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SN08233G0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 16/03/2023 14:30 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (16/03/2023 14:30 (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 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.

4. The issue and acceptance of this Form by instraince 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.

7. By the loagement of this report to the insurers, you hereby consent to the draining	,
ACCIDEN*	T STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	16/03/2023 14:30 (SGT) Driver 15/03/2023 17:00 (SGT) KJE, Singapore TOWARDS BKE BEFORE CHOA CHU KANG FLYOVER Singapore
DETAILS OF	FOWN VEHICLE
Vehicle Registration Number	GBL3532A
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes CENTROID ENGINEERING SOLUTIONS PTE. LTD. 2XXXXX058R n.mahendran@centroides.com (Phone) +65-83044564
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Toyota Dyna - Employment No - Claiming third party Commercial vehicle Manual 2982
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	ERGO Insurance Pte. Ltd. DMCG22008017
DRIVER	
	BUILLA DU BARUL

**BUHARI BABU** 

GXXXX971W

10/06/1984

Outdoor

Name of Driver

Occupation

Passport No/FIN Date Of Birth

Date Of Driving Pass	26/05/2018
Driving experience	
Gender	4 YEARS AND 10 MONTHS
Mobile Number	Male
SEX was a few and a few an	(Phone) +65-90592880
Alt. Phone Number	
Email Address	babusheerin21@gmail.com
Address	BLK 36 MANDAI #07-31
Address complement	WESTLIFE MANDAI DORMITORY
Postcode	
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	
verileie riegistration ramber et enter verileie entre by Enter	
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	Ne
Number of vehicles involved in the accident	6
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	
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	
Original language about it the crassing	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
If yes, against whom?	
if yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
PLEASE NEI EN TO ONE TOTT EAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	
Reasons for not uploading a video of the accident	
Reasons for not uploading a video of the accident	WITH OWNER
DETAILS OF OTH	ER VEHICLE PROPERTY 1
。 1. 19 章 研究的自然生命。 1. 19 章 研究的自然性态。 1. 19 章 研究的态。 1. 19 章 研究的	
Vehicle Registration Number	SVI 2125M
AND THE RESIDENCE OF THE PARTY	
Vehicle Manufacturer	.7
Vehicle Model	•
Vehicle Variant	-
Vehicle Colour	1
Vehicle Category	Private car

Private car

Vehicle Category 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)	_

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SJH6096Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-40
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBK3403U
Vehicle Manufacturer	-
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	·
Vehicle Category	Commercial vehicle
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)	

## **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 5



Vehicle Registration Number	GBD271P
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	<b>.</b> =0
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

### INJURED 1

Name of injured person Gender Phone No	BUHARI BABU Male (Phone) +65-90592880
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBL3532A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### 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 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 Traffic Police Department for investigation.
- 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.
- 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

Policyholder's Signatype / Date & Time

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

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

Sketch Plan

LJ E (BKE) bolore (how the koly frywer)

A: 41/L 3532A

F.

D AT ADMAN CLICK SHOPE

O: 45/K-34034

O: 45/K-34034

C: 41/K-11/H-1940A

frenced out after hiting vehicle ?.

Describe Circumstance of the Accident	
I was travelling straight along kJE towards BKE	before Chon
Chu kang Flywer. I saw vehille (D) collideel	onto velvele
(0)	
(P) and then he swerred between the lanes to	love couring
to a stop. As I had maintained a safety of	distance, 1
managed to stop on time without any conte	act with
vehicle (0). The hexat moment, I felt an impact	from my
vehicle rear portion. The impact was so great of	that it pushe
me forward and collided onto vehicle (0) . S.	rele portron.
when I get down, I realized I was involved	1 m a 6
con chain collithion.	

Declaration

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

Policyholder Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Date of Accident	: 15/03/23 Accident Time: 17W (24-HR-FORMAT)
Accident Place	: KIE to wards RKE 10/00
Vehicle Reg. No (Car plate No.)	: KJE towards BKE before choa the Kung Plyoner  CC: 3.0  CBL 3532/A Vehicle Make/Model: Toyota Lynn
Insurance Company	Ergo Policy No. PMC622008017
Name of Registered Owner	Company / Individual CENTROID ENGINEERING Solution Prects
ID of Registered Owner OWNER EMAIL ADDRESS:	: Co Reg No: 201368058R Owner's NRIC No:
h.mahendran @ centroides.	
DRIVER'S Name	: BUHARI BARU DRIVER'S NRIC No: 62434971W
DRIVER'S Date of Birth	: 10/06/19/4 DRIVER'S License Pass Date 16/05/2018
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee Others:
DRIVER'S Address	: Westlife Manday BIK 36, #07-31
DRIVER'S Contact No./ Alt No.	:1) 9059 2880 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: Babu Sheating 1 @ gueil. com
Weather & Road Surface	CLEAR & DRY LAINING & WET WITTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
	Oriver): Name & Gender: I
Othe	er Party Driver's Particulars (if any)
Vehicle Reg No: 5KL 2135 M	Vehicle Reg No: SJH 60962
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 : FINGLIS	H / CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT : OWN	ER (DRIVER / BOTH
	Unknown & GBD271P

ERGO

### 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

DMCG22008017

Vehicle Registration Number

**GBL3532A** 

Cover Type

Comprehensive

Policy Type

Commercial Vehicle (Pte Use)

24-Hour Helpline: 6100 1620

Commencement Date of Insurance

Name of Policyholder/Insured

09/06/2022

Expiry Date of Insurance

08/06/2023

Excess

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

500.00 300.00 100.00 2,500.00

YOUNG&INEXP DRIVERS(SECTION I)

TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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 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 N	lumber : KDY2318048107, Vehicle Engine/Molor Number : 1KDB081013	CP1, 08/06/2022 14:43