

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	12/06/2023 17:42 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2023 21:30 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS PIE @ EXIT 3C SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7299P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SGRIDER INTERNATIONAL
Company Reg No	5XXXX086D
Email Address	hirmanatnen@gmail.com
Mobile Phone No	(Phone) +65-81399954
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22009071

DRIVER

Name of Driver	MOHAMAD HIRMAN BIN ATNEN
NRIC No	SXXXX414B
Date Of Birth	16/07/1977
Occupation	Outdoor

Date Of Driving Pass	24/01/2006
Driving experience	17 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81399954
Alt. Phone Number	-
Email Address	hirmanatnen@gmail.com
Address	BLK 125 PASIR RIS STREET 11 #12-403
Address complement	-
Postcode	510125
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	SOPIAN
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

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	SJN2317E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMAD HIRMAN BIN ATNEN
Gender	Male
Phone No	(Phone) +65-81399954
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBD7299P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SOPHAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBD7299P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.



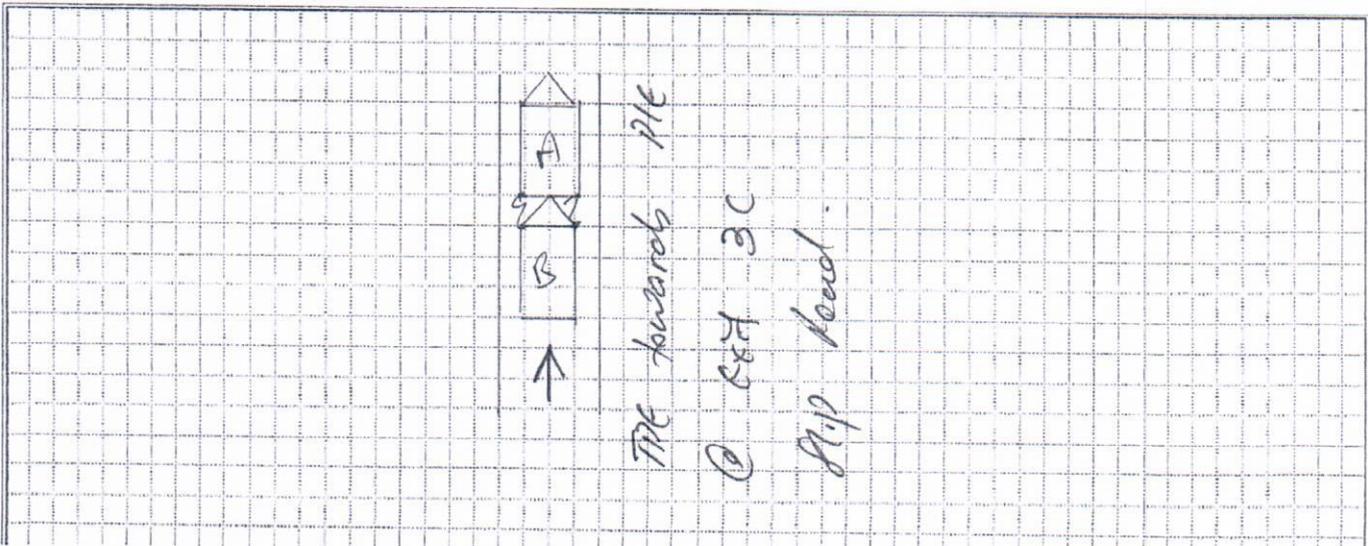
Policyholder's Signature / Date & Time

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

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

[Handwritten signature]
12/06/2023

Sketch Plan



A: GBD7299P

B: SJN3217E

Describe Circumstance of the Accident

on the stated date and time, I had just exited TPE exit 3C onto the slip road to Pasir Ris Dr 8. I slowed down and stopped in a safe manner to lookout for traffic. Suddenly, I felt a huge impact from the rear of my vehicle. I got off and realised vehicle B had collided onto my rear.

Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

12/06/2023

Date of Accident : 10/06/2023 - Accident Time: 2130 (24-HR-FORMAT)

Accident Place : TPE towards PIE @ Exit 3C slip road.

Vehicle Reg. No (Car plate No.) : GBD7299P cc: 3000 Vehicle Make/Model: Toyota Dyna.

Insurance Company : Ergo Policy No. DMCG22009071.

Name of Registered Owner : Company / Individual SG Rider International.

ID of Registered Owner : Co Reg No: 533070860 Owner's NRIC No: _____

OWNER EMAIL ADDRESS:

hirmanatnen@gmail.com : Co Contact No: 81399954 Owner's Contact No: _____

DRIVER'S Name : Mohamad Hirman Bin Atnen DRIVER'S NRIC No: 57719414B.

DRIVER'S Date of Birth : 16-07-1977 DRIVER'S License Pass Date 24/01/2006

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : 125, Pasir Ris St 11, #12-403, S(510125).

DRIVER'S Contact No./ Alt No. : 1) 81399954. 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : hirmanatnen@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Offer Party \ Claim Own Insurance

Number of Passengers (including Driver): 2 Name & Gender: Sopian (male)

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any injuries, if yes (name of the injured person) Both.

Other Party Driver's Particulars (if any)

Vehicle Reg No: SJN3217E 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 : OWNER \ DRIVER \ BOTH

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 : DMC22009071
 Vehicle Registration Number : GBD7299P
 Cover Type : Comprehensive
 Policy Type : Commercial Vehicle (Pte Use)
 Name of Policyholder/Insured : SGRIDER INTERNATIONAL
 Commencement Date of Insurance : 01/07/2022
 Expiry Date of Insurance : 26/09/2023
 Excess : EXCESS: (SECTION I).....
 ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).
 EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..
 YOUNG&INEXP DRIVERS(SECTION I)



24-Hour Helpline: 6100 1620

SS	500.00
SS	300.00
SS	100.00
SS	2,500.00

Finance Company/Hire Purchase Owner : MCT TRADER LLP

***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

A000019	TH INSURANCE SPECIALIST AGENCY PTE LTD	Contact Number: 63487767
Vehicle Chassis Number : JTFAT35Y20K204239, Vehicle Engine/Motor Number : 1KD2477942		CP1, 01/07/2022 11:40