

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	15/03/2023 10:45 (SGT)
Reported by	Driver
Date of Accident	14/03/2023 09:40 (SGT)
Exact Location of Accident	MacPherson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2936S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUP PECK PARKING & SERVICE
Company Reg No	5201295B
Email Address	HP101.ENT.PL@GMAIL.COM
Mobile Phone No	(Phone) +65-97587091
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU700R
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	4000

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22003540

DRIVER

Name of Driver	PHANG SONG LYE
NRIC No	S0194130E
Date Of Birth	05/06/1954
Occupation	Outdoor

Date Of Driving Pass	13/02/1981
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83561034
Alt. Phone Number	-
Email Address	HP101.ENT.PI@GMAIL.COM
Address	BLK 102 TOWNER ROAD #04-276
Address complement	-
Postcode	322102
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)	3
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	-

PASSENGER 1

Name	AH SENG
Gender	Male

PASSENGER 2

Name	SRIDHAR
Gender	Male

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

VEHICLE A WAS ON THE FIRST LANE SUDDENLY VEHICLE B COME OUT FROM THE PETROL KIOSK AND HIT ONTO THE LEFT FRONT SIDE OF MY VEHICLE (A).

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	GBH1851M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MIN KHIN MAUNG THAN
Passport No/FIN	G2127955U
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.



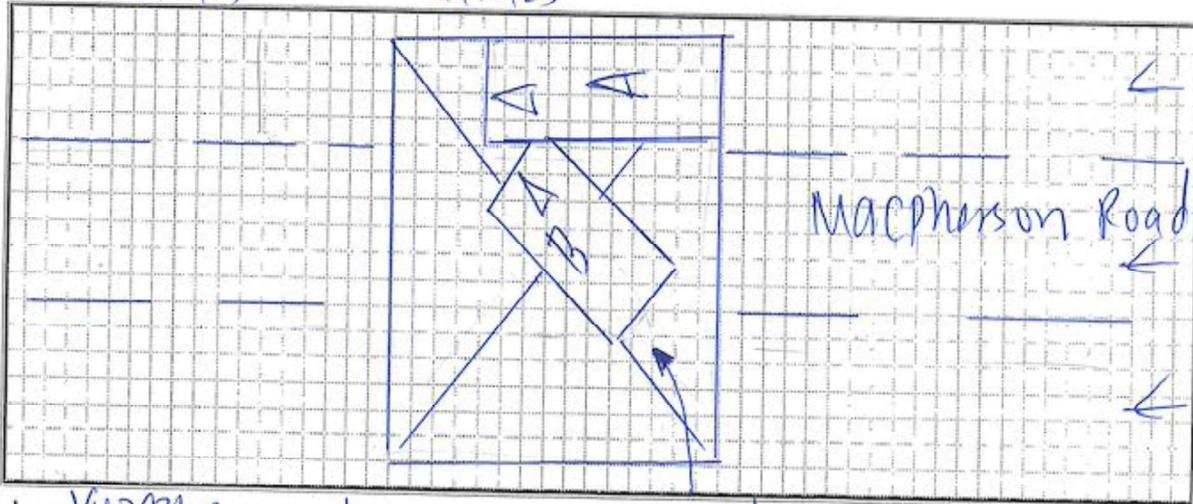
Policyholder's Signature / Date & Time

Sketch Plan 14/3/23

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

14/3/23

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



A - YN2936 S
B - GBH1851 M

Penal kiosk 1042

Describe Circumstance of the Accident

Vehicle A was on the first lane suddenly
Vehicle B came out from the petrol kiosk and hit
onto the left front side of my vehicle (A).

Declaration

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



Policyholder's Signature / Date & Time

14/3/27

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

14/3/23

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

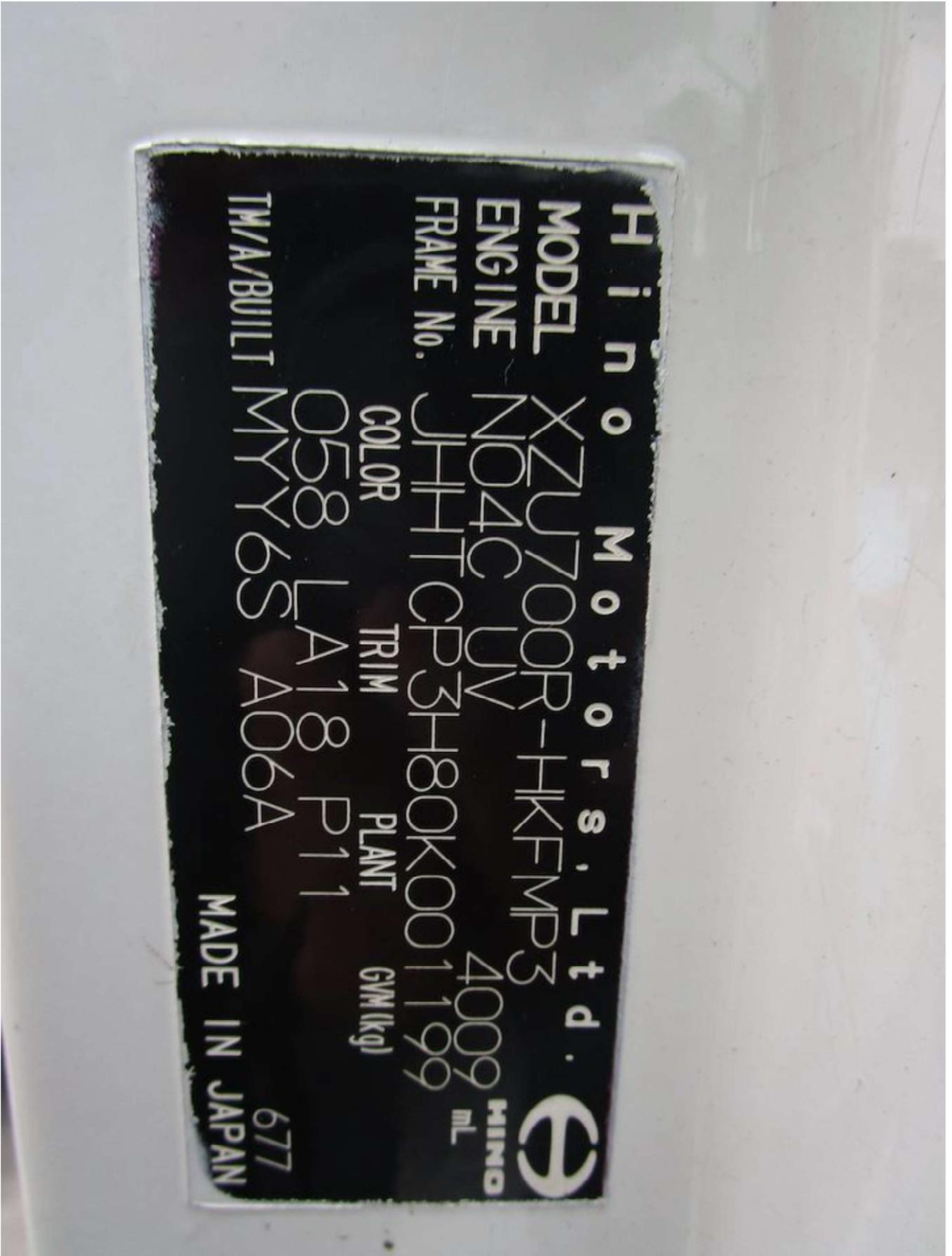














ERGO

GST Reg. No. M2-0116930-5

TAX INVOICE
Debit NoteNo. : D22NB00003057
Transaction Date: 04/03/2022HUP PECK PACKING & SERVICE
623 ALJUNIED ROAD
#05-01,ALJUNIED IND COMPLEX
SINGAPORE 389835

Type of Policy	:	Commercial Vehicle (Hire Use)
Policy Number	:	DMCG22003540
Period of Cover	:	from 04/04/2022 to 03/04/2023
Vehicle Registration No.	:	YN2936S
Insured's Name & Address	:	HUP PECK PACKING & SERVICE 623 ALJUNIED ROAD #05-01,ALJUNIED IND COMPLEX SINGAPORE 389835
Branch/Territory	:	Singapore
Intermediary Code (Producer)	:	A000122(GTRUST PTE LTD)

	Singapore Dollars	
Premium	SGD	2,276.80
GST at 7.00%	SGD	159.38
Total Due	SGD	2,436.18

This is a computer generated document and no signature is required.

GTRUST PTE LTD
212 HOUGANG ST21
#02-349
SINGAPORE 530212
TEL : 6399 5006 FAX : 6399 3419
EMAIL : gtrust@singnet.com.sg