTED]



Name

ZHUO ZIXIONG

卓梓雄

Race

CHINESE

Date of birth

14-09-1989

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: [REDACTED]

Name:

ZHUO ZIXIONG

Birth Date: 14 Sep 1989

Issue Date: 19 Jul 2019



Identification Card

6292732



NRIC No. [REDACTED]

Date of issue
23-09-2019

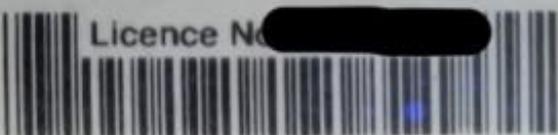
Address

APT BLK 864 YISHUN AVENUE 4
#08-29
SINGAPORE 760864

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

EFFECTIVE DATE

Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	19 Jul 2019
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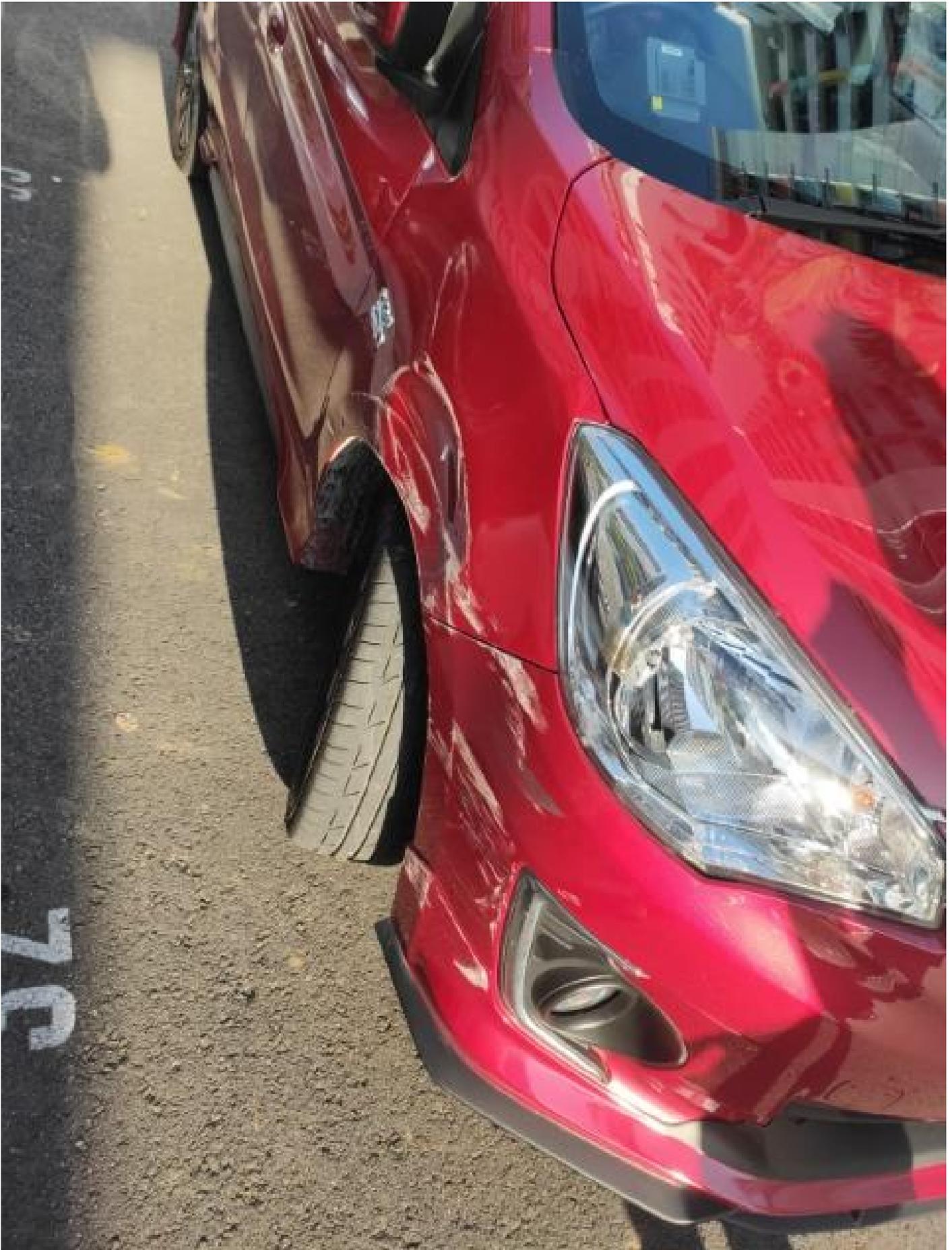


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SCENE PHOTO



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Accident Photo



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