

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 First Submission	26/08/2024 17:15 (SGT)
Reported by	Actual Driver
Date of Accident	25/08/2024 21:00 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	HEAVY VEHICLE CARPARK -10131
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE6375T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FELICITY ENGINEERING PTE LTD
Company Reg No	1XXXXX363W
Email Address	felicityengrg.contracts@gmail.com
Mobile Phone No	(Phone) +65-65430281
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
Variant	FV51SS3VDEA
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	Auto
CC	11967
Vehicle Fuel	Diesel
First Registration Date	25/05/2016
Chassis no	FV51SSA20025
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG24008447

DRIVER

Name of Driver	NAGARAJ PRAKASH
Passport No/FIN	GXXXX841W
Date Of Birth	01/07/1986
Occupation	Outdoor
Driving Pass Date	03/10/2023
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90571092
Alt. Phone Number	-
Email Address	felicityengrg.contracts@gmail.com
Address	NO.15 CHANGI NORTH STREET 1
Address complement	#01-33 I-LOFT@CHANGI
Postcode	498765
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	Collided into Parked Vehicle
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

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	XE7892K
Vehicle Manufacturer	CAMC

Vehicle Model	HN3251X40D1M6
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-67601435
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**

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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.

FELICITY ENGINEERING PTE LTD

15 CHANGI NORTH STREET 1 #01-33

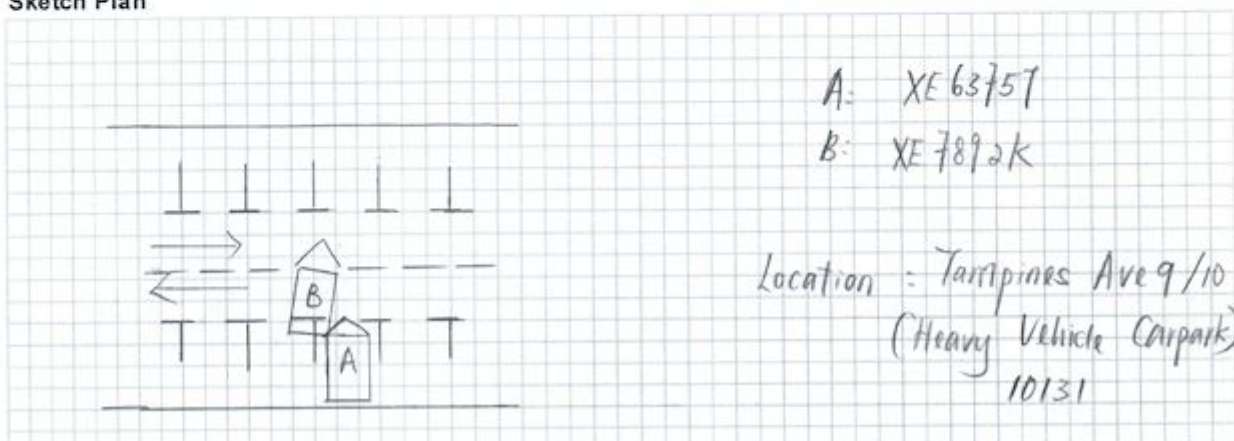
1-LOFT @ CHANGI, SINGAPORE 498765

TEL: 6543-0281 FAX: 6543-0520

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

In this morning about 07:10AM, i go Tampines Ave 9/10 (Heavy Vehicle carpark) to take my vehicle & realise some one had collided into front left portion, bumper, side mirror & windscreen of my vehicle & caused damages to my vehicle. At the time i was unknow who was hit my vehicle & i call my manager to tell him the incident immediately.

About 9:30AM the other party (XE7892K) call to my office & he was admitted his truck had hit into my parked vehicle & he want to private settle. At last night around 9pm.

After that my company give him the quotation of the repair, he ask my office in-charge person (Jasmine) to claim against his insurance.

Declaration

We declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date & Time

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Witnessed by Reporting Centre Personnel

Nate 26/08/24