

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 04/03/2021 13:52 (SGT)
Date of Accident 03/03/2021 17:50 (SGT)
Exact Location of Accident Near 200 Holland Rd, Singapore 278590
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ8585A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner VIVRE ACTIVEWEAR PTE. LTD.
Company Reg No 2XXXXX768C
Email Address ADMIN@VIREACTIVEWEAR.COM
Mobile Phone No (Phone) +65-90069268
Alternative Phone No +65-90069268

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model CADDY TDI DSG WGDR
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 Private car

INSURANCE COMPANY

Name of Insurance Company ERGO
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCG21001691
Cover Note Number -

DRIVER

Name of Driver CHIA THIAM JOO
NRIC No SXXXX814H
Date Of Birth 26/07/1983
Occupation Outdoor

Date Of Driving Pass	04/09/2002
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90069268
Alt. Phone Number	-
Email Address	ADMIN@VIREACTIVEWEAR.COM
Address	BLK 306 YISHUN CENTRAL #07-189
Address complement	-
Postcode	760306
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

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

REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7003D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHAN KIM SWEE
NRIC No	SXXXX088Z

Contact Number (Phone) +65-90680991
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

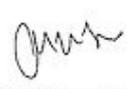
I understand, acknowledge, agree and consent that :

(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 :

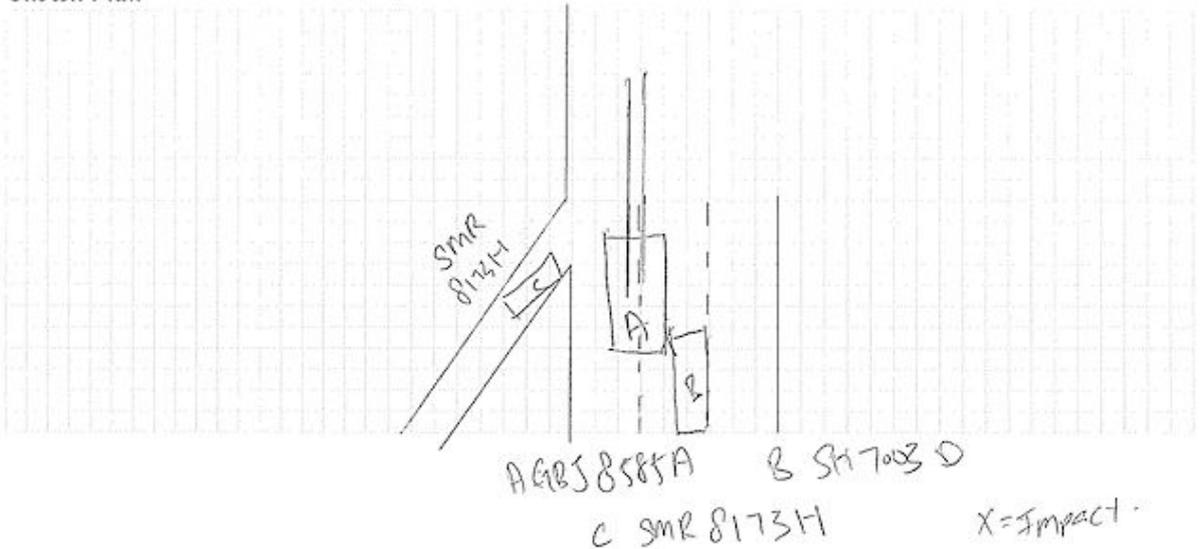
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

 		 
Policyholder's Signature / Date & Time 9/3/2021 12:00pm	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving lane 2 along Holland road towards north bound vista road, making a lane change from lane 2 to lane 3 as per video, which my lane change will be completed before the double white lines.

A white car SMR 8173H turned out from Lorong Mambong after failing to check for clear traffic. I quickly honned, checked my rear mirror to ensure the taxi SH 7003D is in my rear view mirror and tried to avoid hitting SMR 8173H.

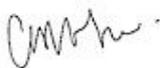
The taxi SH 7003D and my van GR3 8585A hit. The taxi should not enter my space before my lane change ^{from 2 to 3} was complete.

I am reporting this case and wish Ergo will fight for liability. Although hitting SMR 8173H seems to be the best choice in this scenario and I hope there can be changes to such future scenario.

Even if I lost the claim, I'll just sell the van and won't take up Ergo again for not trying.

Declaration

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

 Policyholder's Signature / Date & Time 12/01/21 4/13/2021	 Driver's Signature (If driver is not the policyholder) / Date & Time [Signature]	 Witnessed by Reporting Centre Personnel 
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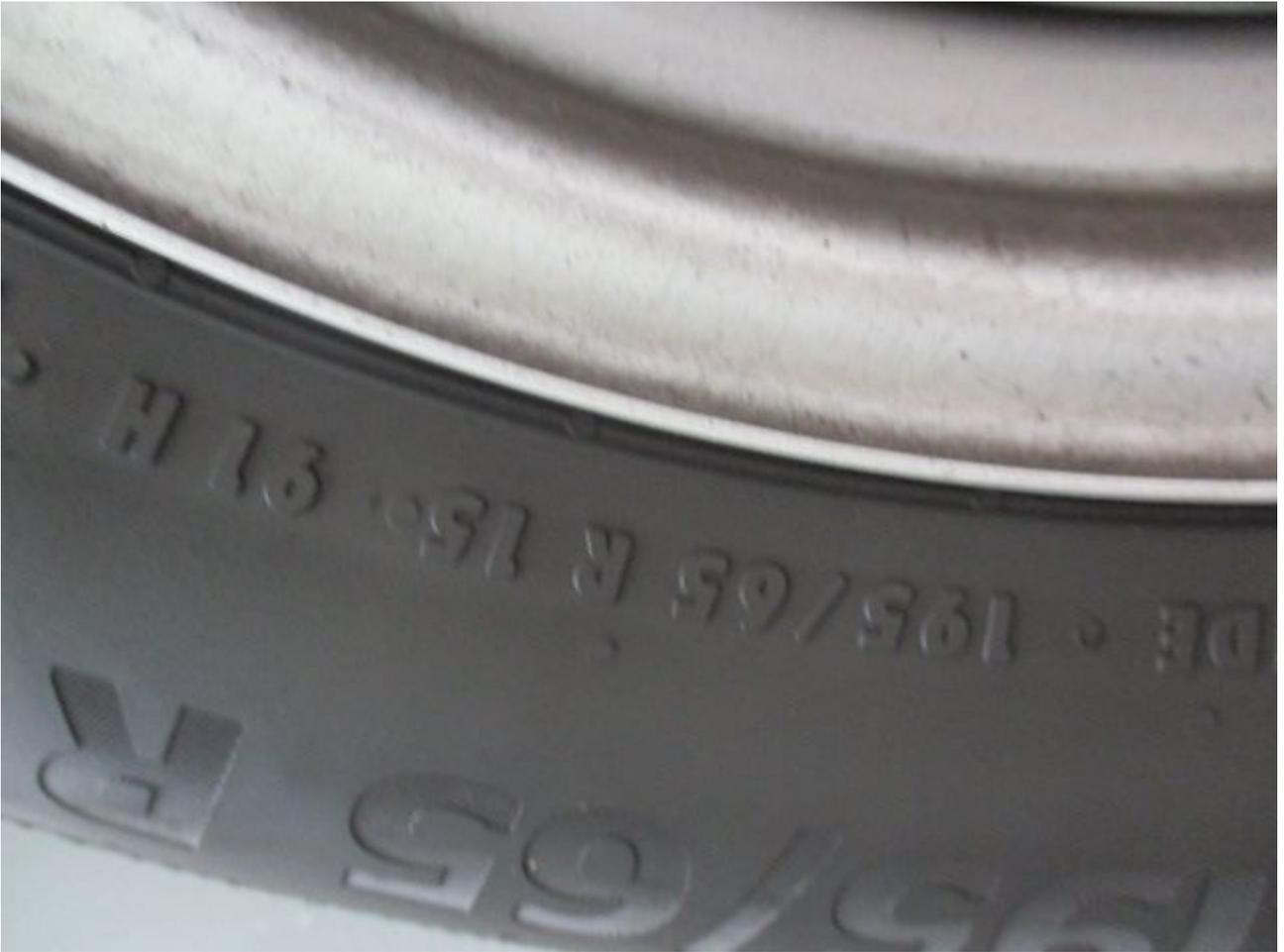




































IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SV0S21340003 Vehicle Registration No: G1BJ 8585A
 Name (as shown in NRIC): Vivie active wear Pte Ltd NRIC/FIN/Passport No: 201627768 C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 306 Yishun Central # 07-129 Singapore (760206)
 Contact (Tel): _____ Mobile No.: 9006 9268
 Email Address: admin@vreactivewear.com
 Date of Accident: 3/3/2021 Time of Accident: 17:50
 Place of Accident: Near 200 Holland Rd.
 Insurance Company: Eiga

(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:

- changed to Third party claim

 Policyholder / Driver's Signature
 Date:


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

