

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	15/08/2019 16:10
Date Of Accident	15/08/2019 11:25
Exact Location Of Accident	TPE TOWARDS CHANGI (NEAR TAMPINES AVE 12 EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB7771S
Insured/Policyholder	
Name Of Registered Owner	OR KIM PEOW CONTRACTORS (PRIVATE) LIMITED
Co Reg No	197701891R
Email Address	ANNIEYEO@OKPH.COM
Mobile Phone No	
Alternative Phone No	Office-63671960

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV517JD2RDEB
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCG18003840
Cover Note Number	01/10/18 - 30/09/19

Driver

Name of Driver	THOMSAN AMALARAJ
Passport No/FIN	G7530969X
Date Of Birth	09/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	24/09/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98328271

Fax Number	
Contact Number	
EMail Address	NOEMAIL
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	3
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

REFER ATTACHED.

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	SHA4299D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM AH KUAN
NRIC/Passport Number	S1206869G
Contact Number	
Address	
Postcode	

No. Of Passenger (Including Driver)

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: XD 7771S
 INSURER: Ergo
 DATE & TIME: 15/8/19 11:25am

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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.:

Sketch Plan #2

Refer Attached

Ins: Ergo Veh No: XB77713 DOA: 15/8/19 11:25am

Traffic light turn amber. SHA4299D suddenly stop & I follow to stop. From my side mirror I saw a motorbike approaching at fast speed I worried that motorbike will hit my vehicle so I swerved to my left and this cause my vehicle hit onto SEP1308B on the left lane & SHA4299D on the right lane.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information,

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy () Claim Third Party (/) Reporting Only
() Claim OD/TP at other workshop ()

TOWARD CHINCHI
DIRECTION

TPE

SHA 4299 D Taxi BLUE HYUNDAI
Driver Name: LIMAH KUAN
Licence No: S12668644
Hp:-

XBT7715 Tipper lorry white
Driver Name: THOMAS AMIALARAJ
Licence No: G T5.30969X

LANE 1
Slip Road LANE 2
from TPE LANE 3

SFP 1308 B
MAZDA RED COLOUR
Driver Name: V LOGANATHAN S/O VELATHAM
Licence No: S1181525J
Hp:-

Pasir Ris Flyover

Towards
Tampines Ave 12

Towards
PASIR RIS DRIVE

胡金標
15/08/19

Driving License

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

Employer:
OR KIM FEOW CONTRACTORS (PRIVATE) LIMITED

Name:
THOMAS AMALARAJ

S Pass No.:
Q 32893872

Category:
CONSTRUCTION

 **K1128242**

REPUBLIC OF SINGAPORE DRIVING LICENCE


ALPHA NUMBER: **G7530969X**

Name:
THOMAS AMALARAJ

Date of Birth: **09 Jul 1974**

Issue Date: **19 Jun 2019**

Valid Till: **04/07/2023**

 **002614640J**

VISIT PASS
Immigration Regulations

Name:
THOMAS AMALARAJ

FRN:
G7530969X

Date of Birth: **09-07-1974** Sex: **M**

Nationality:
INDIAN

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.



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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	30 Jul 2006
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	24 Sep 2010

NF 426A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Scene Photo



Scene Photo

