### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number
Contact Number

**EMail Address** 

- 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

	ACCIDENT STATEMENT	
Date Of Report	10/06/2020 22:40	
Date Of Accident	10/06/2020 08:55	
Exact Location Of Accident	SLIP ROAD FROM SLE TOWARDS THOMSON ROAD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJS8238K	
Insured/Policyholder		
Name Of Registered Owner	SEAH GIM WAH CONSTRUCTION PTE LTD	
Co Reg No	1XXXXX360K	
Email Address	SEAHGW@SINGNET.COM.SG	
Mobile Phone No		
Alternative Phone No	OFFICE-63832263	
Vehicle Particulars		
Manufacturer	BMW	
Model	528I AT D/AB LED NAV HUD	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE	
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	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	ERGO INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMPG19010603	
Cover Note Number	NA	
Driver		
Name of Driver	SEAH SEAK KENG	
NRIC No	SXXXX025E	
Date Of Birth	10/11/1955	
Occupation	OUTDOOR	
Date Of Driving Pass	29/06/1976	
Driving Experience	43 YEARS AND 11 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97873825	
Face Manuels and		

OTHERS-97873825

SEAHGW@SINGNET.COM.SG

Address NA

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

### **Circumstances of Accident**

I exit SLE and near slip road merging into THOMSON ROAD it was a 2 lane slip and my vehicle was positioned in the left lane and was stationary waiting for traffic on major road to clear suddenly third party vehicle collided onto my vehicle rear. No injuries 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 **SLA2265S** 

CITROEN / GRAND C4 PICASSO 1.6 BLUEHDI EAT6 S/R Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver **CHIN JUN YUAN** NRIC/Passport Number SXXXX808B 94881994 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

### **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.(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

10 June 2020

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

10 June 2020

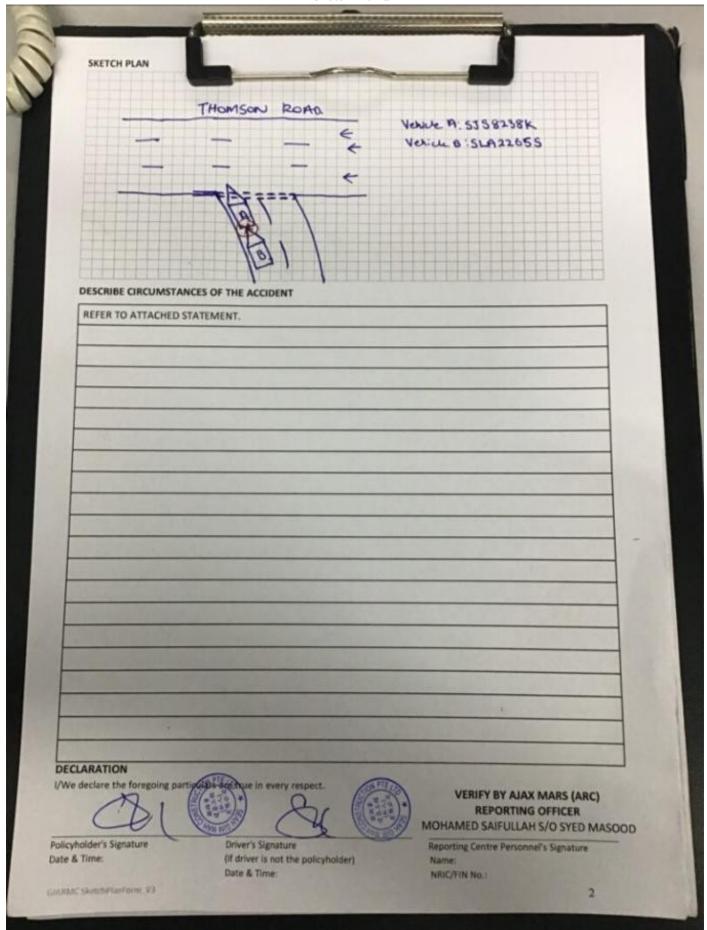
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3



# Sketch Plan #3 Pg. 1

# **ACCIDENT STATEMENT (2000 characters)**

my vehicle was positioned in the left lan	nto THOMSON ROAD it was a 2 lane slip and ne and was stationary waiting for traffic on major e collided onto my vehicle rear. No injuries
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information provided by AJAX MARS REPORTING OFFICER - MOHAMED SAIFULLAH S/O SYED MASOOD	ded above are true in every aspect
MARS Officer	Degistered Owner or Driverle Signature
Job Complete Date/Time	Registered Owner or Driver's Signature  Date/Time:
10 June 2020 at 12:39 PM	10 June 2020 at 12:39 PM



















