

## 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 ability
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 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	05/08/2016 16:09
Date Of Accident	04/08/2016 23:30
Exact Location Of Accident	PIE-BUKIT TIMAH BRIDGE TOWARDS TUAS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB7908R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HWA SENG BUILDER PTE LTD
Co Reg No	199200384Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81531667
Alternative Phone No	Office-81531667

### Vehicle Particulars

Manufacturer	UD Trucks
Model	CONDOR PK-7.0 D (M)
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	Reporting Only
Vehicle Category	Private Car

### Insurance Company

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	
Cover Note Number	

### Driver

Name of Driver	NACHAN MANICKARAJ
NRIC No	F7759108R
Date Of Birth	15/04/1969
Occupation	Outdoor
Date Of Driving Pass	31/08/2015
Driving Experience	0 Year And 11 Month
Gender	Male
Mobile Number	(Local) +65-81531667
Fax Number	(Local) +65-81531667
Contact Number	
EEmail 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 Collision- Head to Rear (TP Hit Insured)

Weather Conditions Clear

Road Surface Dry

#### Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

Number of Passengers (Including Driver) 1

#### 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

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YK2937E

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver BALU

NRIC/Passport Number

Contact Number 82585807

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

# PCV Accident Report

(For Reporting only)



☐ Braddell ☐ Sin Ming ☐ Sg. Kadut ☐ Pandan ☒ Loyang ☐ Ubi

## Section A - To Be Completed By Driver Who is Involved in The Accident

Date & Time of Accident	Date: 04/08/16	Time: 9.30 AM
Date & Time of Reporting	Date: 05/08/16	Time: 1.5.00 PM
Place of Accident	PIE - BUKIT TIMAH BRIDGE, TUALS DIRECTION.	
Vehicle Reg. No.:	XB7908R	Make / Model:
Purpose of Use at Time of Accident: Goods transportation / private usage / others:		
Name:	NACHAN MANICKARAJ	NRIC / FIN No:
Address: 76, JOO KOON CIRCLE, SINGAPORE		
Postcode:	629076	Date Of Birth:
Home:	6560 8698	Handphone:
Email:		Gender:
Occupation:	Management / Sales / Retiree / Housewife / Technical / Education / Others:	
Type of Claims:	Third Party / Own Damage (Reporting Only)	Licence Pass Date:
Driver Status:	Owner / <del>Not-Owner</del>	Years of Driving Experience:

If you are not the owner, the owner's name & tel: HWA SENG BUILDER PTE LTD

Owner's Address: 76, JOO KOON CIRCLE, SINGAPORE

Relationship with Owner: EMPLOYEE Owner's NRIC / Company Reg. No.: 1992003842

Vehicle Towed In? Yes / ☒ No My Insurance Company: ERGO

Police Reported? Yes / ☒ No Police Report Reference No.: DAICU/55023540

Company's Vehicle? ☒ Yes / No Insurance Policy No.: ERGO

Do you have witness? Yes / No Type of Policy: Comprehensive / Third Party Fire & Theft / Third Party Only

(If Yes, Witness Name & Contact No: )

Weather Condition: ☒ Clear ☐ Cloudy / Light Rains / Heavy Rains

Road Condition: ☒ Dry ☐ Wet Was anyone injured in the accident? Yes / ☒ No

Other vehicle or property damage? ☒ Yes ☐ No Was Notice of Intended Prosecution given? Yes / ☒ No

Describe How Accident Happened: Please use **SKETCH PLAN** for accident description & sketch of accident scene

### Third Party's Details (Use Annex 2 for Chain Collision as attachment)

Vehicle Make / Model:		Vehicle Reg. No.:	YK 2937E
Name of Driver:	MR. BALU	NRIC No.:	
Insurance Company:		Handphone:	82585807

**Driver's Declaration:** I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue.

Signature:	N. Manickaraj	Date:	5-8-16
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### Sketch Plan #2

Describe Circumstances of the Accident

2nd Lt On the 4<sup>th</sup> August 2016, 23.50 hr  
 The British TMA, BRIDGE, TUBS DIRECTED ONE A TMA  
 PROCEEDED TO 2000 JOINT INSPECTION. That time TMA BEHIND  
 OPEN READY, LIGHTS ALL ON READY, THREE TONS LOOSE YK-2337 E  
 HAD COLLIDED WITH OUR TMA.

### Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*  
Polytechnic's Signature / Date & Time

N. manickavasagam  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel

IMPORTANT NOTICE

SKETCH PLAN

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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 QIA, Records Management Centre established by the General Insurance Association of Singapore (QIA), for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the submission 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.

B. 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 ("QIA") may/are permitted to collect, use, disclose and process my personal data/personal information set out in this [form] and any other personal information provided by me or who have insured vehicle(s) involved in the accident (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers collectively referred to as the "insurers", the insurer's law firm, the insurer's law firm, 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 claim including the settlement of the claims and any necessary investigations relating to the claim;
  - (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 making 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 the accident and the insurer's law firm, may/are permitted to collect, use, disclose and 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 QIA to their third party service providers or agents (including their law firm/law firms), which may be based outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature/ Date & Time

N. Manickam  
Date & Time

Sketch Plan

Witnessed By Reporting Centre  
Personal

Sketch Plan

1. Accident Site

2. Accident Site

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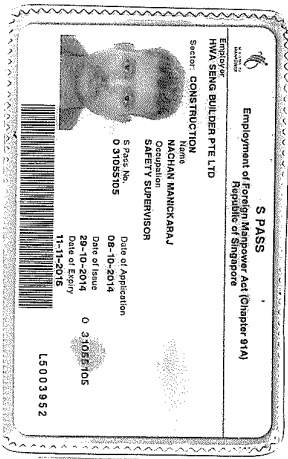
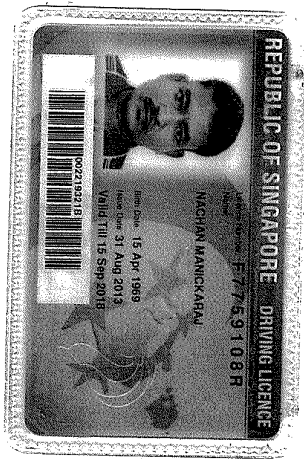
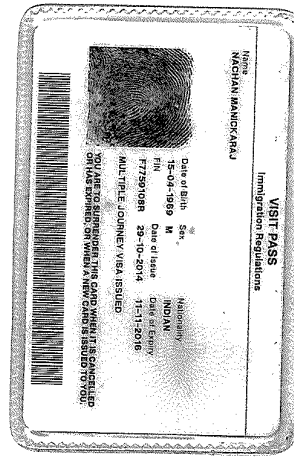
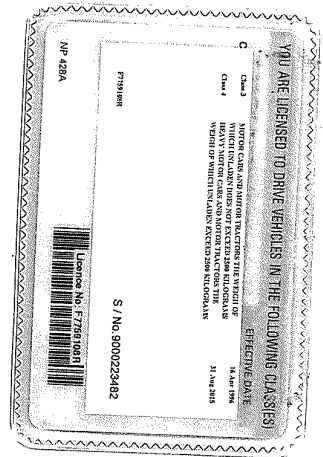
96. Accident Site

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COMMERCIAL VEHICLE (PRIVATE USE)

CPI  
R SB  
A000496  
Cov Type: F

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 NO.

DNCV15S023540

1) Index Mark and Registration

No. of Vehicle:

XB7908R ✓

2) Name of Policyholder:

HMA SENG BUILDER PTE LTD

3) Commencement Date of Insurance:

27 March 2016

ADD XS:YNG&INEXP DRV SED2,500.00

4) Expiry Date of Insurance:

26 March 2017 ✓

5) Persons or Classes of Persons entitled to drive

1) Any person who is driving on the Policyholder's order or permission

6) 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.

7) 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 (for Items 6 & 7)

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)

Legend

Cov Type:

C - Comprehensive

F - Third Party, Fire & Theft

T - Third Party

For and on behalf of ERGO Insurance Pte. Ltd.

Approved Insurer

Authorized Signature

ERGO Insurance Pte. Ltd. Co. Reg. No. 159305211H. GFT Reg. No. H2-015830-5  
5 Temasek Boulevard #04-01 Suntec Tower Five Singapore 038985 Tel: +65 6823 5129 Fax: +65 6823 5248 www.ergo.com.sg



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

