#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	23/01/2019 10:49
Date Of Accident	22/01/2019 11:45
Exact Location Of Accident	TANJUNG RHU-WATERSIDE COMDO OPERN CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC1618Y
Insured/Policyholder	
Name Of Registered Owner	NATURAL COOL AIRCONDITIONING & ENGINEERING PTE LTD
Co Reg No	199308014C
Email Address	KATHERINE.LOW@NATURALCOOL.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65931060
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMFP18S005817
Cover Note Number	
Driver	
Name of Driver	MONO MELICOK

Name of Driver WONG WEI KOK
Passport No/FIN G7545040R

Date Of Birth 30/10/1985

Occupation OUTDOOR

Date Of Driving Pass 16/07/2013

Driving Experience 5 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93622061

Fax Number

Contact Number

EMail Address NOEMAIL

29 TAI SENG AVENUE #07-01 NATURAL COOL LIFESTYLE HUB

Address

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

Number of Passengers (Including Driver)

ambulance?

NO

YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : TAN WEY LOON

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

AFTER CHECKING BOTH DIRECTION'S TRAFFIC WAS CLEARED, I REVERSED MY VEHICLE OUT FROM THE PARKING SLOWLY, THEN VEHICLE B: SBH2810A CAME BY ,AND MY VEHICLE'S REAR LEFT HAND PORTION HIT THE FRONT LEFT HAND PORTION OF SBH2810A NO ONE WAS INJURED.

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 SBH2810A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver MISS LOW

NRIC/Passport Number

97342763 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

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  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 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 the purpose of the collective of the purpose of the purpose of the collective of the purpose of
  - 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:
  - 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:

Oriver's Signature (If driver is not the policyholder)
Date & Time: 221114 1310 h/x

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

# Accident Sketch Plan

Water side Condo  Open Carpark  A: GBC 1618 Y  B: SEH 2810 A  CRIBE CIRCUMSTANCES OF THE ACCIDENT  Ifter checking both direction's traffic was cleared, I reversing vehicle but from the partial alongly, than vehicle B:  SEH 2810 A came by, and my vehicle's rear left has partian in the front left hand partian of SBH 2810  No one was injured.  ARATION  declare the foregone activities are true in every despect.  The suppose of the Accident in every despect.		
CRIBE CIRCUMSTANCES OF THE ACCIDENT  Ifter checking both direction's traffic was cleared, I reversely webids but from the parkine slowly, then vehicle B:  SBH 2810A come by, and my vehicle's near left has portion hit the front left hand portion of SBH 2810  No one was injured.		DoA: 22-1-19
ERIBE CIRCUMSTANCES OF THE ACCIDENT  Ifter checking both clivection's traffic was cleared. I reversing which but from the parties slowly, then vehicle 8:  SRH 2810 A came by, and my vehicle's rear left has portion of SBH 2810  No one was injured.  ARATION  declare the forgetime perculars are true in every gespect.	Open Carpark	A = GBC 1618 Y
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Date & Time:

(If driver is not the policyholder)
Date & Time: 22 1 19 1310 N /s

Name: NRIC/FIN No.:

### **Identification Card**





### **Driving Licence**







HASSIS NO: JTFHT02P10-0073793
L.W.: 1800 KG
L.W.: 2800 KG
SS.CAP: 02
RE SIZE: F 195R15C 8PR LT
R 195R15C 8PR LT (S)

















