



FWD

## 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 18/02/2020 17:49  
Date Of Accident 17/02/2020 09:45  
Exact Location Of Accident PIE TWDS STEVENS ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC9729H  
**Insured/Policyholder**  
Name Of Registered Owner GSN STARCOOL AIRCON ENGRG & SERVICES PTE LTD  
Co Reg No 1XXXXX801N  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-62466278

### Vehicle Particulars

Manufacturer NISSAN  
Model NV350 PANEL VAN 2.5 5MT 5DR EURO V  
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 COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company ERGO INSURANCE PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number DMCG19003004  
Cover Note Number

### Driver

Name of Driver NG CHEE KEONG  
NRIC No SXXXX479E  
Date Of Birth 30/04/1980  
Occupation OUTDOOR  
Date Of Driving Pass 14/07/2003  
Driving Experience 16 YEARS AND 7 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-90080414  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address BLK 542 BEDOK NORTH STREET 3 #08-1292  
Postcode 460542  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident CHAIN COLLISION  
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 7  
Was any body injured in the Accident? YES  
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: : SOBUL SOHIDUL ISLAM  
GENDER: : MALE  
Passenger 2  
NAME: : SU ZHAO SHI  
GENDER: : MALE  
Passenger 3  
NAME: : RANA MD MASUD  
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

PLEASE REFER TO STATEMENT ON THE SKETCH PLAN.

#### 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 SKB4185H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number 98478821

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PC8601H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category BUS  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBE8193Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number GBA6821D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number GBE8007D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE



Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number SLU7511T  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SOBUL SOHIDUL ISLAM  
Approximate Age  
Injuries Sustain BODY & HEAD PAIN  
Injured person in which vehicle? GBC9729H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name SU ZHAO SHI  
Approximate Age  
Injuries Sustain BODY & HEAD PAIN  
Injured person in which vehicle? GBC9729H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name RANA MD MASUD  
Approximate Age  
Injuries Sustain BODY & HEAD PAIN  
Injured person in which vehicle? GBC9729H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address

Postcode

DETAILS OF INJURED PERSON 4

Name

NG CHEE KEONG

Approximate Age

Injuries Sustain

BODY & HEAD PAIN

Injured person in which vehicle?

GBC9729H

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

Address

Postcode

**SKETCH PLAN****IMPORTANT NOTICE**

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7. 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:
  - (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.:

*Nadiah*  
18/02/2020



SKETCH PLAN

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RE-  
various  
St. John Rd.

(A) GOC QT29H  
(B) CKB 4185 H.  
(C) PG 8501 H.  
(D) GDE 81933  
(E) GDA 6821 D  
(F) GBE 807 D  
(G) SEUT TUNT

SEARCHED INDEXED  
SERIALIZED FILED  
MAR 1968  
FBI - NEW YORK

On 17.02.2020 at about 09:45hrs, I was travelling along  
 PIE towards Stren Road. The traffic was on slow moved. As I was heading  
 straight. The vehicle ahead of me slow down & stop. I follow suit.  
 While on stationary, all of a sudden I felt an hard impact from  
 the rear. Then I realised a vehicle SKB 4195H had collided  
 on to my rear. Due to the hard impact, my vehicle had moved  
 forward & collided onto SLU 7511T - Total 7 vehicles involved  
 in the accident.

## DECLARATION

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

**Date & Time:**

Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: \_\_\_\_\_

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

NRIC/FIN No.: