

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 Authorised 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 ability
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 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 Report	02/12/2015 12:34
Date Of Accident	01/12/2015 18:10
Exact Location Of Accident	PIE TOWARDS UPPER THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP5614G
Insured/Policyholder	
Name Of Registered Owner	WICHAI SUMANASKAJHONKUL
NRIC No	S2590505I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98896361
Alternative Phone No	Office-98896361

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPC15S010664
Cover Note Number	

Driver

Name of Driver	WICHAI SUMANASKAJHONKUL
NRIC No	S2590505I
Date Of Birth	25/12/1961
Occupation	Outdoor
Date Of Driving Pass	02/02/1991
Driving Experience	24 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-98896361
Fax Number	
Contact Number	Office-98896361
EEmail Address	NOEMAIL

Address	43 HINDHEDE WALK #01-01
Postcode	587973
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Chain Collision
Weather Conditions	Raining
Road Surface	Wet

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

1) WEATHER WAS RAINING AND DARK AT 18.10 HRS. 2) VEHICLE WAS TRAVELLING AT ABOUT 60-70KM/HR DUE TO HEAVY TRAFFIC. 3) VEHICLE IN FRONT BRAKE SUDDENLY. I STEPPED ON MY BRAKE AND TRY TO AVOID THE CAR IN FRONT BY SWERVING. SUDDENLY THE VEHICLE BEHIND HIT THE BACK OF MY CAR AND I HIT THE VEHICLE IN FRONT.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY2250G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LONG TUCK ONN
NRIC/Passport Number	S6828205E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGH3295X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHNG BOON KAI

NRIC/Passport Number S6834594D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

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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.



Policyholder's Signature /

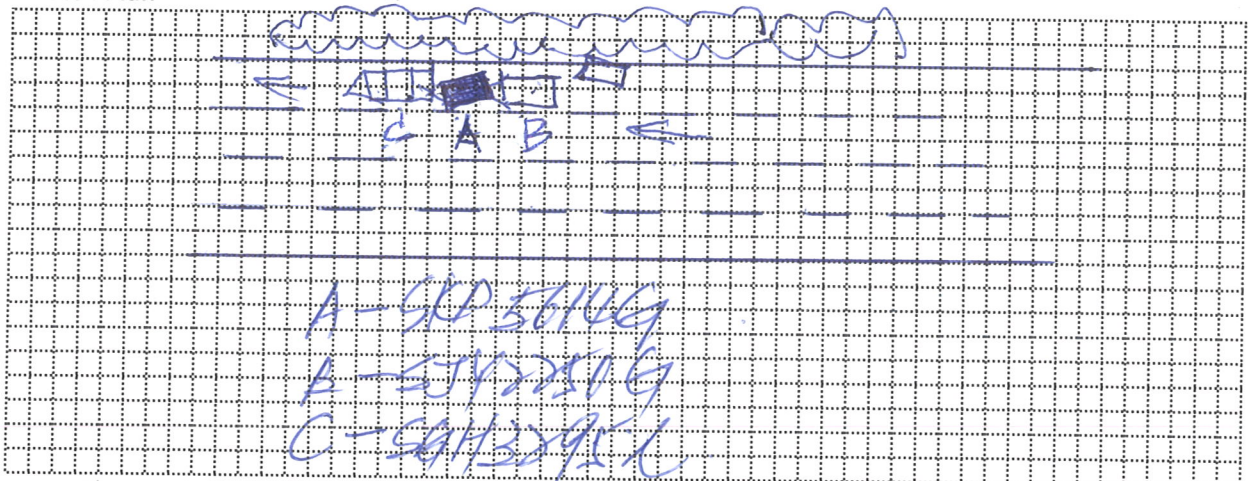
Date & Time 2 DEC 2015

Driver's Signature / Date & Time

(If driver is not the policyholder)

Witnessed by Reporting Centre
Personal

Sketch Plan



Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

() Claim Own Damage ☒ Claim TP () Reporting Only () Claim OD/TP at other workshop

Workshop Name : _____

Describe Circumstances of the Accident

- 1) Weather was raining and dark at 6:10 pm.
- 2) Vehicle was travelling ^{at} about 60-70 km/h due to heavy traffic.
- 3) Vehicle in front braked suddenly. I stepped on my brakes and tried to avoid the car in front by swerving. Suddenly the vehicle ^{behind} hit the back of my car and I hit the vehicle in front.

Declaration

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



[Signature]

Policyholder's Signature /
Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre
Personal