

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	24/03/2023 16:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/03/2023 17:10 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL490G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AG FOODWERKS
Company Reg No	53251471L
Email Address	ADRIANLIM888@YAHOO.COM
Mobile Phone No	(Phone) +65-83660068
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22011458

DRIVER

Name of Driver	RANGANATHAN VASANTHA KUMARAN
Passport No/FIN	G2352959P
Date Of Birth	26/01/1991
Occupation	Outdoor

Date Of Driving Pass	30/12/2020
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80417890
Alt. Phone Number	-
Email Address	ADRIANLIM888@YAHOO.COM
Address	5C LEITH ROAD #05-C
Address complement	-
Postcode	547871
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 - Head to Rear
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

ON 23/03/2023 AT ABOUT 1710HRS, I WAS TRAVELLING ALONG ECP. I WAS IN THE SECOND LANE AND WANTED TO OVERTAKE VEHICLE B. AS I WAS CHANGING LANE, VEHICLE B SUDDENLY START TO SLOW DOWN. AS A RESULT, WE BOTH COLLIDED. MY VEHICLE WAS DAMAGED ON MOSTLY THE LEFT PORTION AND NO VISIBLE DAMAGES WAS SEEN ON VEHICLE B.

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	XE2553Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle




Name of Driver	SWAMYNATHAN AMALORBAVADOSS
Passport No/FIN	G8064094W
Contact Number	(Phone) +65-93546304
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment 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)**

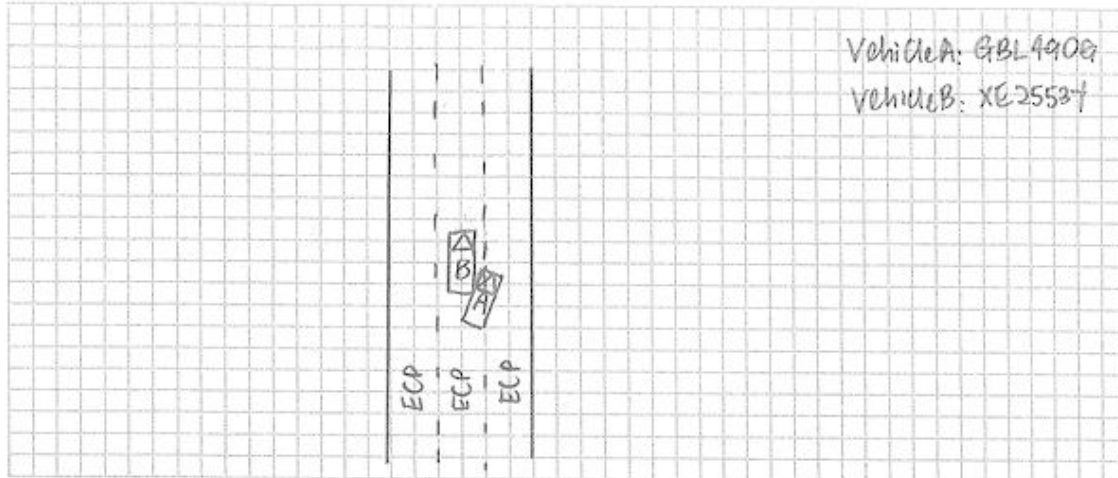
I understand, acknowledge, agree and consent that:

- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

 Policyholder's Signature Date & Time:	 Driver's Signature (If driver is not the policyholder) Date & Time:	 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
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GIA/IMC SketchPlanForm_202

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/03/2023 at about 1710hrs, I was travelling along ECP. I was in the 2nd lane & wanted to overtake vehicle B. As I was changing lane, vehicle B suddenly start to slow down. As a result, we both collided. My vehicle was damaged on mostly the left portion & no visible damage seen on vehicle B.

DECLARATION

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

AG FOODWORKS
 Policyholder's Signature
 Date & Time:

R. A. [Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SHARMC SketchPlanForm_V3









GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No : GBL490G
 Name(as shown in NRIC): AG Foodwerks
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 NRIC/Passport No : 53251471L
 Address : 5C Leith Road, # 05-C, S C 547871
 Contact (Tel) : _____ (H/P) : 8366 0068
 (Email) : adrianlim888@yahoo.com
 Date of Accident : 23/03/2023 Time of Accident : 1710hrs
 Place of Accident : ECP
 Insurance Company : Ergo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend email address : adrianlim888@yahoo.com

Signature of Vehicle Owner / Driver

Date: 11/04/2023

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030

Operating Hours : Monday to Friday 9am to 5pm

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 : DMCG22011458
 Vehicle Registration Number : GBL490G
 Cover Type : Comprehensive
 Policy Type : Commercial Vehicle (Pte Use)
 Name of Policyholder/Insured : AG FOODWERKS
 Commencement Date of Insurance : 26/08/2022
 Expiry Date of Insurance : 25/08/2023
 Excess :
 EXCESS: (SECTION I)..... S\$ 500.00
 ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) S\$ 300.00
 EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)... S\$ 100.00
 YOUNG&INEXP DRIVERS(SECTION I) S\$ 2,500.00

FLASH
 Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

Finance Company/Hire Purchase Owner : THINK ONE CREDIT PTE 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

A100058	SONA INSURANCE AGENCIES PTE LTD	
Vehicle Chassis Number : GDH2011053065, Vehicle Engine/Motor Number : 1GD8660920		CP1, 17/08/2022 10:32

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5
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