

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 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. 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	13/02/2019 14:13
Date Of Accident	12/02/2019 13:00
Exact Location Of Accident	SLE(CTE) 3 1/2 KM NEAR BRIDGE LAMPOST 194F
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9837M
Insured/Policyholder	
Name Of Registered Owner	YOKE MAH PLASTERCEIL PTE. LTD
Co Reg No	200909528D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90693202

Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52R
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	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	DMCG18003852
Cover Note Number	

Driver

Name of Driver	OH TECK SOON
NRIC No	S1545791J
Date Of Birth	12/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1984
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90693202
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : LINA GENDER: : FEMALE

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 on SLE (CTE) Lampost 194F near bridge 3 1/2KM. It was slow moving traffic. I was on the most left lane. I wanted to change lane cause in front car jammed braked. And after I managed to change lane and backed into the most left lane, I hit onto the vehicle bus PC4444X. Damages to my vehicle left front portion side mirror. No injuries were involved

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	PC4444X
Vehicle Make/Model/Colour	SCANIA - KEB6X2/4 12L MT
Details Of Properties	
Vehicle Category	BUS
Name of Driver	ELAMPARYTHI BHARATHIDASAN
NRIC/Passport Number	G8475317W
Contact Number	91202189
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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.
(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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

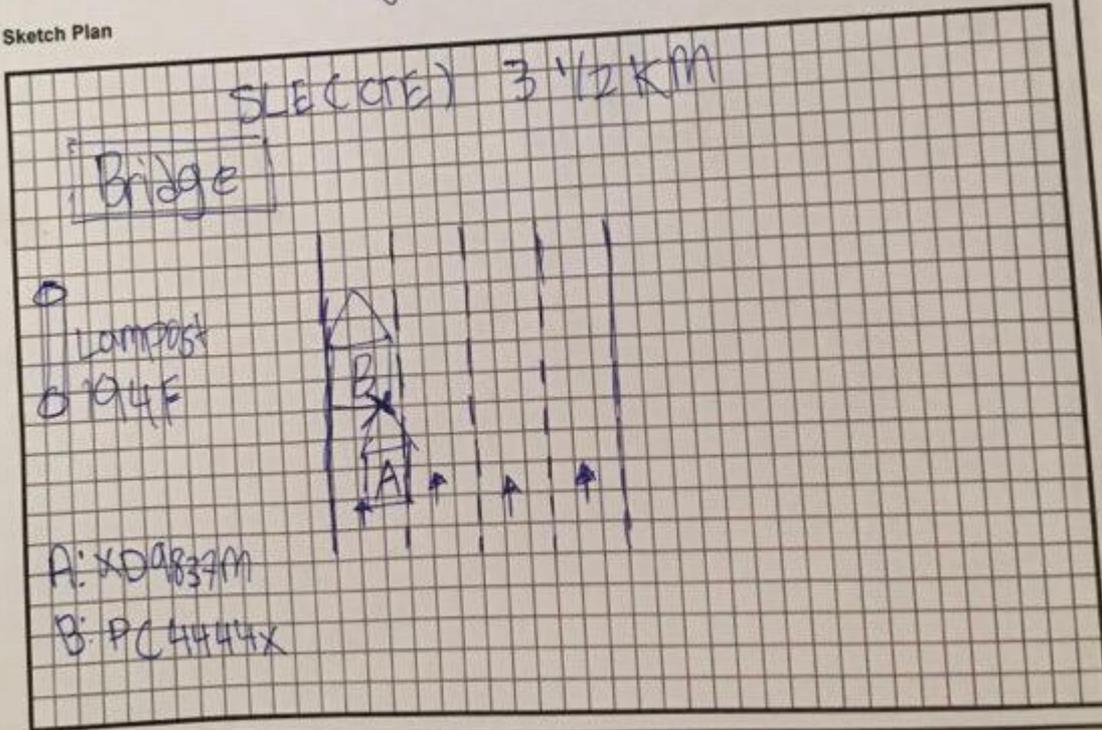
Muhammad Firza Bin Ideris

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)

I was Travelling on SLE (CTE) Lampost 194F near bridge 3 1/2KM. It was slow moving traffic. I was on the most left lane. I wanted to change lane cause infront car jammed braked. And after I managed to change lane and backed into the most left lane, I hit onto the vehicle bus PC4444X. Damages to my vehicle left front portion side mirror. No injuries were 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 -
MUHAMMAD FIRZA BIN IDERIS

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

12 February 2019 at 6:07 PM

Date/Time:

12 February 2019 at 6:07 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1545791J



Name
OH TECK SOON
胡 德 順

Race
CHINESE

Date of birth
12-03-1962

Sex
M

Country/Place of birth
SINGAPORE

S1545791J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Name
OH TECK SOON

Birth Date: 12 Mar 1962

Issue Date: 02 Oct 2003

000883701F



Identification Card

