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General Remarks		38831875825333	@XX****XXXXX	Company and America	<del></del>
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# 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
- 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 First Submission 03/08/2023 11:22 (SGT) Reported by **Actual Driver** Date of Accident 02/08/2023 11:20 (SGT) Exact Location of Accident Upper Paya Lebar Rd, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YQ1347H

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ANYCOM PLASTERCEIL PTE. LTD. Company Reg No 2XXXXX834N Email Address anycomplasterceil156@gmail.com Mobile Phone No (Phone) +65-93538197 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Canter Variant Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category ..... Commercial vehicle Transmission Manual 2998

## INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Policy Number / Cover Note Number DMCG22012806

#### DRIVER

Name of Driver VENKATACHALAM ANANTHAKRISHNAN Passport No/FIN GXXXX987R Date Of Birth 28/05/1977 Occupation Outdoor

Type of Accident Weather Conditions Road Surface Dry  OTHER INFORMATION  Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident? No Number of Passengers (Including Driver) No Number of Passengers (Incl	Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	18/11/2013 9 YEARS AND 9 MONTHS Male (Phone) +65-93538197 - anycomplasterceil156@gmail.com 67A LORONG 27 GEYLANG - 388189 No Employee No
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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 SNG9440B  Vehicle Manufacturer SNG9440B  Vehicle Model -  Vehicle Variant SVEHICLE Variant SVEHICLE Variant SVEHICLE Variant SVEHICLE Variant SVEHICLE Variant SVEHICLE VARIANT SEN  Vehicle Category Private car Name of Driver KOH TIAN SEN		
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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 SNG9440B  Vehicle Manufacturer	Control of the contro	
ATTACHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?  DETAILS OF OTHER VEHICLE PROPERTY 1  Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  Name of Driver  NEICON No.	CIRCUMSTANCES OF ACCIDENT	
Are accident photos available for attachment?  Was there any video captured by Car Camera?  No  DETAILS OF OTHER VEHICLE PROPERTY 1  Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  Name of Driver  NEICH No	PLEASE REFER TO SKETCH PLAN	
Was there any video captured by Car Camera?  DETAILS OF OTHER VEHICLE PROPERTY 1  Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  Name of Driver  NIDIC No.	ATTACHMENT(S)	
Was there any video captured by Car Camera?  DETAILS OF OTHER VEHICLE PROPERTY 1  Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  Name of Driver  NIDIC No.	Are accident photos queilable for aller to	
Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  Name of Driver  NEIC No.		
Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  Name of Driver  NEIC No.	vias there any video captured by Car Camera?	No
Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  Name of Driver  NORTH NORTH KOH TIAN SEN	DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  Name of Driver  NORTH NORTH KOH TIAN SEN	Vehicle Registration Number	CNOOMED
Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  Name of Driver  NEIC No.  NEIC No.		SNG9440B
Vehicle Variant  Vehicle Colour  Vehicle Category  Name of Driver  NDIC No.	Vehicle Model	
Vehicle Colour  Vehicle Category  Name of Driver  NORTH NORT		
Vehicle Category  Name of Driver  KOH TIAN SEN		
Name of Driver KOH TIAN SEN		Private car
NDIC No.		and the second s

Contact Number	_
Address	_
Address complement	-
	-
Postcode	_
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	
No. Of Passenger (Including Driver)	723

# SKETCH PLAN

# **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 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 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
- 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, acknow ledge, 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

V. Anant la 3-8-2023

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

Witnessed by Reporting Centre

Upper Paya Lebor RD

# Describe Circumstances of the Accident I was at a Junction at upper Para Lebar rd Waiting to Morge into the main road as I was about to move Mehicle B January brane in front of me resulting my vehicle to collided into Vehicle B

## Declaration

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 & Time

NAncertus 3-8-2023

Witnessed by Reporting Centre Personnel

# **IDAC ACCIDENT STATEMENT**

DATE OF ACCIDENT: 2/8/2023	TIME OF ACCIDENT: 1):20 AM		
VEHICLE NO: 10 1347 H	TRANSMISION: AUTO / MANUAL		
MAKE & MODEL: MITSUBISH CONTAIL 2998	LOCATION: UPPAR PROYA LAMAR ROAD		
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT	CLAIM TYPE:		
/ PRIVATE USE / PRIVATE HIRE	OD / THIRD PARTY / REPORTING ONLY		
INSURANCE COMPANY : Ergo	POLICY NO: OMCGZZO12806		
TYPE OF COVERAGE:	VEHICLE TYPE :		
THE PARTY (THE PARTY (THE PARTY & THEET	( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)		
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT  NAME OF OWNER: ANYCOM PLASTER CE IL PTE LTD	NIP/G		
V 1 2 2			
ADDRESS:	CONTACT NO: 9353 8197		
EMAIL ADDRESS: On/complasterce: 156@gmail.com	VIDEO RECORDING : YES / NO		
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC: 6727987R CONTACT NO: 9353 8197		
Venkotachalam Aranthakrishnan			
DRIVER OWNER RELATIONSHIP:	PASSENGER:   MALE( ) FEMALE( )		
DATE OF BIRTH: 28 / 5 / (977)	DRIVING PASSING DATE: 18 / 11 / 2013		
	ADDRESS:		
OCCUPATION: INDOOR /OUTDOOR	67A Lorong 27 Greylang S (388189)		
	POLICE REPORT (NO) IF YES WHERE ?		
ANY INJURIES NO, IF YES :			
WEATHER CONDITION: CLEAR / RAINING / OTHERS:	ROAD SURFACE: DRY / WET / OTHERS		
*			
VEHICLE B REG NO: SN & 9440 B	VEHICLE C REG NO :		
DRIVER NAME: Koh Tian Sen	DRIVER NAME :		
NRIC: 592840820	NRIC :		
	CONTACT:		
CONTACT:	ANY WITNESS ? NO, IF YES :		
VEHICLE D REG NO :			
DRIVER NAME :	NAME:		
NRIC :	CONTACT:		
See A Commission of the Commis			
CONTACT:			
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO)	WERE SEAT BELTS WORN ? : YES / NO		
IF YES, AGAINST WHOM:			
	WERE INJURY CONVEYED BY AMBULANCE : YES /(NO		
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES	(NO		
VEHICLE NUMBER:	HANDLING INSURER:		
TELLICE ITOTTIONS			

500.00

300,00 100.00 2,500.00

# 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

DMCG22012806

Vehicle Registration Number

YQ1347H

Cover Type

Comprehensive

**Policy Type** 

Commercial Vehicle (Pte Use)

24-Hour Helpline: 6100 1620

Name of Policyholder/Insured

ANYCOM PLASTERCEIL PTE. LTD.

Commencement Date of Insurance

01/10/2022

**Explry Date of Insurance** 

30/09/2023

Excess

EXCESS: (SECTION I)	S\$	
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).	S\$	
EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS).	S\$	
YOUNG&INEXP DRIVERS(SECTION I)	SS	

#### 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

For and on behalf of ERGO Insurance Pte, Ltd. Approved Insurer

Karl-Heinz Jung

Authorized Signature