

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	18/11/2021 16:36 (SGT)
Date of Accident	17/11/2021 20:05 (SGT)
Exact Location of Accident	Gul Cir, Singapore
Additional Location Information	NEAR GUL STREET 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5022Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	NEW EMINENT CONSTRUCTION PTE LTD
Company Reg No	201216618N
Email Address	skycity1818@gmail.com
Mobile Phone No	(Phone) +65-96770025
Alternative Phone No	+65-96770025

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NNR85UH4A
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	Auto
CC	2999

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCG20013529
Cover Note Number	-

DRIVER

Name of Driver	CHINNIAH PANDI
NRIC No	F8073310X

Date Of Birth 06/04/1973
 Occupation Outdoor
 Date Of Driving Pass 30/06/2014
 Driving experience 7 YEARS AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-83868165
 Alt. Phone Number -
 Email Address skycity1818@gmail.com
 Address 5 TECH PARK CRESCENT #04-07
 Address complement -
 Postcode 638127
 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 Collision - Head on 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 2
 Was anybody injured in the Accident? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 14
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name UNKNOWN
 Gender Male

PASSENGER 2

Name UNKNOWN
 Gender Male

PASSENGER 3

Name UNKNOWN
 Gender Male

PASSENGER 4

Name UNKNOWN
 Gender Male

PASSENGER 5

Name UNKNOWN
 Gender Male

PASSENGER 6

Name UNKNOWN
 Gender Male

PASSENGER 7

Name UNKNOWN
 Gender Male

PASSENGER 8

Name UNKNOWN



Gender

Male

PASSENGER 9

Name

UNKNOWN

Gender

Male

PASSENGER 10

Name

UNKNOWN

Gender

Male

PASSENGER 11

Name

UNKNOWN

Gender

Male

PASSENGER 12

Name

UNKNOWN

Gender

Male

PASSENGER 13

Name

UNKNOWN

Gender

Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Yes

Police Station Name

Jurong Division Headquarters

Police Station Phone No

(Phone) +65-18007910000

Alt. Police Station Phone No

(Fax) +65-68965647

Police Station Address

No. 2 Jurong West Avenue 5 Singapore 649482

Was notice of intended Prosecution given?

No

If yes, against whom?

-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: J/20211118/7033.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes

Was there any video captured by Car Camera?

Yes

Reasons for not uploading a video of the accident

WITH DRIVER

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBL3384K

Vehicle Manufacturer

-

Vehicle Model

-

Vehicle Variant

-

Vehicle Colour

-

Vehicle Category

Commercial vehicle

Name of Driver

TAN PEI LAN REBECCA

Contact Number

(Phone) +65-91766179

Address

-

Address complement

-

Postcode

-

Insurance Company Name

-

Nature Of Damage

-

Details of property damaged in accident

VEHICLE B

No. Of Passenger (Including Driver)

-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
 Gender
 Phone No
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained
 Injured person in which vehicle?
 Were seat belts worn?
 Was this injured conveyed to hospital by ambulance?

-
-
-
-
-
-
-
-
-
-

SKETCH PLAN

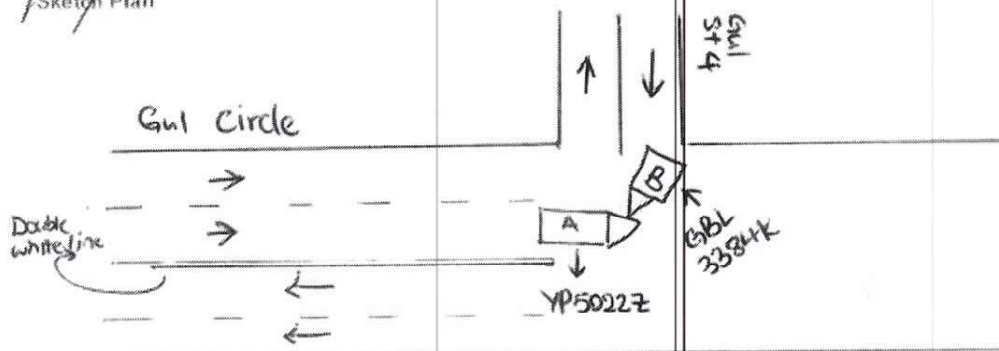
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process 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 insurers 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.

[Signature]
Policyholder's Signature / Date & Time
Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

1. driver of YP50223, while travelling along Gul Circle, was hit in the front by GBL3384K who was turning out from small road, Gul Street 4. GBL3384K did not stop at stop line before turning. Time: 8.05pm 17/11/2021

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date



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

Witnessed by Reporting Centre Personnel