

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	21/02/2018 13:46
Date Of Accident	17/02/2018 16:45
Exact Location Of Accident	TOH GUAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9791G
Insured/Policyholder	
Name Of Registered Owner	J PLUS TEN MINI MART
Co Reg No	45214000E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83620316

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	
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	DMCV17S016651
Cover Note Number	

Driver

Name of Driver	KUMARESAN PREETHI
NRIC No	S7671327H
Date Of Birth	13/04/1976
Occupation	INDOOR
Date Of Driving Pass	01/03/2004
Driving Experience	13 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83620316
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	24 MIMOSA DRIVE
Postcode	805434
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

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?	YES
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

ON 17/02/2018 AT ABOUT 1643HRS, I WAS DRIVING ALONG TOH GUAN ROAD TURNING INTO TOH GUAN FLYOVER. THE TRAFFIC LIGHT WAS RED AND MY VEHICLE WAS STATIONARY. UPON TURNING GREEN LIGHT, I SLOWLY ACCELERATED AND TURN TOWARDS TOH GUAN FLYOVER. SUDDENLY, I FELT AN IMPACT ON MY FRONT RH SIDE OF MY VEHICLE. I GOT OUT OF THE VEHICLE AND REALISED THAT A MOTORCYCLE HAD COLLIDED ONTO MY RIGHT SIDE OF MY VEHICLE. I AM FEELING UNCOMFORTABLE AND HAS VISIT A DOCTOR AFTER THE ACCIDENT.

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	FBF3179T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	MOTORCYCLE
Name of Driver	PHYO SITHU
NRIC/Passport Number	
Contact Number	98007347
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KUMARESAN PREETHI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBB9791G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

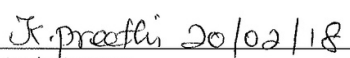
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

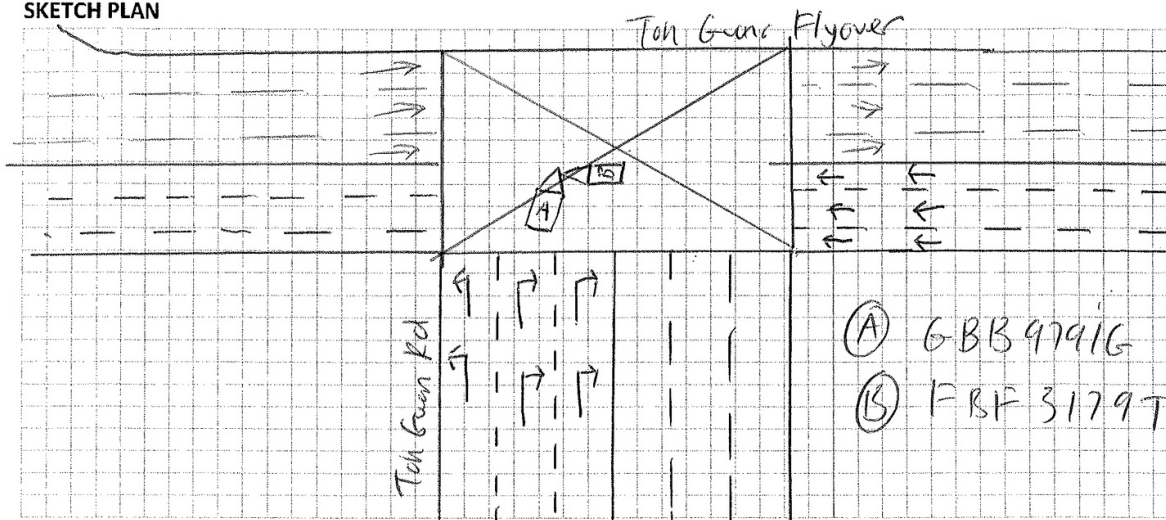

J PLUS TEN MINI MART
BLK 132 #01-316
BUKIT BATOK WEST AVE 6
SINGAPORE 650132
TEL/FAX: 6865 5743
Date & Time:


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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17 Feb 2018 at about 1643 Hours, I was Driving along Toh Guan Road Turning into Toh Guan Flyover. The traffic light was Red and my vehicle was stationary. Upon turning green light, I slowly accelerate and turn towards Toh Guan Flyover. Suddenly I felt an impact on my front right hand side of my vehicle. I got out of the vehicle and realized that a motorcycle has collided onto my right side of the vehicle. I am feeling uncomfortable and has visit a doctor after the accident.

DECLARATION

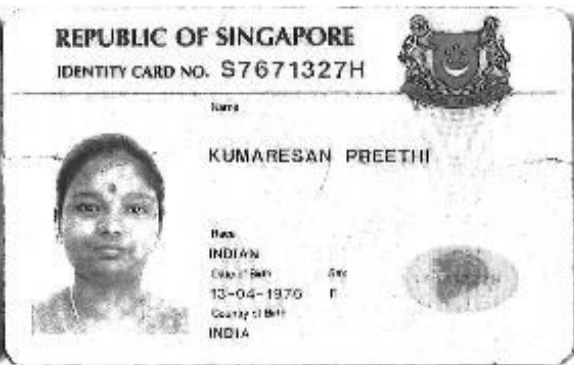
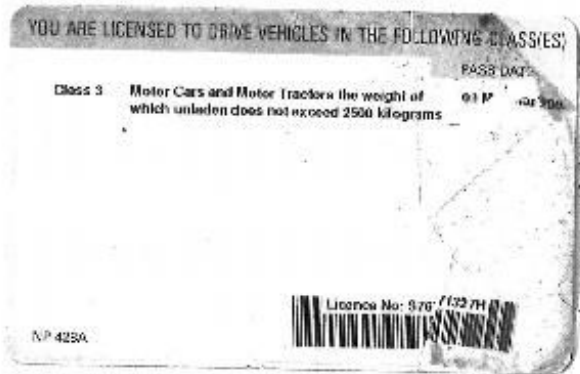
I/We declare the foregoing particulars are true in every respect.

J PLUS TEN MINI MART
BLK 132 #01-016
BUKIT BATOK WEST AVE 6
SINGAPORE 650132
TEL/FAX: 6665 5743

J. preethi 20/02/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Driving License



INSURANCE

ERGO

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

CERTIFICATE NO. DMCV17S016651	C17071651
Type of CI: Commercial Vehicle	
Cover: Comprehensive	A2216 TH INSURANCE SPECIALIST AGENCY PTE LTD
1) Registration No. of Vehicle:	QBB9791G
2) Name of Policyholder:	J PLUS TEN MINI MARK
3) Commencement Date of Insurance:	30/11/2017
4) Expiry Date of Insurance:	29/11/2018
5) Persons or Classes of Persons entitled to drive:	
1) Any person who is driving on the Policyholder's order or permission	
Excess (Section 1): S\$700.00	
Windscreen - Below 10 tons: S\$100.00	
Young & Inexp Drivers (Section 1): S\$2,500.00	
6) Name of Finance Company/Hire Purchase Owner: UNITED OVERSEAS BANK LTD	
7) Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident, loss or damage.	
8) Limitations as to Use:	
(1) Use in connection with the Policyholder's business	
(2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business	
(3) Use for social domestic and pleasure purposes	
This Policy does not cover:	
(1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing	
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle	
Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings (for Items 7 & 8).	

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Counter-signed by
TH INSURANCE SPECIALIST AGENCY PTE LTD



For and on behalf of
ERGO Insurance Pte. Ltd.

AUTHORIZED SIGNATURE

A2216/23/11/2017 15:51:18

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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