

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	22/12/2021 13:57 (SGT)
Date of Accident	21/12/2021 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Punggol Way
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6500P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Seagull Pte Ltd
Company Reg No	200311849H
Email Address	vijay@seagullgroup.com.sg
Mobile Phone No	(Phone) +65-83437689
Alternative Phone No	(Office) +65-83437689

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
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCG21003399
Cover Note Number	-

DRIVER

Name of Driver	Gunasekaran Rajarajan
Passport No/FIN	G8638457X

Date Of Birth	19/05/1998
Occupation	Outdoor
Date Of Driving Pass	03/09/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83437689
Alt. Phone Number	-
Email Address	vijay@seagullgroup.com.sg
Address	7 Tuas South Street 15
Address complement	-
Postcode	637078
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?	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

Same as sketch plan

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	YN4502Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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	
Vehicle Manufacturer	YP8768K
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

- 1. This report is prepared by the Insurer's Surveyors and is for the use of the Insured.
- 2. This report is completed by the Police and is not for the use of the Insured.
- 3. This report is prepared in good faith and accuracy as possible. It is not a contract or warranty of any kind.
- 4. This report is prepared for the use of the Insured and is not for the use of any other party.
- 5. Any loss or damage to the Policy or the Insured's property is not covered by this report.
- 6. Any loss or damage to the Policy or the Insured's property is not covered by this report.
- 7. The report will be forwarded by the Insurer's Surveyors to the Insured and a copy will be forwarded to the Insurer's Surveyors.
- 8. The Insured agrees to indemnify the Insurer's Surveyors for any loss or damage to the Policy or the Insured's property.
- 9. The Insured agrees to indemnify the Insurer's Surveyors for any loss or damage to the Policy or the Insured's property.

Consent under the Personal Data Protection Act (PDPA)

I understand, with knowledge, agree and consent that:

- a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may (but are not limited to) collect, use, disclose and/or process my personal data (personal information) contained in this (form) and any other personal information provided by me or accessed by my Insurer (collectively, the "Personal Information") and store and transfer such Personal Information to all Insurers who have insured vehicle(s) involved in this accident (all Insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers") (the Insurers' favour) within the Singapore territory of Singapore and a wide range of government agencies (such as the police) for the purposes of:
 - i) processing, handling and for dealing with my claims during the settlement of the claims and any subsequent investigations relating to the claims;
 - ii) investigating the accident and/or my claims;
 - iii) carrying out and/or dealing with my obligations or responding to any enquiries by me;
 - iv) administering my claims (including the mailing of correspondence, statements and notices) to or notices to me which could involve disclosure of personal data (including about the loss of a vehicle as well as the external cover of my vehicle (if applicable)); and/or
 - v) complying with applicable laws (administering, processing, handling and dealing with my claims) for the purposes of:
- b) all Insurers who have insured vehicle(s) involved in this accident and/or any Insurer (Insurers) are permitted to collect, use, disclose and/or process my Personal Information for any purpose 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/agents, which may be sited outside of Singapore, for one or more of the above purposes; and
- d) Personal Information which is collected and used to complete claims (including for purposes of the above purposes) will be put on and managed in the Insurer's claim file for the claims.
- e) The information so collected and/or processed may be shared and/or disclosed
- f) to the Insurers and/or any other third party (such as my employer, investigating authorities, government agencies, etc.) for the purposes of the above purposes and to help me to settle my claims.

Signature of Insured: _____ Date: _____

Signature of Insurer: _____ Date: _____

Signature of Surveyor: _____ Date: _____

Signature of Agent: _____ Date: _____

Signature of Witness: _____ Date: _____



SKETCH PLAN

A) YN8768K
B) YN8768K
C) YN8768K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the above date & time I (YN8768K) was driving my vehicle at puncture near the vehicle repair of me jammed brake & stopped. Elnor Sht and managed to stop in time. Suddenly the vehicle (YN8768K) came from behind & hit side near puncture vehicle due to loss of road impact and my vehicle sped forward in front of front vehicle YN8768K.

I will be leaving TP at Kim Seng Motor Workshop



DECLARATION

I/we declare that the above particulars are true and correct.

[Signature]



Signature of Driver
Date & Time

[Signature]

Signature of Witness
Date & Time



Signature of Police Officer
Date & Time