

## 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	18/01/2019 01:26
Date Of Accident	14/01/2019 09:45
Exact Location Of Accident	LORNIE HIGHWAY TOWARDS QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7949Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	I & E SCAFFOLDING CONTRACTOR
Co Reg No	40057600K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65667333

### Vehicle Particulars

Manufacturer	HINO
Model	300
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	DMCG18000757
Cover Note Number	

### Driver

Name of Driver	POON SIAK HOE
NRIC No	S1267322A
Date Of Birth	23/05/1957
Occupation	INDOOR
Date Of Driving Pass	01/06/1982
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97566528
Fax Number	
Contact Number	
Email Address	NOEMAIL

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 (including own vehicle) involved in the accident	2
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

The traffic was busy and all vehicle only managed to niche out slowly, ahead of me was a vehicle. As the vehicle moved forward, I also moved forward but suddenly the vehicle brake and I did not manage to brake on time. I accidentally hit the rear of the vehicle slowly. We stop ahead and checked if there was any damage. Both of us found out that the lock mechanism is loose and both if us would like to settle for a private settlement as it was a small issue. The next day the driver message me that he suffered from whiplash and the quotation for the repair was nearly \$4000. I feel that I might be cheated as the damage we saw was only the lock mechanism for the bonnet. No injury at that point if time of accident and he was okay when talking to me that day.

#### 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	SMA3559B
Vehicle Make/Model/Colour	KIA FORTE KE 1.6A DARK GRAY
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	MARK
NRIC/Passport Number	
Contact Number	98268765
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.

17/1/19.

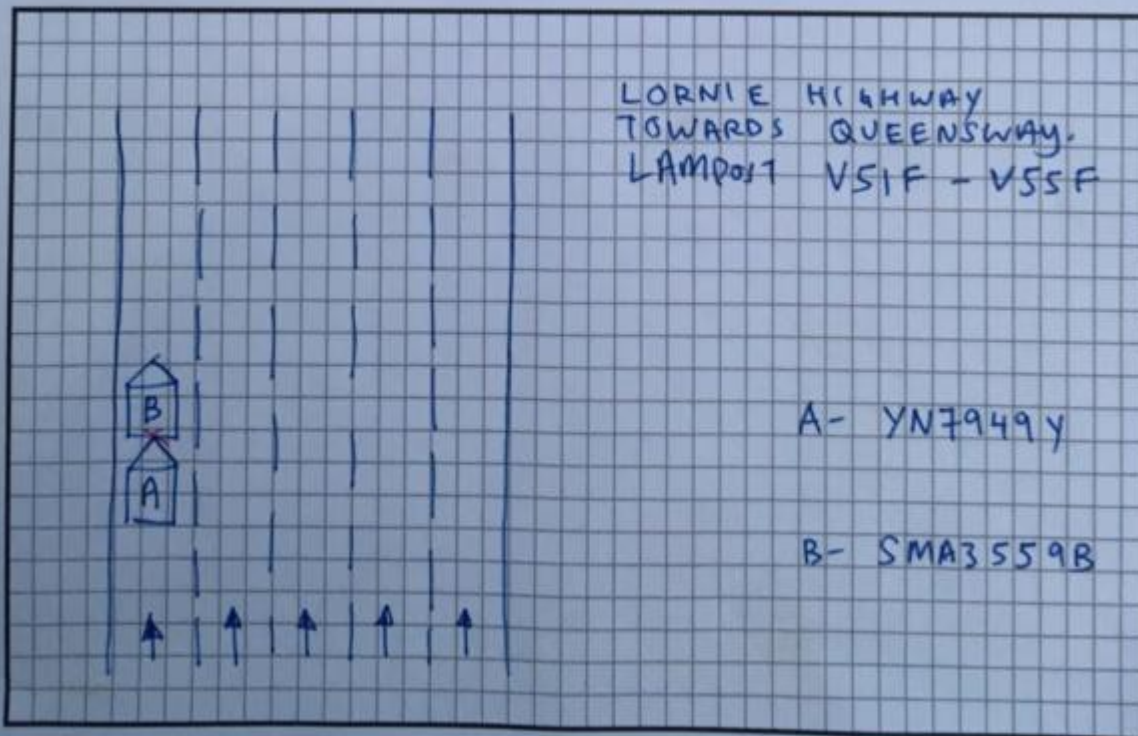
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Mohammad Azaly Bin Abdullah

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



## Common Statement

**ACCIDENT STATEMENT (2000 characters)**

The traffic was busy and all vehicle only managed to niche out slowly, ahead of me was a vehicle. As the vehicle moved forward, I also moved forward but suddenly the vehicle brake and I did not manage to brake on time. I accidentally hit the rear of the vehicle slowly.

We stop ahead and checked if there was any damage. Both of us found out that the lock mechanism is loose and both if us would like to settle for a private settlement as it was a small issue.

The next day the driver massage me that he suffered from whiplash and the quotation for the repair was nearly \$4000. I feel that I might be cheated as the damage we saw was only the lock mechanism for the bonnet.

No injury at that point if time of accident and he was okay when talking to me that day.

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 -  
MOHAMMAD AZALY BIN ABDULLAH



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

17 January 2019 at 7:08 PM

Date/Time:

17 January 2019 at 7:08 PM

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



# Driving License

