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 <u>truthful and 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

aforesaid.				
	ACCIDENT STATEMENT			
Date Of Report	03/07/2020 14:29			
Date Of Accident	02/07/2020 09:20			
Exact Location Of Accident	ALONG CLEMENTI AVE 6 UNDERPASS			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	YJ8828C			
Insured/Policyholder				
Name Of Registered Owner	WYN CONSTRUCTION SERVICES PTE. LTD			
Co Reg No	2XXXXX621C			
Email Address	ARANGARAJAN@TEAMBUILD.COM.SG			
Mobile Phone No				
Alternative Phone No	OFFICE-68567077			
Vehicle Particulars				
Manufacturer	HINO			
Model	HINO XZU710R-HKFMS3			
Exact Purpose for which vehicle was being used a time of accident	t			
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 C	ompany
-------------	--------

Name of Insurance Company ERGO INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number DMFG19012342

Cover Note Number

Driver

Name of Driver

KOH HUP KIAT

NRIC No

SXXXX382H

Date Of Birth

12/10/1965

Occupation

OUTDOOR

Date Of Driving Pass

66/01/1986

Driving Experience 34 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93677895

Fax Number

Contact Number

EMail Address NOEMAIL

APT BLK 319 WOODLANDS STREET 31 #04-148 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 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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

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?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN768Z

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver LOH PENG KHENG

NRIC/Passport Number SXXXX816C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMQ8187Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR ONG ZHEN RUI SXXXX935I

Accident Sketch Plan Pg. 1

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 companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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:
 - 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

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.:

GIARMC SketchPlanForm V3

Accident Sketch Plan Pg. 1

SKETCH PLAN	
	73888CX -H
	B- YN768Z
(c)	C- SMQ 81872
P	
(B)	
(8)	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Accident Date & Time: 3/7/2020 09 20	
Accident Location: clementi Ave 6 under p	29%
CIEMENT TVC 3	
4	a transfer to the second
It was a downshope at the	
Suddenly I felt an impact on	the rear portion. I noted
that vehicle B had collided	onto my venice.
The impact caused my vehic	e to surge forward and
collided onto vehicle C.	
H was a 3-vehicle cha	in collision
·	
☐ Reporting Only ☐ Own Damag	ge ☐ Third Party ☑ Claim at other workshop (OD//P)
DESCRIPTION .	7
I/We declare the foregoing particulars are true in every respect.	• IMPORTANT NOTE: You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Clair there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of
TRUCTION	occurrence.
Hup KiAS M	w/L
Policyholder's Signature Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: (If driver is not the policyho	older) Name:

NRIC/FIN No.:

Date & Time:

GIARMC SketchPlanForm_V3

ERGO

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)

Certificate/Policy Number

DMFG19012342

Vehicle Registration Number

YJ8828C

Cover Type

Comprehensive

Policy Type

Motor Fleet

Name of Policyholder/Insured

WYN CONSTRUCTION SERVICES PTE, LTD.

Commencement Date of Insurance

26/12/2019

Expiry Date of Insurance

Excess

25/12/2020

EXCESS: (SECTION I)......EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS).. YOUNG&INEXP DRIVERS(SECTION I)

500.00 100.00

2,500.00

24-Hour Motor Accident Reporting and Assistance Helpfine

6333 2222

Finance Company/Hire Purchase Owner:

*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) and Part IV of the Road Transport Act, 1987 (Malaysia)

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

Karl-Kint Jung

Authorized Signature

A000016	CP1	
Vehicle Chassis Number	er : JHHUCS3H20K016725, Vehicle Engine Number : N04CUS26974	CP1, 20/12/2019 17:11:54























