

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	30/10/2021 18:23 (SGT)
Date of Accident	30/10/2021 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS ROAD BEFORE ROUNDABOUT TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6399X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	123 HOME PLUMBING PTE.LTD
Company Reg No	2XXXXX908M
Email Address	123homeplumbing@gmail.com
Mobile Phone No	(Phone) +65-82331138
Alternative Phone No	+65-82331138

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	DYNA 150 MANUAL
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
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMCG21004787
Cover Note Number	22/4/21-21/4/22

DRIVER

Name of Driver	NG YEW KWANG
NRIC No	SXXXX947B

Date Of Birth	31/12/1964
Occupation	Outdoor
Date Of Driving Pass	15/01/1998
Driving experience	23 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91064987
Alt. Phone Number	-
Email Address	123homeplumbing@gmail.com
Address	BLK 675B YISHUN AVE 4 #11-782
Address complement	-
Postcode	762675
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	AFTER RAIN
Road Surface	Wet

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 vehicle 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 STOP BEHIND M/VAN(C) BEFORE THE ROUNDABOUT AS THERE WERE ONCOMING VEHICLES IN THE ROUNDABOUT. OUT OF SUDDEN, I FELT A GREAT IMPACT AT BACK AND MY LORRY MOVE FORWARD AND HIT ONTO THE REAR OF VAN(C).I CAME DOWN AND NOTICED MY VEHICLE IS INVOLVED IN A CHAIN ACCIDENT OF TOTAL 3 VEHICLES. DRIVER OF M/LORRY(B) WHICH HIT ONTO MY REAR APOLOGIZED FOR THE COLLISION AND WE EXCHANGED PARTICULARS. NO INJURIES ON ANYONE. IT WAS AFTER RAIN AND ROAD WAS WET.

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	YP6088C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LAM WENG SOON

NRIC No	SXXXX951A
Contact Number	(Phone) +65-92353364
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBK2887M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN KING XI
Passport No/FIN	GXXXX450M
Contact Number	(Phone) +65-82641699
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.

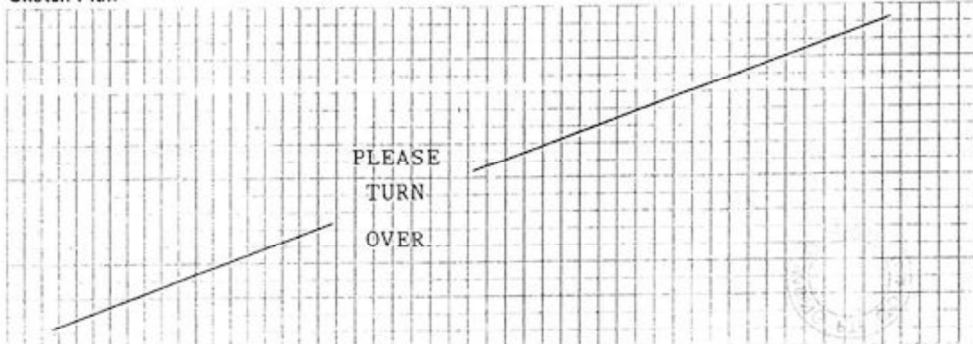
1. VEHICLE NO.: GBC 6399X
2. INSURER CO.: BTAU
3. ACCIDENT DATE & TIME: 30/10/21
@ 1250pm


Policyholder's Signature / Date & Time

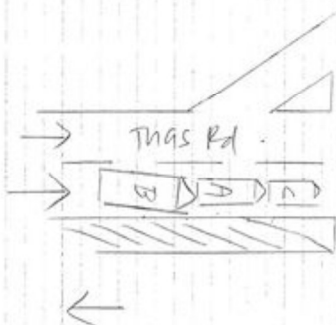

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel 30/10/21
(YS)

Sketch Plan



Sketch Plan



A = GBC 6399X

B = YP 6088C
Lam Weng Soon
S9722951A
NP: 92353364

C = GBC 2887M
Tan King Xi
G 805345DM
NP: 82641699

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DOA: 30/10/21

Time: 1250pm.

I stop behind m/van (C) before the roundabout as there were oncoming vehicles in the roundabout. Out of sudden, I felt a great impact at back and my lorry move forward and hit onto the rear of van (C). I came down and noted my vehicle is involved in a chain accident of total 3 vehicles.

Driver of m/lorry (B) which hit onto my rear apologized for the collision and we exchanged particulars.

NO injuries on anyone. I was alone. It was after rain and road was wet.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time: 30/10/21

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

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: (Y3)

() Claim Own Policy (X) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()