

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 30/08/2022 18:18 (SGT)
Reported by Driver
Date of Accident 30/08/2022 10:00 (SGT)
Exact Location of Accident 150 Kampong Ampat, Singapore 368324
Additional Location Information LOADING BAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE6849T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LEE TECK LEE TRANSPORT PTE LTD
Company Reg No 201605593G
Email Address LEETECKLEETRANSPORT@GMAIL.COM
Mobile Phone No (Phone) +65-93239829
Alternative Phone No (Office) +65-96691606

VEHICLE PARTICULARS

Manufacturer Scania
Model P450B8X4HZ
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 12742

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number DMCG21013814

DRIVER

Name of Driver LOH KAH YEW
NRIC No S9183652A
Date Of Birth 27/08/1991
Occupation Outdoor

Date Of Driving Pass	14/07/2014
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93239829
Alt. Phone Number	-
Email Address	LEETECKLEETRANSPORT@GMAIL.COM
Address	BLK 5 UPPER ALJUNIED LANE #05-42
Address complement	-
Postcode	360005
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 30/08/22 AT ABOUT 1000HRS I NOTICED THERE WAS BURNING DAMAGE INSIDE MY VEHICLE A XE6849T COMPARTMENT WHICH I PARKED AT 150 KAMPUNG AMPAT LOADING BAY ON 29/08 /22 AROUND 1900HRS.NO OTHER VEHICLE INVOLVED AND NO INJURIES. I MAKE THIS REPORT FOR RECORD PURPOSE. THAT'S ALL.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

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.



FLASH ACCIDENT REPORTING OFFICER

FRO BALAJI



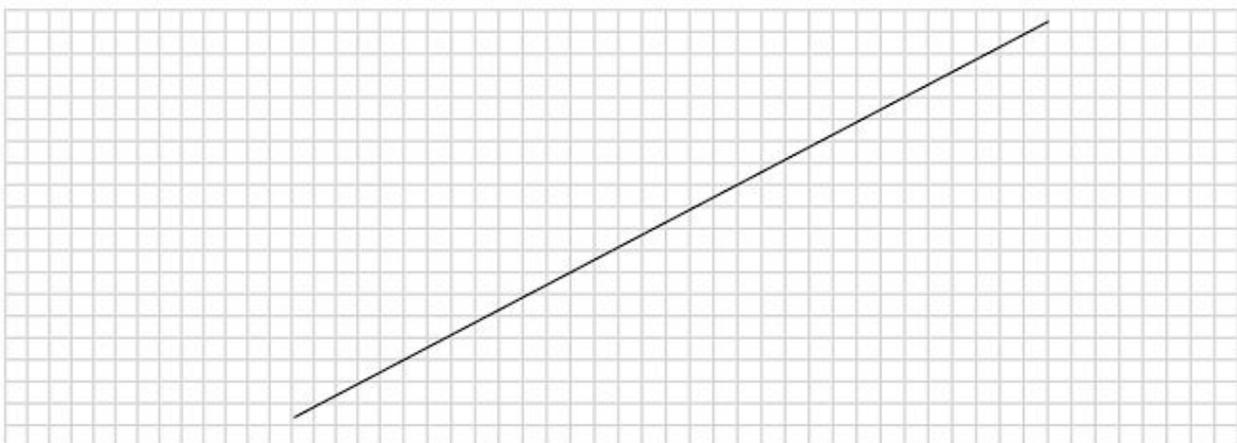
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

30/08 /22 1400hrs



Describe Circumstances of the Accident

ON 30/08/22 AT ABOUT 1000HRS I NOTICED THERE WAS BURNING DAMAGE INSIDE MY VEHICLE A XE6849T COMPARTMENT WHICH I PARKED AT 150 KAMPUNG AMPAT LOADING BAY ON 29/08 /22 AROUND 1900HRS.NO OTHER VEHICLE INVOLVED AND NO INJURIES. I MAKE THIS REPORT FOR RECORD PURPOSE. THAT'S ALL.

Declaration

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



**FLASH ACCIDENT
REPORTING OFFICER**

FRO BALAJI



Policyholder's Signature / Date &
Time

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

30/08 /22 1400hrs

Witnessed by Reporting Centre
Personnel























