SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- 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 <u>truthful and accurate</u> 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 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

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	

(LOCAL) +65-91887053

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 NO ambulance? YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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)

NO

1

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

VOLVO/FMX370 Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category KARUNANITHI SAMIDURAI Name of Driver

1

NRIC/Passport Number F8028085T

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

SKETCH PLAN

IMPORTANT NOTICE

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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)

l understand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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' law yers/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' 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.

Policyholder's Signature / Date &

Driver's Signature (If dov & Time

VERIFIED BY AJAX MARS REPORTING OFFICER EUGENE KOH

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan #2 Pg. 1

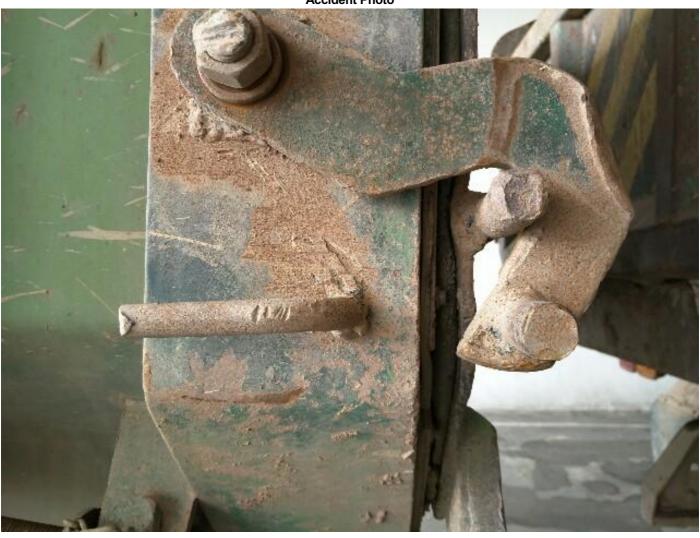
ACCIDENT STATEMENT (2000 characters)

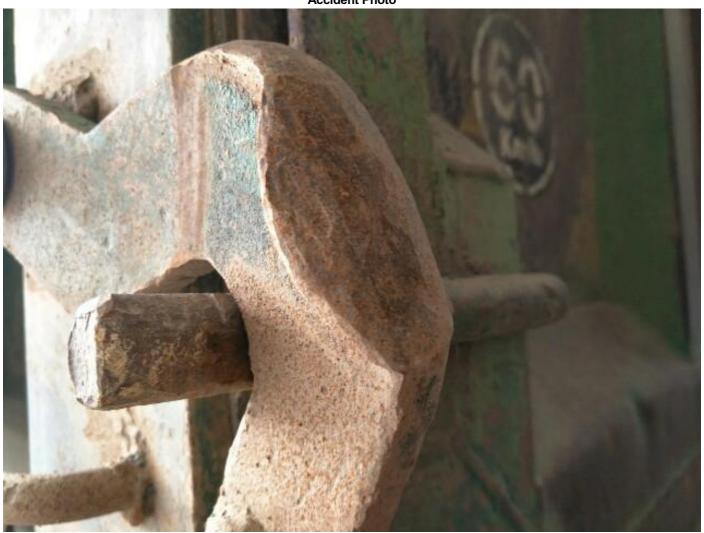
CHECK MY BLINDSPOT ON MY RIGH VEHICLE BEHIND, I REVERSE MY VE IMPACT FROM THE REAR AND DISC LEFT HAND SIDE. AFTER THE IMPAC	LE AT THE MENTIONED LOCATION, I DID IT. HOWEVER, ONCE I SEE THERE IS NO EHICLE AND OUT OF A SUDDEN I FELT AN OVER VEHICLE B WAS STOP NEAR TO MY OT, I ALIGHTED TO TAKE SOME PHOTOS VER B. THERE IS NO INJURIES INVOLVED
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	
	34
MARS Officer	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
25 January 2018 at 12:49 PM	25 January 2018 at 12:49 PM



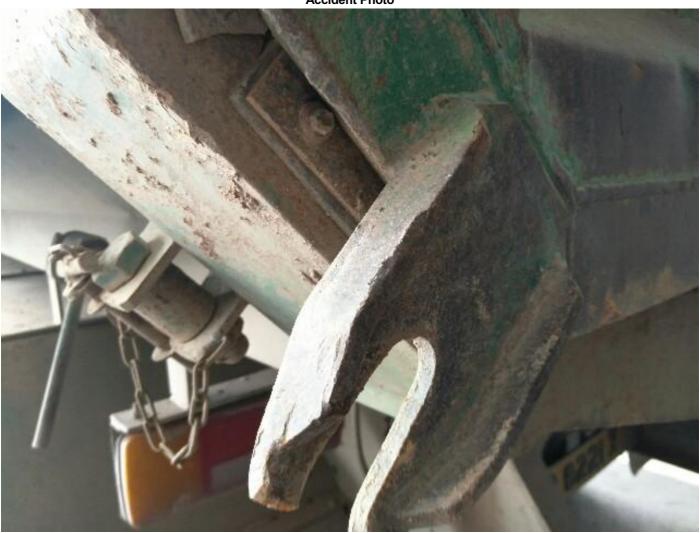










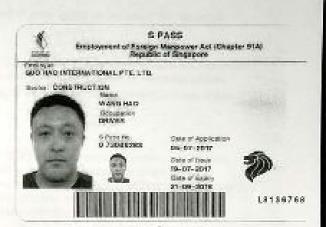


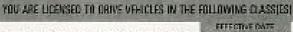




Identification Card







Class S.

16 Feb 2009

blotor gare sets unagen weight < \$000kg with =< 7 passengers, etchanics of differ and other exitor seticine with unagen weight <= 2500kg Motor entities which are as estimated its corry load or passengers and the unagen weight < 2500kg Motor variables which are not constructed to carry load or passengers and the unagen weight < 2500kg Motor variables which are not constructed to carry load or passengers and the unagen weight << 250kg

immigration Regulations MANS HAD Date of Street See. CHARGE 03-07-1981 M Cate of leave. Date of Depley. GE119130M 19-07-2017 21-09-2018 MILTIPLE JOURNEY WISA ISSUED.

VISIT PASS

MERTER

Class 4