



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 Actual 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	28/10/2022 16:53 (SGT)
Reported by	Both
Date of Accident	27/10/2022 08:50 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	CORPORATION ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7846K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PACIFIC-KSH COMPANY PTE LTD
Company Reg No	200200685H
Email Address	YVETTE@PACIFICKSH.COM.SG
Mobile Phone No	(Phone) +65-86717822
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R
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	4009

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22004210

DRIVER

Name of Driver	THENNARASU ANBARASAN
Passport No/FIN	G5178811M
Date Of Birth	12/01/1986
Occupation	Outdoor



Date Of Driving Pass	01/06/2020
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86717822
Alt. Phone Number	-
Email Address	YVETTE@PACIFICKSH.COM.SG
Address	53 UBI AVE 1 #01-30
Address complement	-
Postcode	408934
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 to Rear
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 WAS TRAVELLING ALONG AYE CORPORATION ROAD EXIT. I WAS TRAVELLING STRAIGHT AHEAD ON MY LANE. SUDDENLY, VEHICLE B REAR ENDED MY VEHICLE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ1859P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	-
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	THENNARASU ANBARASAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YN7846K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X  

Policyholder's Signature / Date & Time

Sketch Plan

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

AYE CORPORATION ROAD EXIT

Witnessed by Reporting Centre Personnel

YN7846K
SMQ1859P

B A

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG AYE CORPORATION ROAD EXIT. I WAS TRAVELLING STRAIGHT AHEAD ON MY LANE. SUDDENLY, VEHICLE B REAR-ENDED MY VEHICLE.

Declaration

(We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within a 14 day time frame from the day of occurrence. Kindly check with your insurer for more details.

 
Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel