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 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 Submission 21/12/2020 22:35 (SGT) Date of Accident 19/12/2020 15:42 (SGT) Exact Location of Accident

Singapore

Additional Location Information DUNEARN RD (INFRONT OF ACS BARKER)

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ9072G

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner KLEAN POOL SERVICES

Company Reg No 5XXXX781X

Email Address queesong@gmail.com Mobile Phone No (Phone) +65-82338855

Alternative Phone No +65-82338855

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace

Variant

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

No - Claiming third party your vehicle?

Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company **ERGO**

Type of Coverage Comprehensive

Fleet Policy

Policy Number DMCG20010802

Cover Note Number 01/10/2020 - 30/09/2021

DRIVER

Name of Driver KHOO QUEE SONG (QIU GUISONG)

NRIC No SXXXX408D Date Of Birth 29/09/1984 Occupation Indoor

Date Of Driving Pass 16/05/2003 Driving experience 17 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-82338855 Alt. Phone Number Email Address queesong@gmail.com Address BLK 453A BUKIT BATOK WEST AVE 6 #02-749 Address complement Postcode 651453 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name TANG SHI HWA Gender Female PASSENGER 2 Name LIM KEE HIAT Gender **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Tanglin Division Headquaters Police Station Phone No (Phone) +65-18003910000 Alt. Police Station Phone No (Fax) +65-63964900 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Vehicle Registration Number	GBJ9230S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	DURAIRAJ MURUGESAN
Passport No/FIN	FXXXX963T
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

1. VEHICLE NO.: 98 J 907) J 2. INSURER CO: ERGO 3. ACCIDENT DATE & TIME: 19/12/20@/542

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- 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)

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:
 - 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:

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

Date & Time:

Reporting Centre Personnel's Signature

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