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SN09231U0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 30/01/2023 12:16 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (30/01/2023 12:16 (SGT))



# 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 witholding of material facts may allow insurance companies to repudiate

- 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of witholding of material facts may allow insurance companies to reputiar 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 30/01/2023 12:16 (SGT) Reported by Driver Date of Accident 20/01/2023 15:50 (SGT) **Exact Location of Accident** Denham CI, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBK8387A** 

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **NAILXBYJ** Company Reg No 5XXXX221M **Email Address** jovin1301@gmail.com Mobile Phone No (Phone) +65-92727583 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of **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 DMCG22007893

DRIVER

Name of Driver JOVIN LUA CHEE KIAT NRIC No SXXXX641D Date Of Birth 13/01/1994 Occupation Outdoor

Date Of Driving Pass 11/10/2014 Driving experience 8 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-92727583 Alt. Phone Number Email Address jovin1301@gmail.com Address BLK 110 WOODLANDS STREET 13 #04-128 Address complement Postcode 730110 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions AFTER RAIN Road Surface Wet 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? Yes Reasons for not uploading a video of the accident WITH OWNER **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YN9807K Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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.
- 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.



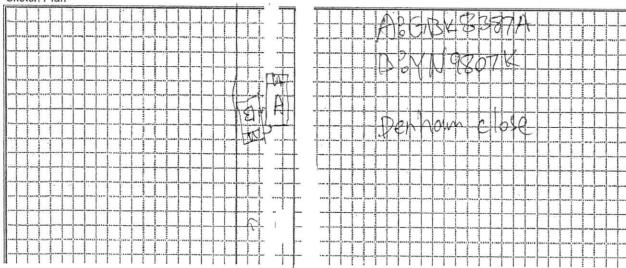
Policyholder's Signature / Date & Time

Dovin

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

Wilnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

# Sketch Plan



	Describe Circumstance of the Accident
	my vehicle was stationary along denham close
	out of sudden i felt an impact on my vehicle
teat	lest portion when i got down i realised vehicle (b
	collided onto my vehicle
-	
-	

Declaration

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



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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time



Date of Accident	20/01/2023 Accident Time: 155 0pm (24-HR-FORMAT)			
Accident Place	: Donham close			
Vehicle Reg. No (Car plate No.)	:57BK8387A cc: 2-8 Vehicle Make/Model: toxota hiace			
Insurance Company	Ergo Policy No. DMCG22007893			
Name of Registered Owner	: Company / Individual NAILX 13YJ			
ID of Registered Owner OWNER EMAIL ADDRESS:	: Co Reg No: Owner's NRIC No: 53398221 M			
	: Co Contact No: Owner's Contact No: 9272 7583			
DRIVER'S Name	: Chee Kiat DRIVER'S NRIC No: 59400641			
DRIVER'S Date of Birth	: 13/01/1994 DRIVER'S License Pass Date 1/10/2014			
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:			
DRIVER'S Address	: DIK 110 Woodlands Street 13 #04-128			
DRIVER'S Contact No./ Alt No.	:1) 927Z 7583 2)			
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)			
Email Address	: Dovin1301@gmail-com			
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET			
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance			
Was the accident reported to the pol Was there any video Captured by ca Exact purpose for which vehicle was Any injuries, if yes(name of the in	river):Name & Gender; ice? YES \ NO r camera: YES \ NO s being used at the time of accident: Private use \ Work purpose			
VN 9807V Other	Party Driver's Particulars (if any)			
Venicle Reg No.	Vehicle Reg No:			
Vehicle Make\Model:	Vehicle Make\Model:			
Name DRIVER:	Name DRIVER:			
IC No. DRIVER:	IC No. DRIVER:			
DRIVER'S Contact & add:	DRIVER'S Contact & add:			
REPORT FORM EXPLAINED IN : ENGLISH	/ CHINESE / MALAY / TAMIL OTHERS:			
WHO REPORTED THE ACCIDENT : OWNE				



# 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

DMCG22007893

Vehicle Registration Number

**GBK8387A** 

Cover Type

Comprehensive

Policy Type

Commercial Vehicle (Pte Use)

Name of Policyholder/Insured

NAILXBY.I

Commencement Date of Insurance

07/06/2022

**Expiry Date of Insurance** 

09/06/2023

Excess

EXCESS: (SECTION I)..

ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)...

SS

24-Hour Helpline: 6100 1620

500.00 300.00 100.00

2,500.00

YOUNG&INEXP DRIVERS (SECTION I)

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

### \* 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

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

Karl-Heinz Jung

Authorized Signature

A000572 ABS INSURANCE AGENCY PTE, LTD.	
Vehicle Chassis Number : GDH2012014712, Vehicle Engine/Motor Number : 1GD8620917	Contact Number: 69339781
1GD8620917	CP1, 06/06/2022 15:43