

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 | 23/05/2023 17:17 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 23/05/2023 14:50 (SGT) |
| Exact Location of Accident | Jalan Bukit Merah, Singapore |
| Additional Location Information | IN FRONT OF ESSO STATION |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------------|
| Vehicle Registration Number | GBJ3648K |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | CA ENGINEERING CONSULTANCY PTE. LTD. |
| Company Reg No | 2XXXXX352K |
| Email Address | caec.enquiry@gmail.com |
| Mobile Phone No | (Phone) +65-96366367 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|--------------------|
| Manufacturer | Fiat |
| Model | Doblo |
| 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 | Manual |
| CC | 1598 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | ERGO Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | DMCG22011992 |

DRIVER

| | |
|----------------|------------|
| Name of Driver | NG WU CHUN |
| NRIC No | SXXXX139G |
| Date Of Birth | 04/02/1978 |
| Occupation | Outdoor |

| | |
|--|------------------------------------|
| Date Of Driving Pass | 22/11/2000 |
| Driving experience | 22 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96366367 |
| Alt. Phone Number | - |
| Email Address | caec.enquiry@gmail.com |
| Address | BLK 412 TAMPINES STREET 41 #07-261 |
| Address complement | - |
| Postcode | 520412 |
| 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

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 | SGP2272B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-97883482 |

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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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

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

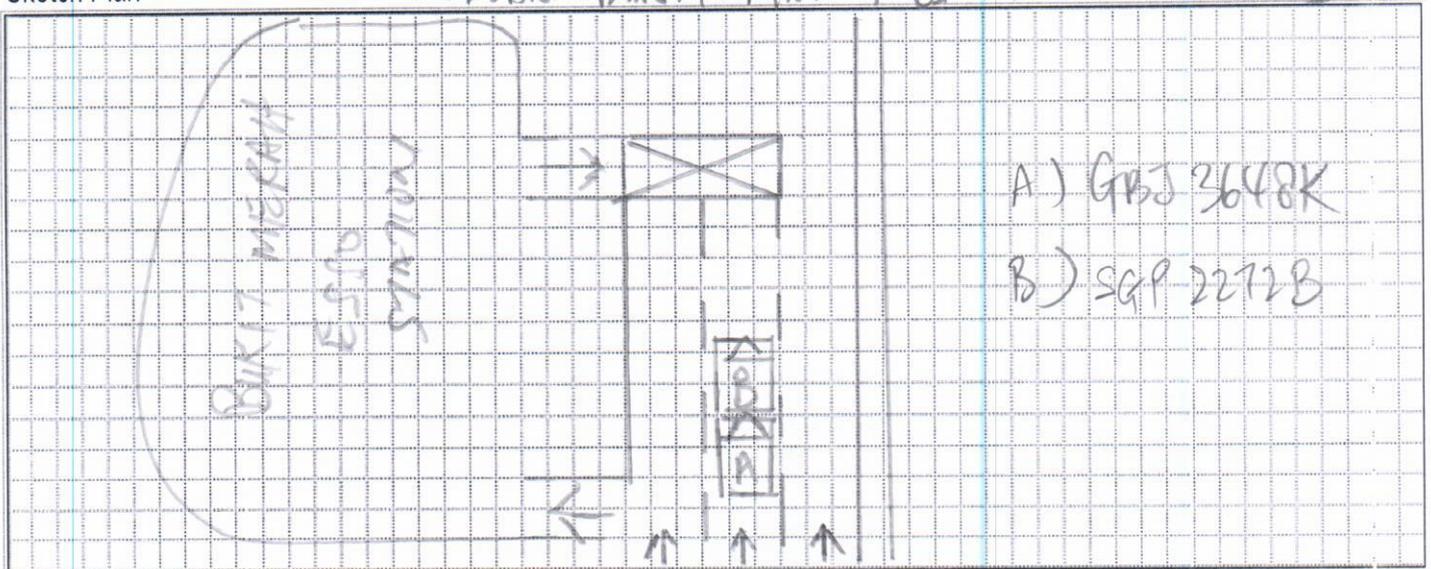
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

[Signature] 3:50 pm
23 May 2023

[Signature] 23/05/2023

Sketch Plan

JALAN BUKIT MERAH (IMPAN 1 ESSO STATION)



Describe Circumstance of the Accident

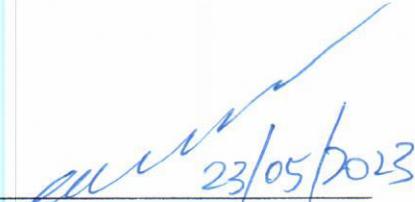
During the incident, I drove my company van GBJ3648K and it bumped into another vehicle SGH22728 at the back which the car was stopped waiting for the traffic ~~the~~ light to turn 'green'. I was unable to brake my vehicle fully on time before the incident. Nobody injured in this accident and both parties agreed to settle it through insurance.

Declaration

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

Policyholder's Signature / Date & Time

 3:57 pm
23 May 2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 23/05/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

IDAC ACCIDENT STATEMENT

| | |
|--|---|
| DATE OF ACCIDENT : 23 May 2023 | TIME OF ACCIDENT : 2:50 pm |
| VEHICLE NO : GBJ 3648K | TRANSMISION : AUTO (MANUAL) |
| MAKE & MODEL : Fiat New Doblo SX 1.6MJ E6 Glazed | LOCATION : Jalan Bukit Merah In front of Esso station |
| EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY |
| INSURANCE COMPANY : ERGO | POLICY NO : DMCG 220011992 |
| TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT | VEHICLE TYPE : (SALOON / COUPE/MPV/ (VAN) /LORRY/MOTORCYCLE) |
| NAME OF OWNER : CA Engineering Consultancy Pte Ltd | NRIC : UEN : 201208352K |
| ADDRESS : 1 Yishun Street 23 #02-29 XS-ONE, Singapore 768441 | CONTACT NO : 96366367 |
| EMAIL ADDRESS : caec.enquiry@gmail.com | VIDEO RECORDING : YES / (NO) |
| NAME OF DRIVER : AS ABOVE / IF NO : Ng Wu Chun | NRIC : 578731396 CONTACT NO : 96366367 |
| DRIVER OWNER RELATIONSHIP : Employee | PASSENGER : MALE () FEMALE () |
| DATE OF BIRTH : 04 / 02 / 1978 | DRIVING PASSING DATE : 22 / 11 / 2000 |
| OCCUPATION : INDOOR / (OUTDOOR) | ADDRESS : Blk 412 Tampines St. 41 #07-261 Singapore S20412 |
| ANY INJURIES : (NO) / IF YES : | POLICE REPORT : (NO) / IF YES WHERE ? |
| WEATHER CONDITION : (CLEAR) / (RAINING) / OTHERS | ROAD SURFACE : (DRY) / (WET) / OTHERS |
| VEHICLE B REG NO : SGP 2272B | VEHICLE C REG NO : _____ |
| DRIVER NAME : _____ | DRIVER NAME : _____ |
| NRIC : _____ | NRIC : _____ |
| CONTACT : 9788 3482 | CONTACT : _____ |
| VEHICLE D REG NO : _____ | ANY WITNESS ? NO, IF YES : |
| DRIVER NAME : _____ | NAME : _____ |
| NRIC : _____ | CONTACT : _____ |
| CONTACT : _____ | |
| WAS NOTICE OF PROSECUTION GIVEN? (YES / (NO)) IF YES, AGAINST WHOM : _____ | WERE SEAT BELTS WORN ? : YES / NO |
| | WERE INJURY CONVEYED BY AMBULANCE : YES / NO |

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 : DMCG22011992

Vehicle Registration Number : GBJ3648K

Cover Type : Comprehensive

Policy Type : Commercial Vehicle (Pte Use)

Name of Policyholder/Insured : CA ENGINEERING CONSULTANCY PTE. LTD.

Commencement Date of Insurance : 27/08/2022

Expiry Date of Insurance : 21/09/2023

| | | | | |
|--------|---|---|----|----------|
| Excess | : | EXCESS: (SECTION I)..... | SS | 500.00 |
| | | ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I). | SS | 300.00 |
| | | EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS).. | SS | 100.00 |
| | | YOUNG&INEXP DRIVERS(SECTION I) | SS | 2,500.00 |



24-Hour Helpline: 6100 1620

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

Jonas Boltz

Authorized Signature

| | | |
|---|------------------------------|--------------------------|
| A100003 | CAR INSURANCE AGENCY PTE LTD | Contact Number: 63863322 |
| Vehicle Chassis Number : ZFA26300006H45730, Vehicle Engine/Motor Number : 263A80008168959 | | CP1, 26/08/2022 15:02 |