

## 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             | 14/08/2017 21:20              |
| Date Of Accident           | 12/08/2017 13:15              |
| Exact Location Of Accident | CTE/SLE BEFORE AMK AVE 3 EXIT |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | GBB2350S                 |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | SM METAL WORKS PTE. LTD. |
| Co Reg No                   | 201206609N               |
| Email Address               | NOEMAIL                  |
| Mobile Phone No             |                          |
| Alternative Phone No        | OFFICE-82562485          |

### Vehicle Particulars

|                                                                              |                    |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer                                                                 | MITSUBISHI         |
| Model                                                                        | FB70BB1SRDEA       |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL         |
| 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                                                             | COMMERCIAL VEHICLE |

### Insurance Company

|                           |                          |
|---------------------------|--------------------------|
| Name of Insurance Company | ERGO INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE            |
| Fleet Policy              | NO                       |
| Policy Number             | DMCV17S007197            |
| Cover Note Number         | N.A.                     |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | SELVARASU TAMILVENDHAN |
| NRIC No              | G6533797K              |
| Date Of Birth        | 16/05/1990             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 10/07/2013             |
| Driving Experience   | 4 YEARS AND 1 MONTH    |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-82562485   |
| Fax Number           |                        |
| Contact Number       |                        |
| EEmail Address       | NOEMAIL                |

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

#### 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

ON THE STATED DATE AND TIME, I VEHICLE "A" WAS TRAVELLING ON THE STATED VENUE. I WAS TRAVELLING STRIGHT IN MY LANE AND TRAFFIC WAS MODERATE. VEHICLES WAS MOVING AT SLOW SPEED AS THE FRONT VEHICLE STOP, I FOLLOW SUIT. A FEW MOMENTS LATER, SUDDENLY VEHICLE "B" COLLIDED ONTO MY STATIONARY VEHICLE REAR PORTION. THE IMPACT CAUSED MY VEHICLE TO PROPELLED FORWARD AND HIT ONTO VEHICLE "C" "REAR PORTION. I WISH TO STATE THAT VEHICLE "C" DAMAGE WAS VERY MINOR, LIGHT SCRATCHES ONLY.

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBA6819L

Vehicle Make/Model/Colour TOYOTA/ DYNA

Details Of Properties NA

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number NA

Address NA

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         | YP704Y                |
| Vehicle Make/Model/Colour           | MITSUBISHI/ NPR85UH5A |
| Details Of Properties               | NA                    |
| Name of Driver                      | UNKNOWN               |
| NRIC/Passport Number                |                       |
| Contact Number                      | NA                    |
| Address                             | NA                    |
| Postcode                            |                       |
| Insurance Company Name              |                       |
| Nature Of Damage                    |                       |
| No. Of Passenger (Including Driver) |                       |

**Details of Witness**

|               |  |
|---------------|--|
| Name          |  |
| Phone Number  |  |
| Email Address |  |

**DETAILS OF INJURED PERSON 1**

|                                                |                        |
|------------------------------------------------|------------------------|
| Name                                           | SELVARASU TAMILVENDHAN |
| Approximate Age                                |                        |
| Injuries Sustain                               |                        |
| Injured person in which vehicle?               | GBB2350S               |
| Were seat belts worn?                          | YES                    |
| Was injured conveyed to hospital by ambulance? | NO                     |
| Address                                        |                        |
| Postcode                                       |                        |

# Sketch Plan

(Vehicle A)

## SKETCH PLAN

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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' 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

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

Witnessed by Reporting Centre Personnel

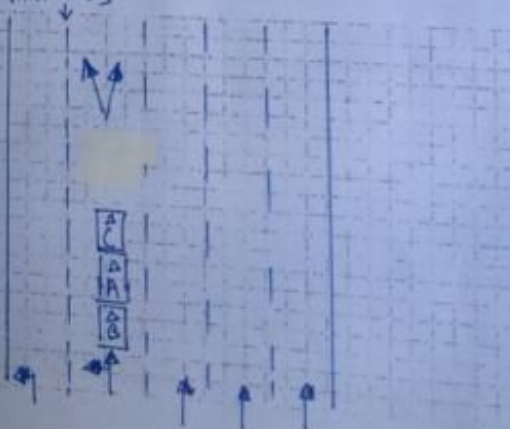
### Sketch Plan

Vehicle A / G1BB2350S

Vehicle B / GBA6819L

Vehicle C / YP 7047

ANK AVE 3




## Sketch Plan #2

### Describe Circumstances of the Accident

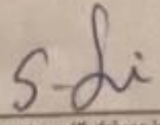
On the stated date and time, I vehicle 'A' was -  
travelling on the stated venue. I was travelling straight  
in my lane and traffic was moderate. Vehicles was  
moving at slow speed, as the front vehicle stop.  
I follow suit. A few moments later, suddenly  
vehicle 'B' collided onto my stationary vehicle rear  
portion. The impact caused my vehicle to propelled  
forward and hit onto vehicle 'C' rear portion.  
I wish to state that vehicle 'C' damage  
was very minor. light scratches only

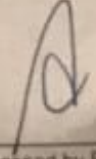
### Declaration

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

  
Witnessed by Reporting Centre  
Personnel



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



## Driving License

