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 witholding 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	21/11/2017 19:53	
Date Of Accident	21/11/2017 11:10	
Exact Location Of Accident	TANJONG PAGAR ROAD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	YM7763X	
Insured/Policyholder		
Name Of Registered Owner	SYNTAX ENCLOSURE SYSTEM PTE LTD	
Co Reg No	200511994Z	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-81613329	
Alternative Phone No	OFFICE-81613329	

Vehicle Particulars

Manufacturer **MITSUBISHI** FE84BE6SRDEA Model

Exact Purpose for which vehicle was being used at time of accident

COMMERCIAL USE

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 DMCV16S013748

Cover Note Number

Driver

Name of Driver LEE KHENG HOCK

NRIC No S1535143H Date Of Birth 06/11/1962 **OUTDOOR** Occupation **Date Of Driving Pass** 07/03/1980

37 YEARS AND 8 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-81613329

Fax Number

Contact Number

EMail Address DANCHAI@SYNTAX.SG 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 Registration Number of Driver's Ow

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Was driving along the said location on the outer lane of two lane road, vehicle b was on my left. Just before the traffic light vehicle b suddenly swerved to the right, tried to cut into my lane. The right driver door of vehicle b hit onto my left front portion.

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 SHD59R

Vehicle Make/Model/Colour RENAULT/LATITUDE 2.0L/RED

Details Of Properties

Name of Driver CHERN WEI PONG

NRIC/Passport Number S7140086G Contact Number 87870092

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number

Email Address

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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 (collective the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured used in this application in the personal information of the persona 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 ciaims

 - (ii) investigating the accident and/or my claims.

 (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

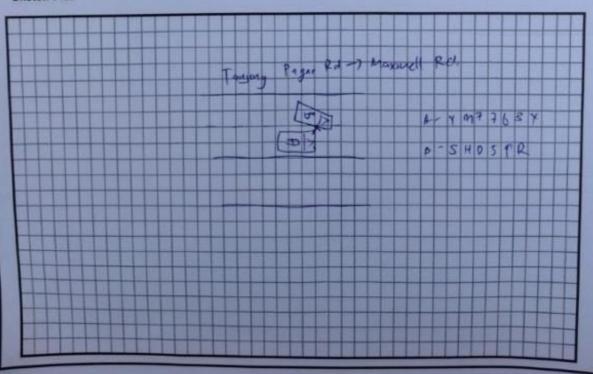
 (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), and/or
 - (v) complying 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.

VERIFIED BY AJAX MARS REPORTING OFFICER MOHAMAD HELMY BIN **ALFHAM**

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

Personnel

Sketch Plan



Sketch Plan #2 Pg. 1

ACCIDENT STATEMENT (2000 characters)

on my left. Just before the traffic ligh	on the outer lane of two lane road, vehicle b was at vehicle b suddenly swerved to the right, tried to be or of vehicle b hit onto my left front portion.		
Taxi Voucher No.:			
Are you claiming your own insurance			
policy for the repair of your vehicle?	No, Claim 3rd party		
DECLARATION I/We declare that the above particulars & information provided above are true in every aspect			
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMAD HELMY BIN ALEHAM			
MARS Officer			
	Registered Owner or Driver's Signature		
Job Complete Date/Time	Date/Time:		











