

## 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 Submission .....	05/02/2021 10:56 (SGT)
Date of Accident .....	04/02/2021 10:00 (SGT)
Exact Location of Accident .....	KJE, Singapore
Additional Location Information .....	TWDS PIE BEFORE CORPORATION RD EXIT 7
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YM7604Y
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SING MAH WOODEN CASES MANUFACTURER PTE LTD
Company Reg No .....	2XXXXX181D
Email Address .....	accounts@singmah.com.sg
Mobile Phone No .....	(Phone) +65-83509092
Alternative Phone No .....	+65-83509092

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Mkb37
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company .....	ERGO
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	DMCG20004221
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	SUNDARARAJAN ELAVARASAN
Passport No/FIN .....	GXXXX038T
Date Of Birth .....	02/06/1982
Occupation .....	Outdoor

Date Of Driving Pass .....	21/09/2010
Driving experience .....	10 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83509092
Alt. Phone Number .....	-
Email Address .....	arasan2505@gmail.com
Address .....	BLK 483 JURONG WEST ST 41 #04-246
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING STRAIGHT ALONG KJE TOWARDS PIE BEFORE CORPORATION ROAD EXIT 7 AT THE 3RD LANE OF 4 LANES. THE TRAFFIC AT THAT POINT OF TIME WAS VERY HEAVY. VEHICLES WERE MOVING AND STOPPING INTERMITTENTLY. AS THE CAR IN FRONT OF ME HAD SLOWED DOWN WITH THE MOVING, I ALSO FOLLOWED SUIT. SUDDENLY, I FELT A HUGE IMPACT. VEHICLE B COLLIDED INTO THE REAR PORTION OF MY VEHICLE AND CAUSED MY VEHICLE TO SURGE FORWARD AND COLLIDED ONTO VEHICLE C REAR PORTION. WHEN I ALIGHT FROM MY VEHICLE, I REALISED IT WAS 3 CARS CHAIN COLLISION. AS THE IMPACT IS TOO HUGE, IT CAUSED MY VEHICLE TO SWERVE TOWARDS THE LEFT SIDE AS I WAS SWUNG TOGETHER WITH THE IMPACT ON MY SEAT. I APPLIED BRAKES, BUT MY VEHICLE COULD NOT COME TO A COMPLETE STOP. MY VEHICLE THEN CONTINUED TO SURGE FORWARD AND IT CAUSED DAMAGE TO THE RIGHT PORTION OF MY VEHICLE.

#### 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 .....	XE5434M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	XD1790R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE C
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	SUNDARARAJAN ELAVARASAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	YM7604Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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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.:

24/05/2024 14:00:00

I authorized SME to Email the GIA  
Report to admin@nhtmotor.com / yunti@nhtmotor.com  
S-E-H-Su.

SKETCH PLAN

	<p>A: VM7604V</p> <p>B: XE5434M</p> <p>C: XD1730K</p> <p>LJE Towards PIE before Corporation Road exit 7</p>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along LJE towards PIE before Corporation Road exit 7 at the 3rd lane of 4 lanes.

The traffic at that point of time was very heavy, vehicles were moving and stopping intermittently.

As the car in front of me had slowed down with the moving, I also followed suit.

Suddenly, I felt a huge impact. Veh "B" collided into the rear portion of my vehicle and caused my vehicle to surge forward and collided into Veh "C" rear portion.

When I alight from my vehicle, I realized it was 3 cars chain collision.

S. E. L. S. M.

DECLARATION

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



*S. E. L. S. M.*  
 Policyholder's Signature  
 Date & Time:

*S. E. L. S. M.*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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























GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 - 17:00  
 UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS1Y21250002 Vehicle Registration No: YM7604Y  
 Name (as shown in NRIC) : Sundararajan Elavarasan NRIC/FIN/Passport No : G7551038T  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No.: 83509092  
 Email Address : accounts@singmah.com.sg  
 Date of Accident : 04/02/2011 Time of Accident : 1000 hrs  
 Place of Accident : KJE Towards PIE before Corporation Road Exit 7  
 Insurance Company: ERGO

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:



As the impact is too huge, it caused my vehicle to swerve toward the left side as I was swung together with the impact on my seat. I applied brakes, but my vehicle couldn't come to a complete stop. My vehicle then continued to surge forward and it caused damages to the right portion of my vehicle.

*[Signature]*



Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

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



**ERGO****Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMCG20004221  
 Vehicle Registration Number : YM7604Y  
 Cover Type : Third Party Only  
 Policy Type : Commercial Vehicle (Pte Use)  
 Name of Policyholder/Insured : SING MAH WOODEN CASES MANUFACTURER PTE LTD  
 Commencement Date of Insurance : 30/04/2020  
 Expiry Date of Insurance : 29/04/2021  
 Excess :

24-Hour Motor Accident Reporting  
 and Assistance Helpline

**6333 2222**

[www.ergo.com.sg](http://www.ergo.com.sg)

**Finance Company/Hire Purchase Owner :**

\*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**\* Limitations as to Use:**

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover :

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (\*).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of **ERGO Insurance Pte. Ltd.**

Approved Insurer



Authorized Signature

A000500	AA INTERNATIONAL INSURANCE AGENCY	Contact Number: 64646022
Vehicle Chassis Number : MKB37BN00117, Vehicle Engine Number : J08EUC10275		CP1, 31/03/2020 14:26

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5  
 5 Temasek Boulevard #04-05 Suntec Tower Five Singapore 038985 Tel: +65 6829 9199 Fax: +65 6829 9248 [www.ergo.com.sg](http://www.ergo.com.sg)