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SN0920CJ0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 19/12/2020 09:51 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (19/12/2020 09:51 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 Submission 19/12/2020 09:51 (SGT) Date of Accident 18/12/2020 12:10 (SGT) **Exact Location of Accident** Orchard Rd, Singapore Additional Location Information

Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number PC4699C

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner GLORY SHIP MANAGEMENT PTE LTD

1XXXXX770W Company Reg No

**Email Address** brian@gloryship.com.sg Mobile Phone No (Phone) +65-65361986 Alternative Phone No (Office) +65-65361986

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace

Variant

Exact purpose for which vehicle was being used at time of accident Employment

Are you claiming under your own insurance policy for repair to

your vehicle?

No - Claiming third party Vehicle Category

INSURANCE COMPANY

First Capital Name of Insurance Company Type of Coverage Comprehensive

Fleet Policy D-200095065MBP Policy Number

Cover Note Number

DRIVER

LAI GEK HUA Name of Driver NRIC No SXXXX003J 03/10/1957 Date Of Birth Outdoor Occupation

Date Of Driving Pass
Driving experience
Gender

Mobile Number
Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

13/12/2011 9 YEARS

Male

(Phone) +65-96321152

-

brian@gloryship.com.sg

BLK 498L TAMPINES STREET 45

#06-484 528498

No

Employee

No

-

ide Owned by Driver

# GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface Collision - Head to Rear

Clear Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No

2

No

Yes

1

No

# DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No No

-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT.

#### ATTACHMENT(S)

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

Yes No

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver Passport No/FIN

Contact Number Address

Address complement Postcode

GBK1254X

-

-

Commercial vehicle KAUNG SATT NAING

GXXXX512Q

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Accident report SN0920CJ0002

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Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
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- 6. The report will be forwarded by the insurers of the GIA. Records Management Centre established by the General insurance Association
- of Cingapore (CIA) 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

GLORY SHIP MANAGEMENT PTE LTD 9 Temasek Boulevard #38-03 Suntec Tower 2 Singapore 033989 Tel: 6536 1986 Fax: 6538 1987 E-mail: gen@giorychip.com.sg Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Repo Personnel & Time Time Sketch Plan À B Ordord 1d

1 4299	ed my vehicle along orchard Rd as trassic light was red.
. 4.1.41	I tell an impact of my vehicle and revised that vehicle B
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مامد الم	my vehicle rear portion.
41 91192	
eclaratio	on .
We declare	the foregoing particulars are true in every respect.
	HIP MANAGEMENT PTE LTD
	d #38-03 Suntec Towar 2 Singapore 033989 : 6536 1987 E-mail: gen@gloryship.com.sg
	Registration, No. 1985 MANNA Complete Middler in not the policyholder) / Date Witnessed by Reporting Centr

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle	
Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	770W
Vehicle Details	
Vehicle No.:	PC4699C
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Dec 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 4 DR AUTO
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	1KD2588896
Chassis No.:	JTFHT02P400189375
Maximum Power Output:	
Open Market Value:	\$36,257.00
Original Registration Date:	17 Feb 2016
First Registration Date:	17 Feb 2016
Transfer Count:	0
Actual ARF Paid:	\$1,813.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	*
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Feb 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$40.817.00
COE Rebate Amount:	\$21,074.00

The information contained herein is correct as at 19 Dec 2020

Total Rebate Amount

\$21,074.00