

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	24/07/2018 17:13
Date Of Accident	22/07/2018 15:00
Exact Location Of Accident	NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX721T
Insured/Policyholder	
Name Of Registered Owner	PANNERSELVAM ABRAHAM
NRIC No	S7867267F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90216785
Alternative Phone No	OFFICE-90216785

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC17S019945
Cover Note Number	

Driver

Name of Driver	PAUL ANURAJ
NRIC No	G0549569K
Date Of Birth	27/12/1982
Occupation	INDOOR
Date Of Driving Pass	16/02/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93926500
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	59 COMPASSVALE BOW #03-18
Postcode	544988
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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)	4
Passenger 1	NAME: : MANI GENDER: : MALE
Passenger 2	NAME: : ANIJ PAUL GENDER: : FEMALE
Passenger 3	NAME: : RYAN GENDER: : MALE

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

I WAS TRAVELLING ALONG NICOLL HIGHWAY ON EXTREME SECOND LEFT LANE. I ON MY RIGHT SIGNA AND CHECK BLIND SPOT. WHEN CLEAR, I SWERVED TO RIGHT. OUT OF SUDDEN, VEHICLE B WHO'S QUEUING ON EXTREME RIGHT LANE CUT INTO MY PATH ABRUPTLY. I HAD NO TIME TO REACT AND HIT BY VEHICLE B AT THE RIGHT PORTION.

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	SLL9405B
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	KOH HIANG WEE

NRIC/Passport Number

Contact Number

96170757

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

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.:

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Paul Anuraj

Identification Number: **G0549569K**

Name: **PAUL ANURAJ**

Date of Birth: **27 Dec 1982**

Issue Date: **16 Feb 2017**

Valid Till: **15-02-2022**

Barcode: 002657407E

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

Employer: **3C REVOLUTION PTE. LTD.**

Service: **SERVICE**

Name: **PAUL ANURAJ**

Occupation: **ADMINISTRATION MANAGER**

S Pass No: **B 30007942**

Date of Application: **16-01-2017**

Date of Issue: **01-02-2017**

Date of Expiry: **01-02-2019**

Barcode: L7617787

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

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	01 Feb 2011
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2000kg	01 Feb 2011
Class 3C	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver	16 Feb 2017

Barcode: Licence No: G0549569K

NF 428A

VISIT PASS
Immigration Regulations

Name: **PAUL ANURAJ**

Portrait photo of Paul Anuraj

Date of Birth	Sex	Nationality
27-12-1982	M	INDIAN

ID	Date of Issue	Date of Expiry
G0549569K	01-02-2017	01-02-2019

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.

Barcode

INSURANCE

ERGO

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1990
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT, 1987 (MALAYSIA)

CERTIFICATE NO. DMPC17SD19945		C17070689
Type of CI: Private Vehicle		
Cover: Comprehensive	B00001 / ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD	
1) Registration No. of Vehicle:	SGX7211	
2) Name of Policyholder:	PARNILSELVAM ABRHAM	
3) Commencement Date of Insurance:	11/10/2017	
4) Expiry Date of Insurance:	10/10/2018	
5) Persons in Classes of Persons entitled to drive		
1) PARNILSELVAM ABRHAM		
2) Any other person who is driving on the Policyholder's order or permission		
Excess (Section 1) : \$5700.00		
Unnamed Drivers (Section 1): Additional : \$5500.00		
Non-Auth Workshops (Section 1): Additional : \$5500.00		
Windscreens : \$5100.00		
Young & Inexp Drivers (Section 1) : \$43,000.00		
6) Name of Finance Company/Hire Purchase Owner: RICHBOX CARS PTE 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 only for social, domestic and pleasure purposes		
(2) Use for Policyholder's business		
This Policy does not cover		
(1) Use for hire or reward, racing, pace-making, reliability trial or speed testing		
(2) Use for the carriage of goods other than samples in connection with any trade or business		
(3) Use for any purpose in connection with the Motor Trade		
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).

For and on behalf of
ERGO Insurance Pte. Ltd.
(Approved Insurer)

Mumtaz ahmad/11/10/2017 10:19:57


AUTHORIZED SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

