

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 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	25/01/2018 15:49
Date Of Accident	24/01/2018 19:30
Exact Location Of Accident	ALONG T301 XILIN AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8221X
Insured/Policyholder	
Name Of Registered Owner	GUO HAO INTERNATIONAL PTE LTD
Co Reg No	201325803C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91887053
Alternative Phone No	OFFICE-91887053

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV51JJD4RDEA
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	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	DMCV17S022979
Cover Note Number	

Driver

Name of Driver	WANG HAO
NRIC No	G8442430M
Date Of Birth	03/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2009
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91887053
Fax Number	
Contact Number	
Email Address	VFIXAUTO@GMAIL.COM

Address	NA
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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 REVERSING MY VEHICLE AT THE MENTIONED LOCATION, I DID CHECK MY BLIND SPOT ON MY RIGHT. HOWEVER, ONCE I SEE THERE IS NO VEHICLE BEHIND, I REVERSE MY VEHICLE AND OUT OF A SUDDEN I FELT AN IMPACT FROM THE REAR AND DISCOVER VEHICLE B WAS STOP NEAR TO MY LEFT HAND SIDE. AFTER THE IMPACT, I ALIGHTED TO TAKE SOME PHOTOS AND EXCHANGE DETAILS WITH DRIVER B. THERE IS NO INJURIES INVOLVED AT THE SCENE(COLLISION TYPE: WHILE REVERSING)

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	XD7839X
Vehicle Make/Model/Colour	VOLVO/FMX370
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KARUNANITHI SAMIDURAI
NRIC/Passport Number	F8028085T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
EUGENE KOH

Witnessed by Reporting Centre
Personnel

Sketch Plan



ALONG T301 XILIN AVE.

A) XD8221X

B) XD7839X

ACCIDENT STATEMENT (2000 characters)

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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

25 January 2018 at 12:49 PM

Date/Time:

25 January 2018 at 12:49 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
DRIVING LICENCE



Licence Number: G8442430M
Name: WANG HAO
Date of Birth: 03 Jul 1981
Valid Until: 07 Sep 2018
Valid Till: 06-09-2021




S-PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore



Employer: GAO HAO INTERNATIONAL PTE. LTD.
Sector: CONSTRUCTION
Name: WANG HAO
Occupation: DRIVER
S-Pass No.: G 726882082
Date of Application: 04-07-2017
Date of Issue: 19-07-2017
Date of Expiry: 21-09-2018



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 5	Motor cars with unladen weight <= 2000kg with not more than 7 passengers, exclusive of driver and other motor vehicles with unladen weight <= 2500kg	09 Jan 2009
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2000kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 2250kg	16 Feb 2009



NP432A

VISIT PASS

Immigration Regulations

Name:
WANG HAO



Date of Birth: 03-07-1981
Sex: M
Nationality: CHINESE
Date of Issue: 19-07-2017
Date of Expiry: 21-09-2018
MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO Surrender this CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

