

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	03/01/2018 15:11
Date Of Accident	02/01/2018 15:45
Exact Location Of Accident	ALONG SCOTTS RD IN FRONT NEWTON MRT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3000A
Insured/Policyholder	
Name Of Registered Owner	C P CHUA TRADING CORPORATION
Co Reg No	09550900C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62533300

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85UH5A
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCV17S006035
Cover Note Number	NA

Driver

Name of Driver	CHUA CHOR PENG
NRIC No	S0241202J
Date Of Birth	25/09/1949
Occupation	OUTDOOR
Date Of Driving Pass	09/04/1968
Driving Experience	49 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	N.I.L
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

WHEN I WAS TRAVELLING ALONG THE MENTIONED LOCATION AT LANE 2, VEHICLE B IN FRONT OF ME SUDDENLY JAMMED HIS BRAKE DUE TO A VEHICLE FROM LANE 3 CUT INTO HIS LANE. UPON REALISING IT, I IMMEDIATELY APPLIED MY BRAKE, HOWEVER, DUE TO THE WET ROAD SURFACE, MY VEHICLE UNABLE TO STOP ON TIME AND COLLIDED ONTO THE REAR OF VEHICLE B. AFTER THE IMPACT, WE ALIGHTED TO EXCHANGE DETAILS BEFORE WE MOVE OFF FROM THE LOCATION. THERE IS NO INJURIES INVOLVED AT THE SCENE.

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	GY5165K
Vehicle Make/Model/Colour	VOLKSWAGEN / CADDY 2.0
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CADDY
NRIC/Passport Number	S1463365J
Contact Number	62356390
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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.

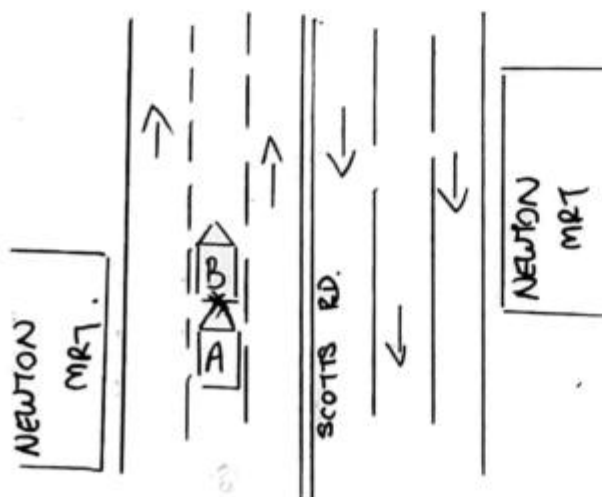
Policyholder's Signature / Date & Time

Sketch Plan

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
EUGENE KOH

Witnessed by Reporting Centre
Personnel



ALONG SCOTTS RD
IN FRONT NEWTON MRT

A) YP3000A

B) GY5165K

Common Statement

ACCIDENT STATEMENT (2000 characters)

WHEN I WAS TRAVELLING ALONG THE MENTIONED LOCATION AT LANE 2, VEHICLE B IN FRONT OF ME SUDDENLY JAMMED HIS BRAKE DUE TO A VEHICLE FROM LANE 3 CUT INTO HIS LANE. UPON REALISING IT, I IMMEDIATELY APPLIED MY BRAKE, HOWEVER, DUE TO THE WET ROAD SURFACE, MY VEHICLE UNABLE TO STOP ON TIME AND COLLIDED ONTO THE REAR OF VEHICLE B. AFTER THE IMPACT, WE ALIGHTED TO EXCHANGE DETAILS BEFORE WE MOVE OFF FROM THE LOCATION. THERE IS NO INJURIES INVOLVED AT THE SCENE.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
EUGENE KOH YEW KIAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

3 January 2018 at 11:10 AM

Date/Time:

3 January 2018 at 11:10 AM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Driving License

