MSME20066021 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 05/08/2020 12:41 SUBMITTED BY: Chia Pei Ying

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.

	в	А	U	ч	u	ш	٥,	Е	N	E	ŀ	1	7.	٠,	н		W	11-	٩ì	М	ı	
	a	m	à	ĸ.		a	38		а	£	žε	a	a	ы	М	1	ы	433	鹺	ы	ы	

 Date Of Report
 05/08/2020 12:41

 Date Of Accident
 04/08/2020 18:15

Exact Location Of Accident SLE TWDS BKE AFTER MANDAI RD EXIT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC1329G

Insured/Policyholder

Name Of Registered Owner MBR IMPORTS & EXPORTS PTE LTD

Co Reg No 2XXXXX664C Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-83767643

Vehicle Particulars

Manufacturer NISSAN Model URVAN

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 DMCG20002196

Cover Note Number

Driver

Name of Driver CHINNAKARUPPAN VIJAYKUMAR

NRIC No GXXXX876P

Date Of Birth 19/05/1996

Occupation OUTDOOR

Date Of Driving Pass 09/12/2018

Driving Experience 1 YEAR AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98947703

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 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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

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? NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING STRAIGHT ALONG SLE TOWARDS BKE AFTER MANDAI ROAD EXIT AT THE EXTREME LH LANE OF 3 LANES. THE TRAFFIC AT THAT POINT OF TIME WAS VERY HEAVY. VEHICLES WERE MOVING AND STOPPING INTERMITTENTLY. ALL THE CARS IN FRONT OF ME HAD STOPPED, I FOLLOWED SUIT. SUDDENLY, I FELT A HUGE IMPACT. VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED MY VEHICLE TO SURGE FORWARD AND COLLIDED ONTO VEHICLE C REAR PORTION. I ALIGHTED AND REALISED THERE WERE A TOTAL OF 3 VEHICLES INVOLVED. VEHICLE C NEVER FELL DOWN ON THE ROAD AND CHECKED THERE WERE NO DAMAGES ON HIS BIKE AND LEFT THE SCENE WITHOUT EXCHANGE IN PARTICULARS.

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 GBB5751Z

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

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 2

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties VEHICLE C
Vehicle Category MOTORCYCLE

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 CHINNAKARUPPAN VIJAYKUMAR

Approximate Age Injuries Sustain

Injured person in which vehicle? GBC1329G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report carrectly 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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)

Lunderstand, 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 Sigi

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

anders free histories - La

Sm Auro

Sketch Plan #2 Pg. 1

SKETCH PLAN

A: GBC 13296 B: ABB 57 51: C: Whithown play (motorcycle) SIT Towards ext After Manda
--

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along SLE Towards BKE After Mandai Road Exit at the extreme LH lane of 3 lanes.
The traffic at that point of time was very heavy, vehicles were moving and stopping intermittently.
As all the cars in front of me had stopped, I also followed suit.
Suddenly, I felt a huge impact. Veh "B" collided with the rear portion of my vehicle and caused my vehicle surged forward and collided onto Veh "C" rear portion.
I alighted and realised there were a total of 3 vehicles involved.
Veh "C" never fell down on the road and checked there was no damage on his bike and left the scene without exchange in particular.
c. Vijylur
y v

DECLARATION

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

Policyholder's Sign Policy

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: