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ENTRY DATE & TIME: 16/06/2023 17:07 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (16/06/2023 17:07 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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.

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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

16/06/2023 17:07 (SGT) **Actual Driver** 16/06/2023 09:00 (SGT) 2 Changi S Ln, Singapore 486123 LOADING AND UNLOADING BAY Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YM101C

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

ANG TIONG TAT (HONG ZHONGDA)

SXXXX467E

guojie.tan83@gmail.com

(Phone) +65-90091427

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

Frr90suga-c

Employment

No - Claiming third party

Commercial vehicle

Auto

5193

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

ERGO Insurance Pte. Ltd. DMCG23007126

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

MOHAMED YAZID BIN ALI SXXXX773J

24/10/1972

Outdoor

Accident report SN08236G0004

Date Of Driving Pass 25/06/2007 Driving experience 16 YEARS Gender Male Mobile Number (Phone) +65-90091427 Alt. Phone Number **Email Address** guojie.tan83@gmail.com Address BLK 327 TAH CHING ROAD #01-10 Address complement Postcode 610327 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 Hit and run / Vandalism / Damaged whilst parked 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) 0 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? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YM6446T Vehicle Manufacturer

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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

-badine unLoading

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

Witnessed by Reporting Centre Personnel

Sketch Plan

e 2 Changi Sou th Lake (B) 4M 64A6T

Describe Circumstances of the Accident
On 16-06. 2023 at about pa:oohis, I parted my relied at
2 Change South Lane Chadino unLoadino Bay). While doing my
a cremer south three (toadine jar). While doing my
wading lunLoading Job, all of a sudden of heard aloud bans.
I stop my Job and realised a long ym 6446T had varevsed
and collided outo my fout Right side portion. That's all.

Declaration

 $\label{eq:weighted} \textit{W} \textbf{W} \textit{e} \ \textit{declare} \ \textit{the foregoing particulars are true in every respect.}$

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

Date of Accident	Accident Time: 0000Ws (24-HR-Format)
Accident Place	: 2 CHarfi south Lane Choading unloading Bay)
Vehicle. No. (Car Plate No.)	: 4M101C Make/Model: 18424 PRK90842A-C
Insurace Company	: KR60 Policy No: DM C623007126
Owner or Company Name /IC No.	: Ano Tione Tat (Hone Zttone Pa)-59234467E
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Mottamed taxid Bin ALI (57245773J)
DRIVER'S Date Of Birth	: 24-10.1072 DRIVER'S License Pass Date 25.06.2007
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 327 Tat Chine Rd *01-10 \$1610327)
DRIVER'S Contact No./ Alt No.	1)2) 9009 1427
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: guojle.tan 83 @ 6 mail· (om
Weather & Road Surface	: CLEAR ORY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	river):
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident: Private use \ Work Durpose
	arty Driver's Particular (if any)
Vehicle. No: M 6446	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver: LIM KIM Sid	
IC No. Driver/Contact: 8 166	J6441C IC No. Driver/Contact:

* NEW - Passenger's name & gender:



24-Hour Helpline: 6100 1620

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

DMCG23007126

Vehicle Registration Number

YM101C

Cover Type

Third Party Fire & Theft

Policy Type

Commercial Vehicle (Hire Use)

Name of Policyholder/Insured

Commencement Date of Insurance

ANG TIONG TAT

02/06/2023

Expiry Date of Insurance

01/06/2024

Excess

Finance Company/Hire Purchase Owner:

THIAM HENG AUTO (S) 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 racing pace-making reliability trail or speed-testing

2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

3) Use for the carriage of passengers for hire or reward

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

Ionas Boltz

Authorized Signature

A000183 JIN-SHI (HOLDINGS) PTE LTD Vehicle Chassis Number : JALFRR907E7000329, Vehicle Engine/Motor Number : 4HK1231538 CH1, 24/05/2023 12:50

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

articulars

Owner ID Type: Singapore NRIC

Owner ID: 467E

Vehicle No.:YM101CVehicle to be Exported:NoIntended Deregistration Date:08 Jul 2023Vehicle Make:ICLITITE

Vehicle Make:

Vehicle Model:

FRR90SUQA-C

Primary Colour:

White

Manufacturing Year: 2014
Engine No.: 4HK1231538

Chassis No.: JALFRR907E7000329

Maximum Power Output:

Open Market Value: \$46,352.00
Original Registration Date: 02 Jun 2015

First Registration Date: 02 Jun 2015
Transfer Count: 2
Actual ARF Paid:

Intended PARF Rebate Details \$2,318.00

PARF Eligibility: No
PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00
Intended COE Rebate Details

COE Expiry Date: 01 Jun 2025
COE Category: 02 Condo Volviole

COE Category: C - Goods Vehicle & Bus
COE Period(Years):

The information contained herein is correct as at 16 Jun 2023