

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	05/12/2017 13:55
Date Of Accident	02/12/2017 15:40
Exact Location Of Accident	HANDY ROAD TOWARDS PLAZA SINGAPURA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX6956T
Insured/Policyholder	
Name Of Registered Owner	TRADERS EAST MARKETING
Co Reg No	52830866A
Email Address	TRADEAST@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96155845
Alternative Phone No	OFFICE-68963239

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 1.5T-3.0 (M)
Exact Purpose for which vehicle was being used at time of accident	PTE COMM 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	DMCV17S014276
Cover Note Number	

Driver

Name of Driver	MOHAMAD HALIM BIN MOHAMAD MARHAM
NRIC No	S1774260D
Date Of Birth	25/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	05/05/2016
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96685321
Fax Number	
Contact Number	OFFICE-68963239
Email Address	TRADEAST@SINGNET.COM.SG

Address	BLK 471 CHOA CHU KANG AVENUE 3 #09-133
Postcode	680471
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

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.	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

I was driving my company lorry GX 9656 T with full load along Handy Road on the extreme right lane. There were two lanes towards Plaza Singapura loading & unloading bay and the entrance to private carpark. After passing through the yellow box, my lorry came to a complete stop. The front vehicles were waiting in the queue to unloading their goods and private car going to private carpark. While waiting, one vehicle SKE 4935U on my left suddenly changed lane without any proper look out or signalling. Thus, his vehicle collided onto my left front portion of my lorry. The third party vehicle suffered damages on the right fender and door. The picture take at the scene of the accident proven that third party vehicle was not driving in line. Luckily, my lorry was in a stationery position if not there were be more damages or injury incurred. My lorry GX 6956T suffered damages on front light door, headlamp, bumper and left side mirror bracket. Upon exit from both vehicles and particulars were exchanged, he query why I did not give way to his vehicle. By right, he should be giving way to the vehicle on the right rather than vice versa. That's all.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE4935U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
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

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

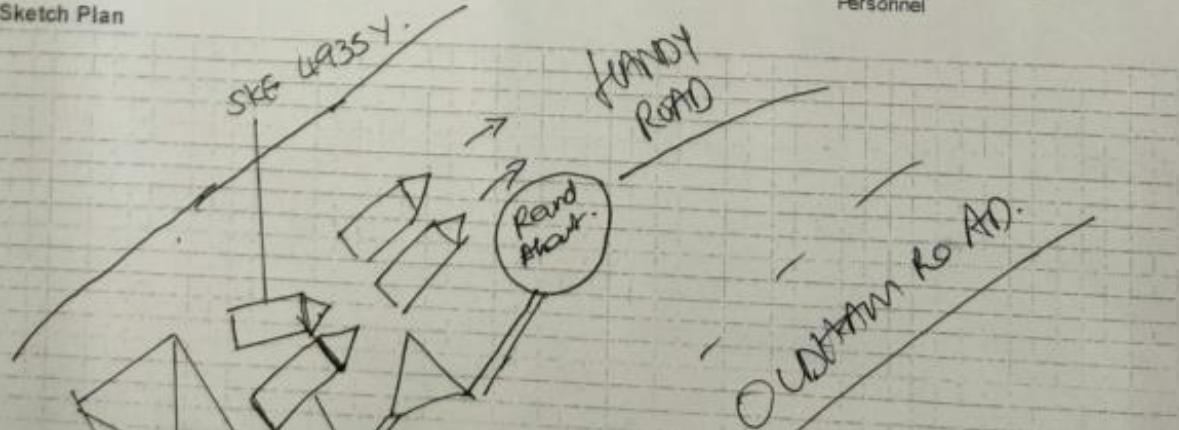
**TRADERS EAST
MARKETING**

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

