

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	04/01/2023 16:48 (SGT)
Reported by	Driver
Date of Accident	03/01/2023 15:40 (SGT)
Exact Location of Accident	Bencoolen St, Singapore
Additional Location Information	JUNCTION WITH MIDDLE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL8460R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JJBS INFINITY MAINTENANCE PTE. LTD.
Company Reg No	2XXXXX727E
Email Address	melcolmq@yahoo.com
Mobile Phone No	(Phone) +65-90475313
Alternative Phone No	-

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	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22010708

DRIVER

Name of Driver	QUEK THIAM HUAT(GUO TIANFA)
NRIC No	SXXXX048A
Date Of Birth	05/07/1971
Occupation	Outdoor

Date Of Driving Pass	21/10/2005
Driving experience	17 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90475313
Alt. Phone Number	-
Email Address	melcolmq@yahoo.com
Address	6 BEACH ROAD #06-4875
Address complement	-
Postcode	190006
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ9860S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

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.



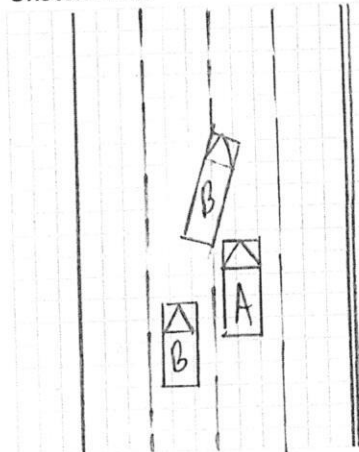
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

08/01/2023

Sketch Plan



Middle Road

(A) 6BL 846R
(B) SKJ 9860S

Describe Circumstances of the Accident

On 03.01.2023 at about 1530hrs, I was travelling along Middle Road. I was on Lane 2. While heading straight, all of a sudden a vehicle SKJ 98600 from my left had swerved onto my lane and collided onto my Lft front portion.



Declaration

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

Witnessed by Reporting Centre Personnel
04/01/2023

Date of Accident : 03-01-2023 Accident Time: 1540hrs. (24-HR-Format)
 Accident Place : Junction of Bencoden St & Middle Road
 Vehicle. No. (Car Plate No.) : 6DL 8460R Make/Model: Toyota Hiace DX 2.8 Auto
 Insurance Company : ER60 Policy No: DMCS 22010708
 Owner or Company Name / IC No. : JJBs Infinity Maintenance Pte Ltd (202021727E)
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Quek Triam Huat (Guo Tianfa) S7123048A
 DRIVER'S Date Of Birth : 05-07-1971 DRIVER'S License Pass Date 21-10-2005
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 6 Beach Rd # 06-4875 S(190006)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) 90475313
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : melcolmq@yahoo.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): Driver only
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

Vehicle. No: SKJ 9860S	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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)
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMCG22010708
 Vehicle Registration Number : GBL8460R
 Cover Type : Comprehensive
 Policy Type : Commercial Vehicle (Pte Use)
 Name of Policyholder/Insured : JJBS INFINITY MAINTENANCE PTE. LTD.
 Commencement Date of Insurance : 03/08/2022
 Expiry Date of Insurance : 02/08/2023
 Excess : EXCESS: (SECTION I).....
 ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).
 EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..
 YOUNG&INEXP DRIVERS(SECTION I)



24-Hour Helpline: 6100 1620

Finance Company/Hire Purchase Owner : UNITED OVERSEAS BANK LTD

*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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

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

Karl-Heinz Jung

Authorized Signature

A100003	CAR INSURANCE AGENCY PTE LTD	Contact Number: 63863322
Vehicle Chassis Number : GDH2012018186, Vehicle Engine/Motor Number : 1GD8702266		CP1, 02/08/2022 16:21

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	727E

Vehicle Details

Vehicle No.:	GBL8460R
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Feb 2023
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DX 2.8 AUTO
Primary Colour:	Silver
Manufacturing Year:	2021
Engine No.:	1GD8702266
Chassis No.:	GDH2012018186
Maximum Power Output:	-
Open Market Value:	\$34,089.00
Original Registration Date:	14 Jun 2022
First Registration Date:	14 Jun 2022
Transfer Count:	1
Actual ARF Paid:	\$1,705.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	13 Jun 2032
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$48,889.00
COE Rebate Amount:	\$45,656.00
Total Rebate Amount:	\$45,656.00

The information contained herein is correct as at 04 Jan 2023

OK