

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 | 03/06/2024 11:44 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 01/06/2024 16:50 (SGT) |
| Exact Location of Accident | Jurong Town Hall Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | WD7653B |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|--|
| Is company? | Yes |
| Name Of Registered Owner | UNITEDVENUS ENGINEERING SERVICES (S) PTE. LTD. |
| Company Reg No | 201115265G |
| Email Address | VENUSRAJA@GMAIL.COM |
| Mobile Phone No | (Phone) +65-91442100 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | CAMC |
| Model | HN5311X40D9M6 |
| 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? | No - Reporting only |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 11813 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | ERGO Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | DMFG23014839 |

DRIVER

| | |
|----------------------|-------------------------|
| Name of Driver | MARIKKANNU SENTHILKUMAR |
| NRIC No | G8159564Q |
| Date Of Birth | 21/06/1989 |
| Occupation | Outdoor |

| | |
|--|--|
| Driving Pass Date | 01/04/2014 |
| Driving experience | 10 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-83051817 |
| Alt. Phone Number | - |
| Email Address | VENUSRAJA@GMAIL.COM |
| Address | 1, SOON LEE STREET, #02-57, PIONEER CENTRE |
| Address complement | - |
| Postcode | - |
| 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 - Change/cross lane |
| 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? | Yes |
| 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? | Yes |
| Police Station Name | Nanyang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007929999 |
| Alt. Police Station Phone No | (Fax) +65-67912972 |
| Police Station Address | No. 2 Jurong West Avenue 5 Singapore 649482 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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 | SMD6588G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | HUN JING KWANG |
| NRIC No | S7127809C |
| Contact Number | (Phone) +65-81831442 |
| 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 | HUN JING KWANG |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMD6588G |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ASAREC 54-17104-Form_V3

SKETCH PLAN

A- WD7653B
B- SNO6588G

Juwong Town Hall Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20240602/2016

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 & Time:

☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop
☒ For record purpose

Policy No. DMFG23014839
Insurer Ego Veh. No. WD7653B

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:




































**SINGAPORE
POLICE FORCE**


T/20240602/2016

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3
Report No. T/20240602/2016

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 02/06/2024 11:21 | Vide Report No.: D/20240601/0091 | Station Diary No.: 28 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | |
|---|--|
| Name of Informant: MARIKKANNU SENTHILKUMAR | Address: 1 Soon Lee St #02-57 Pioneer Centre SINGAPORE 627605 |
| ID Type / ID No.: FIN NO / G8159564Q | Contact No.: Home/Office: Mobile: 83051817 |
| Nationality: INDIAN | Email: |
| Sex: Male Age: 34 Date of Birth: 21/06/1989 | Type of Informant: Driver |
| Race: Indian | Language: English |
| Occupation: LORRY DRIVER | Driving Licence Information: Class: 2B,3,4 Date of Expiry: |

General Information of the Accident

| | | | | |
|--|-------------------------------------|-------------------------------|--|------------------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 01/06/2024 16:50 | Type of Location: Straight Road |
| Location: JURONG TOWN HALL ROAD | | | | |
| Lamp Post Number: 12 | | | | |
| Weather: Clear | Road Surface: Dry | | | |
| Traffic Flow: | Traffic Control: | Traffic Volume: No Traffic | | |
| Type of Collision: Between Moving Vehicles - Head To Rear | Anyone conveyed by ambulance: No | | | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of Passenger |
|-------------|--------------|------|-------|-------|------------------|-----------------|
| SND6588G | Motor car | | | | Slightly Damaged | 1 |
| WD7653B | Cement Truck | | | | No Damage | 0 |

Details of Person Involved

| | | | | | |
|---------------------------------|--------------------------------|--|--|--|--|
| Any Pedestrian Involved: No | | | | | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA | | | | |


**SINGAPORE
POLICE FORCE**


T/20240602/2016

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20240602/2016

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------------------|----------------|---|
| Driver | | | |
| Name | HUN JING KWANG (HAN JINGGUANG) | | ID No. S7127809C |
| Related Vehicle | SND6588G (Motor car) | | Contact No. 81831442 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |
| Driver | | | |
| Name | MARIKKANNU SENTHILKUMAR | | ID No. G8159564Q |
| Related Vehicle | WD7653B (Cement Truck) | | Contact No. 83051817 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: 2B,3,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

On 01/06/2024 at about 1650hrs, I was driving my company's lorry (WD7653B) along Jurong Town Hall towards Bukit Batok Rd LP12 lane 3/4. When I was changing lane from lane 3 to lane 4, I did switch on my signal light when changing lane and I could not see any vehicle from left side mirror. After which, when I managed to change lane to lane 4, suddenly I collided onto vehicle (SND6588G) rear right side and caused (SND6588G) to spin around. However, I affirmed none of us were injured and there was only a slight damaged on (SND6588G) rear right side. Traffic Police was at scene, and I was issued with Police case card. Traffic Police then advised to lodge a Police report. I wish to state that I did not have recording of the incident as I did not have any SD card in my In-Car camera.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20240602/2016

3 of 3

Report No. T/20240602/2016

CONTINUATION OF REPORT

Signature of Officer Recording The
J/

SGT 2 MUHAMMED
SHAROALFIAN BIN ABDUL
RAHMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MUHAMMAD GHAZALI BIN
ABDUL RAZAK
Contact No.: 65476367

NP168

Signature Of Informant:

Date/Time:
02/06/2024 11:21

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: WD7653B
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 03/06/2024 Time of Accident: 11:44
 Place of Accident: Jurong Town Hall Road
 Insurance Company: Ergo Insurance

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- Amend SMD6S88G third party vehicle
 number

Policyholder / Actual Driver's Signature
 Date:

Rog
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: