

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 16/11/2022 16:07 (SGT)
Reported by Driver
Date of Accident 15/11/2022 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information NORTH STAR BUILDING DRIVEWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ4415J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner IBMS TECHNOLOGY PTE LTD
Company Reg No 200000505E
Email Address margie@ibms-tech.com
Mobile Phone No (Phone) +65-81566392
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 1461

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number DMCG22005254

DRIVER

Name of Driver TAY KOK MENG
NRIC No S7625159B
Date Of Birth 30/07/1976
Occupation Outdoor

| | |
|--|---------------------------------------|
| Date Of Driving Pass | 19/03/1997 |
| Driving experience | 25 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81566392 |
| Alt. Phone Number | - |
| Email Address | margie@ibms-tech.com |
| Address | BLK691B CHOA CHU KANG CRESCENT #15-60 |
| Address complement | - |
| Postcode | 682691 |
| 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 | Collided into Property |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 1 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | No |
| 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

REFER TO SKETCH PLAN DRAFT AND REPORT

ATTACHMENT(S)

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

SKETCH PLAN

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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.
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.



[Handwritten signature]

Policyholder's Signature / Date & Time

[Handwritten signature]

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



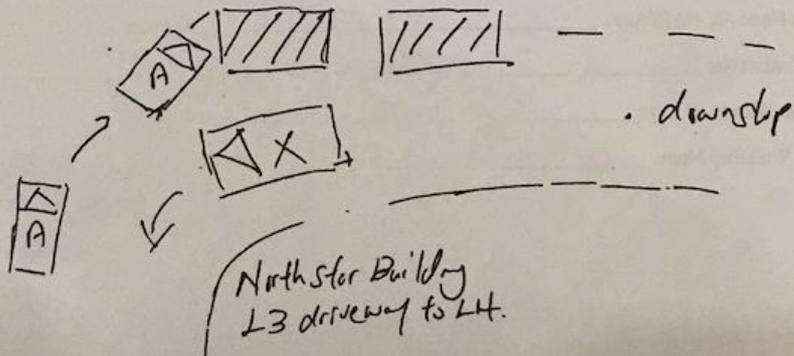
Witnessed by Reporting Centre Personnel

Sketch Plan

Ⓐ GBJ44153



up slope.



PW : JCNARPI68 we chat pw (SMALL CAP) 9677 5772

faantoworks@gmail.com

Describe Circumstances of the Accident

On mentioned date and time, I was driving at the said driveway to office. I was driving up from Level 3 to Level 4. A big lorry driving down slope from Level 4 to Level 3 block my view when I turning right up slope accidentally hit onto the pillar railing.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel

(SMALL CAP)

9677 5773 FORZA

enquiry@forzagr.com - forzagr.com























