

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	16/03/2018 18:51
Date Of Accident	15/03/2018 14:00
Exact Location Of Accident	BUKIT BATOK EAST AVE 6 SLIP RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9685P
Insured/Policyholder	
Name Of Registered Owner	MODERNWOOD PTE LTD
Co Reg No	200003133M
Email Address	ACC@NEUFLOOR.COM
Mobile Phone No	
Alternative Phone No	OFFICE-85238124

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4AA
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	DMCG18000299
Cover Note Number	N.A.

Driver

Name of Driver	MAHALINGAM SATHISH KUMAR
NRIC No	G6641889N
Date Of Birth	25/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85238124
Fax Number	
Contact Number	
EEmail Address	MSATHISHKUMAR64@GMAIL.COM

Address	NIL
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	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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Both vehicles was already stopped before the stop line. The bike had already moved and I checked my blindspot. Hence it was cleared and moved forward. But the bike suddenly stopped without any reason. I applied braked, but ended bumped onto the bike rear portion. The rider and the bike never fall. No injury for the rider.

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	FBG9115H
Vehicle Make/Model/Colour	APRILLA/ ATLANTIC/ WHITE
Details Of Properties	NA
Vehicle Category	MOTORCYCLE
Name of Driver	TAN GIM CHUAN
NRIC/Passport Number	S6847820J
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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)**
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.

Handwritten signature

VERIFIED BY AJAX MARS
REPORTING OFFICER

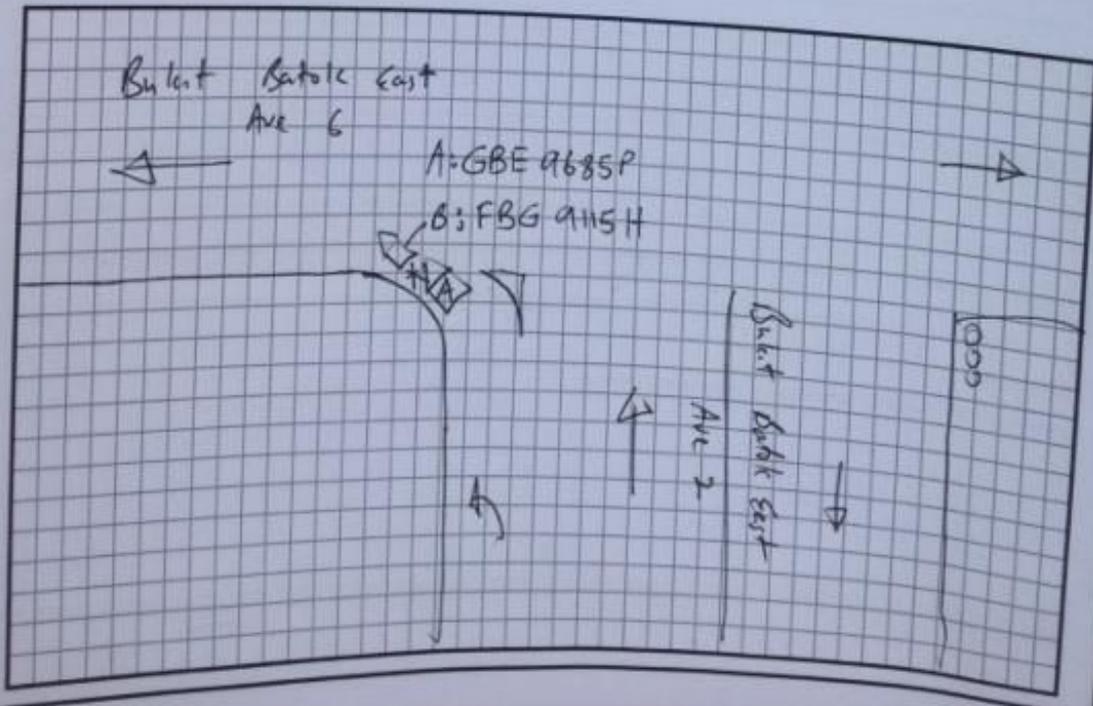
AIZAM BIN ATAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

Both vehicles was already stopped before the stop line. The bike had already moved and I checked my blindspot. Hence it was cleared and moved forward. But the bike suddenly stopped without any reason. I applied braked, but ended bumped onto the bike rear portion. The rider and the bike never fall. No injury for the rider.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Reporting only

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

16 March, 2018 4:30 pm

Date/Time:

16 March, 2018 4:30 pm

NOTICE OF REPORTING

Annex D

NOTICE OF REPORTING

This is to confirm that Mahalingam Sathish Kumar, NRIC/FIN G6641889N, has reported to the Police a non-injury traffic accident which occurred at Bukit Batak East Avenue 6

on 15/3/18 at 1545hrs am/pm involving the following vehicles:

- V1) GBE 9685P
- V2) FBG 9115H

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT (2) Kee Leng *[Signature]*

Date: 15/3/18 Time: 2002hrs

S/D Ref: 152

Police Post/Unit: Choa Chu Kang NPC

CHOA CHU KANG NPC
20 CHOA CHU KANG ST #01-
SINGAPORE 689286
TEL : 1800-7659000
FAX : 67671000

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

VISIT PASS
Immigration Regulations

Name
MAHALINGAM SATHISH KUMAR



Date of Birth	Sex	Nationality
25-05-1985	M	INDIAN
FIN	Date of Issue	Date of Expiry
G6541809N	17-07-2017	25-01-2019

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.



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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	30 Mar 2013
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	30 Mar 2013



Licence No: G6541809N



NP 428A

Driving License

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
MODERNWOOD PTE. LTD.

Sector: **CONSTRUCTION**

Name:
MAHALINGAM SATHISH KUMAR

Occupation:
CONSTRUCTION WORKER-CUM-DRIVER

Work Permit No.: **D 34972677**

Date of Application: **26-06-2017**

Date of Issue: **17-07-2017**

Date of Expiry: **25-01-2019**

L8147102



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G 6641889N**

Name:
MAHALINGAM SATHISH KUMAR

Birth Date: **25 Jun 1988**

Issue Date: **06 Mar 2018**

Valid Till: **19/03/2023**

002779677G



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH18036329 Vehicle Registration No: GBE9685P
Name(as shown in NRIC): MODERNWOOD PTE LTD NRIC/FIN/Passport No : 200003133M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore()
Contact (Tel) : Mobile No. :
Email Address : acc@neufloor.com
Date of Accident : 15/03/2018 Time of Accident : 14:00
Place of Accident : BUKIT BATOK EAST AVE 6 SLIP RD
Insurance Company: ERGO Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Registered Owner Name
[Multiple blank lines for amendments]

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: May Mi (E-filer)
NRIC/FIN No.: S9375043H
Date: 20/03/2018