

# 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 .....	03/03/2021 17:22 (SGT)
Date of Accident .....	02/03/2021 08:23 (SGT)
Exact Location of Accident .....	Tuas Basin Link, Singapore
Additional Location Information .....	Towards Tuas Road
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YQ1895S
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LONGSHOT COMPANY
Company Reg No .....	2XXXX200W
Email Address .....	longshot_tpt@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-63873710
Alternative Phone No .....	(Office) +65-63873710

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Canter
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 .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMCG20013546
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TINESH RAJAKRISHNA
NRIC No .....	SXXXX647A
Date Of Birth .....	29/08/1989
Occupation .....	Outdoor

Date Of Driving Pass .....	16/11/2010
Driving experience .....	10 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87424207
Alt. Phone Number .....	-
Email Address .....	longshot_tpt@yahoo.com.sg
Address .....	BLK 512 BUKIT BATOK STREET 52 #02-512
Address complement .....	-
Postcode .....	650512
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 .....	2
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) .....	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

On the mentioned date and time, i was travelling along Tuas Basin Link towards Tuas Road. I signalled to slow down to make a right turn. Vehicle B which was driving behind my vehicle overtook me and its vehicle's left side collided onto my vehicle's front right portion. No one was injured. I would state that vehicle B was travelling against the traffic flow when it overtook my vehicle.

#### 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 .....	PC3151Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	-
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**

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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.

**LONGSHOT COMPANY**  
2 SIRAT ROAD  
SINGAPORE 545750  
TEL: 63873410 / 6387 6907  
FAX: 63873826  
Run No. 2982021001

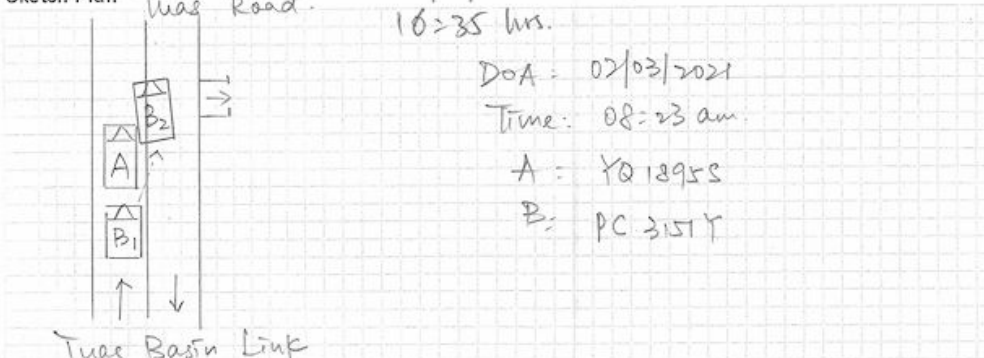


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



**Describe Circumstances of the Accident**

On the mentioned date & time, I was travelling along Tuas Basin Link towards Tuas Road. I signalled to slow down to make a right turn. Vehicle B which was driving behind my vehicle overtook me and its vehicle's left side collided onto my vehicle's front right portion. No one was injured. I would state that vehicle B was travelling against the traffic flow when it overtook my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.

**LONGSHOT COMPANY**  
2 SIRAT ROAD  
SINGAPORE 545750  
TEL: 63873410 / 6387 6307  
FAX: 63873826  
P.O. Box 238802100W

Policyholder's Signature / Date & Time

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

03/03/21 16:35 hrs.



Witnessed by Reporting Centre Personnel















