

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 Actual 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 Submission	02/08/2022 16:26 (SGT)
Reported by	Driver
Date of Accident	01/08/2022 08:45 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS JURONG EXIT 8B
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5834L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA FABRICATION PTE. LTD.
Company Reg No	2XXXXX745H
Email Address	candykong@asiafab.com.sg
Mobile Phone No	(Phone) +65-90550355
Alternative Phone No	(Office) +65-62556477

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500 6MT
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	Commercial vehicle
Transmission	Manual
CC	2497

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG21011382

DRIVER

Name of Driver	RAHMAN SYDUR
Passport No/FIN	GXXXX452T
Date Of Birth	11/06/1998
Occupation	Outdoor

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YIN MOE HLAING
Passport No/FIN	GXXXX461U
Contact Number	(Phone) +65-83635048
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SH9538B
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	TING BOON AUN
NRIC No	SXXXX716J
Contact Number	-
Address	-
Address complement	508B YISHUN AVENUE 4 #02-62
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	762508


Describe Circumstances of the Accident

ON 01/08/22 AT AROUND 0845HRS I WAS DRIVING MY VEHICLE A(GBH5834L) AT CTE. AS I WAS TRAVELLING SLOWLY AT LANE 2 DUE TO TRAFFIC CONGESTION, I FELT IMPACT BEHIND. VEHICLE B(GBK6485M) COLLIDED ONTO ME AT MY REAR PORTION. THERE WAS VEHICLE C(SHB9538B) BEHIND VEHICLE B WHICH COLLIDED ONTO VEHICLE B. NO ONE WAS INJURED.

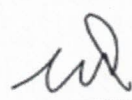
Declaration

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

Policyholder's Signature / Date &
Time



Driver's Signature (If driver is not the policyholder) / Date
& Time 01/08/22 1600HRS



Witnessed by Reporting Centre
Personnel 21/kvu/