

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.
- 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.

PLEASE PRINT IN CAPITAL LETTERS

Date Of Report 21/05/2018 17:47
 Date Of Accident 20/05/2018 15:00
 Exact Location Of Accident ALONG JLN BUROH TOWARDS PIONEER RD
 Country/State of Loss SINGAPORE

Vehicle Registration Number XD502M
Insured/Policyholder
 Name Of Registered Owner THIAM YUN SERVICE
 Co Reg No 53067456D
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No Office-98299269

Vehicle Particulars

Manufacturer MITSUBISHI
 Model FV517JD2RDEB-11.9 D (M)

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 THIRD PARTY
 Fleet Policy NO
 Policy Number DMCV17S007632
 Cover Note Number

Driver

Name of Driver NG KWEE THIAM
 NRIC No S6945007E
 Date Of Birth 27/12/1969
 Occupation OUTDOOR
 Date Of Driving Pass 26/06/1996
 Driving Experience 21 YEARS AND 10 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98299269
 Fax Number
 Contact Number
 E-Mail Address NOEMAIL
 Address NIL
 Postcode

Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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 21/05/2018 AT ABOUT 1500 HRS. WHILE I WAS TRAVELLING ALONG JLN BUROH. WHEN TRAFFIC TURN TO GREEN LIGHT. VEHICLE B IN FRONT OF ME MOVING SLOW. I THAN OVERTAKE VEHICLE B, CHANGE TO RIGHT LANE. WHEN I CHANGE TO RIGHT LANE, VEHICLE B SUDDENLY CUT INTO MY LANE, AND COLLIDED ONTO MY VEHICLE. AT THAT TIME VEHICLE B PASS THROUGH THE TRAFFIC LIGHT. TRAFFIC LIGHT CHANGE TO RED LIGHT, I THEN WAITING FOR THE TRAFFIC LIGHT. I CHASING VEHICLE B UNTIL PIONEER CIRCLE THAN ONLY EXCHANGE PARTICULAR.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

Vehicle Registration Number	YJ9221X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KWA KWEE LIN
NRIC/Passport Number	S0071118G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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 liability.
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. The 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 lodgment 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.
- (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.

THIAM YUN SERVICE

BLK 183A BOON LAY AVENUE #11-700

SINGAPORE 641183

TEL : 98299269 ROC : 53067456D

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

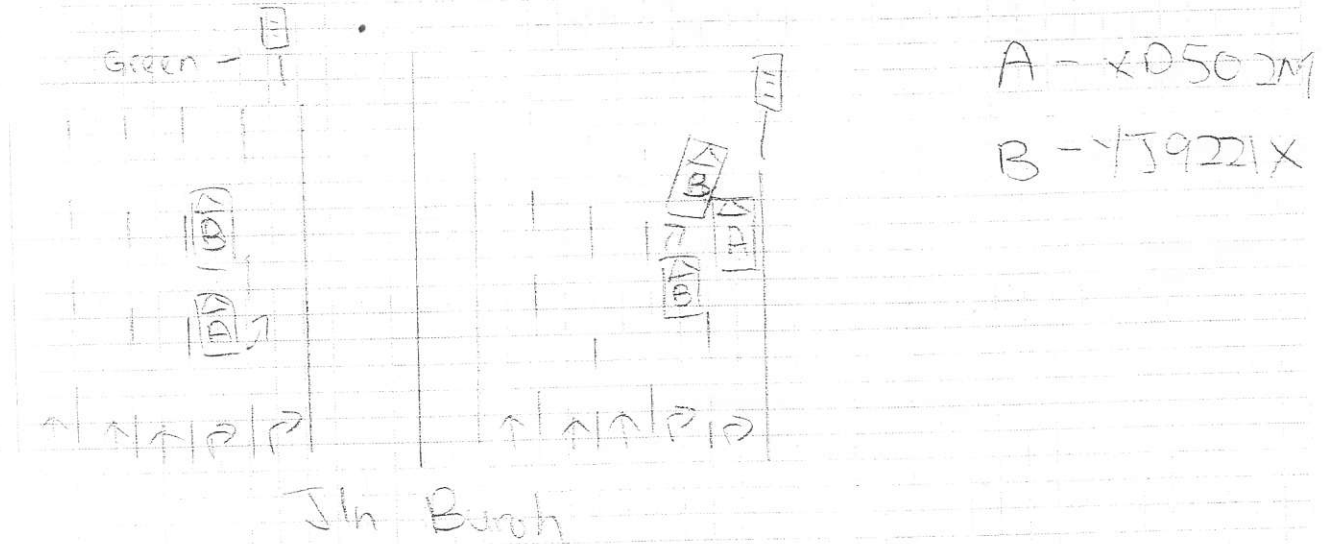
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to circumstances

DECLARATION 添運服務

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

THIAM YUN SERVICE

BLK 183A BOON LAY AVENUE #11-706

SINGAPORE 641183

Policyholder's Signature

Date & Time:

TEL : 98299269 ROC : 530674550

Driver's Signature

(If driver is not the policyholder)

Date & Time:

- ☐ Claim own policy
- ☐ Claim third party
- ☒ Claim OD / TP at other works hop
- ☐ For record purpose

Policy No.

Insurer

0Mcr125007632

ERGW

Veh. No.

X0502M

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: