

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	09/02/2023 14:38 (SGT)
Reported by	Driver
Date of Accident	09/02/2023 07:25 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	TOWARDS BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ9072Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MANIKARNIKA PTE. LTD.
Company Reg No	2XXXXX367R
Email Address	Debasish@manikarnika.com
Mobile Phone No	(Phone) +65-92717307
Alternative Phone No	(Office) +65-62955469

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2755

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22017213

DRIVER

Name of Driver	MOHAMMAD MADANI BIN SABTU
NRIC No	SXXXX875F
Date Of Birth	07/03/1972
Occupation	Outdoor

Date Of Driving Pass	01/09/2000
Driving experience	22 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92717307
Alt. Phone Number	-
Email Address	Debasish@manikarnika.com
Address	BLK 535 CHOA CHU KANG ST 51 #04-118
Address complement	-
Postcode	680535
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	4
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
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

ON 09/01/2023 AT ABOUT 07:25HRS, I WAS A - (YQ9072Y) ALONG KJE TOWARDS BKE. AS I TRAVELLING STRAIGHT ON FIRST LANE OF TWO LANES ROAD, FRONT VEHICLE C (GBG622U) APPLIED JAMMBRAKE SUDDENLY. I CAN'T STOP VEHICLE A IN TIME HENCE REAR ENDED ONTO VEHICLE B REAR BUMPER. OUT OF SUDDEN, I FELT AN IMPACT ONTO REAR OF VEHICLE A. VEHICLE B (SJF471Z) COLLIDED ONTO VEHICLE A REAR PORTION. ALIGHTING AND REALISE VEHICLE C COLLIDED ONTO VEHICLE D (GBK6659D) REAR BUMPER. TOTAL 4 VEHICLES INVOLVED IN THIS ACCIDENT. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

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	GBK6659D
Vehicle Manufacturer	Opel
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMASAMY ARUN KUMAR
Contact Number	(Phone) +65-90364817
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG622U
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHONG SE CHON
Contact Number	(Phone) +65-90023044
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	8

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJF471Z
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE KAY CHOR
Contact Number	(Phone) +65-92324877
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.



Policyholder's Signature / Date & Time

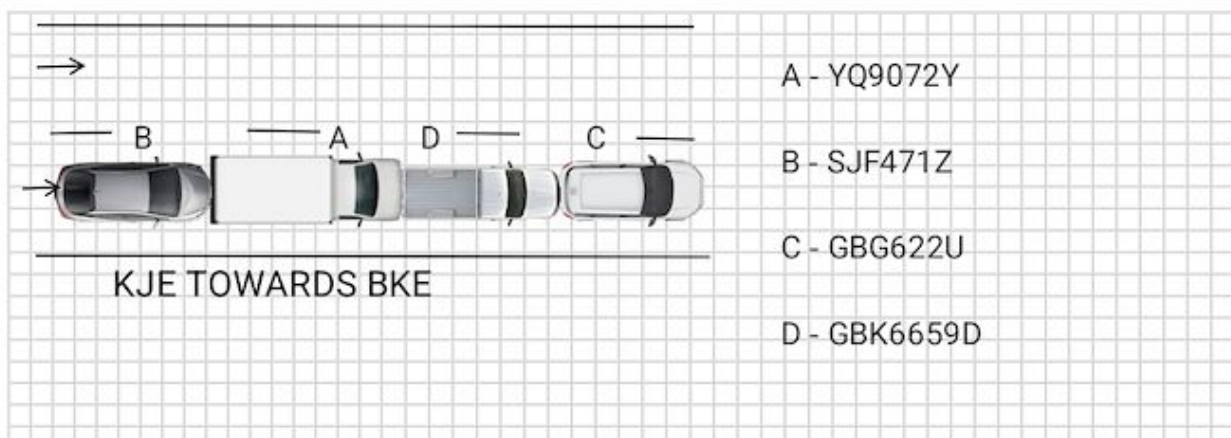
Sketch Plan

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

09/02/2023. -12 45HRS

**FLASH ACCIDENT
REPORTING OFFICER**

FRO KHAMARAJ

 Witnessed by Reporting Centre
Personnel


Describe Circumstances of the Accident

ON 09/01/2023 AT ABOUT 07:25HRS, I WAS A - (YQ9072Y) ALONG KJE TOWARDS BKE. AS I TRAVELLING STRAIGHT ON FIRST LANE OF TWO LANES ROAD, FRONT VEHICLE C (GBG622U) APPLIED JAMMBRAKE SUDDENLY. I CAN'T STOP VEHICLE A IN TIME HENCE REAR ENDED ONTO VEHICLE B REAR BUMPER. OUT OF SUDDEN, I FELT AN IMPACT ONTO REAR OF VEHICLE A. VEHICLE B (SJF471Z) COLLIDED ONTO VEHICLE A REAR PORTION. ALIGHTING AND REALISE VEHICLE C COLLIDED ONTO VEHICLE D (GBK6659D) REAR BUMPER. TOTAL 4 VEHICLES INVOLVED IN THIS ACCIDENT. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

Declaration

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



Policyholder's Signature / Date & Time

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

09/02/2023. -12 45HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre Personnel













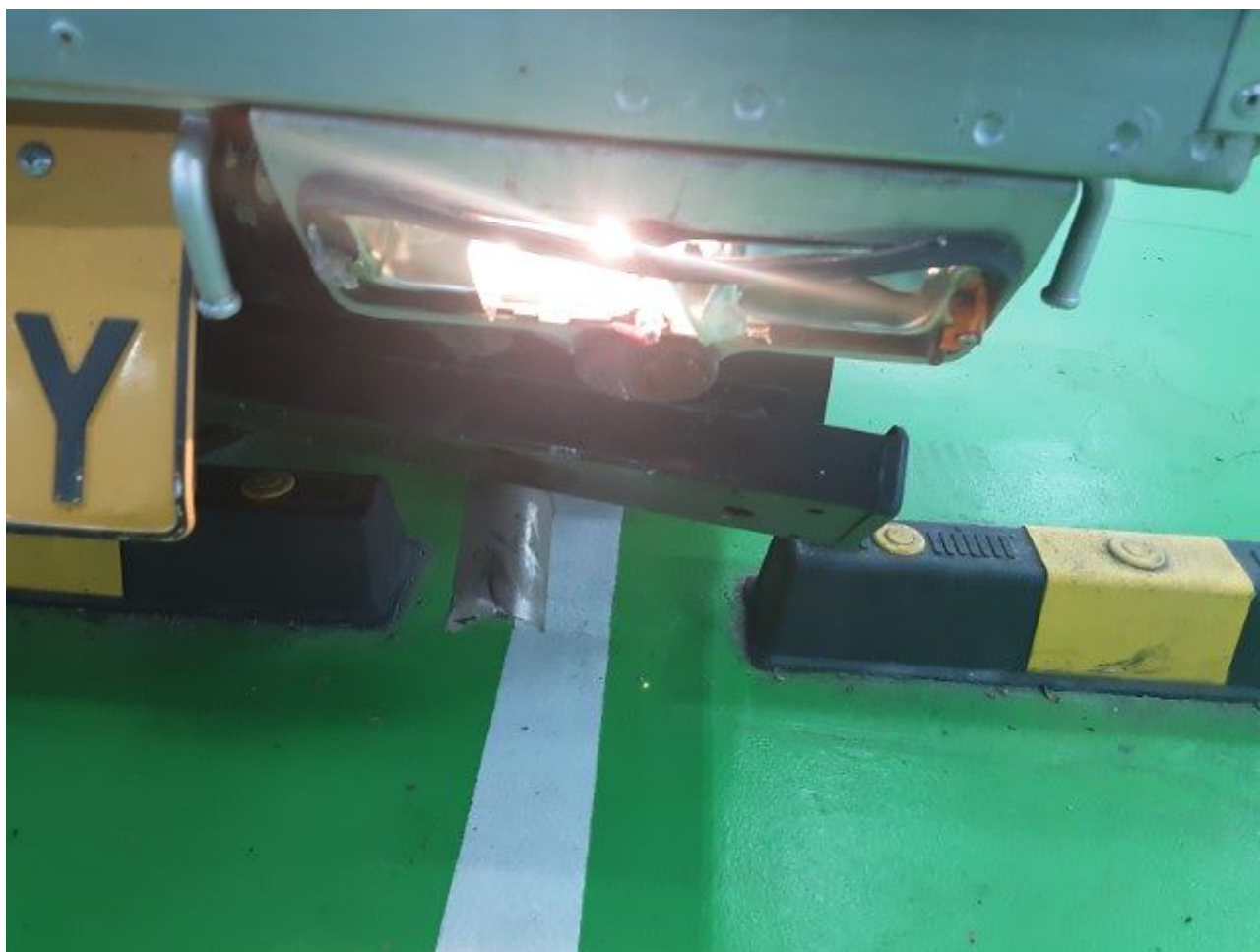










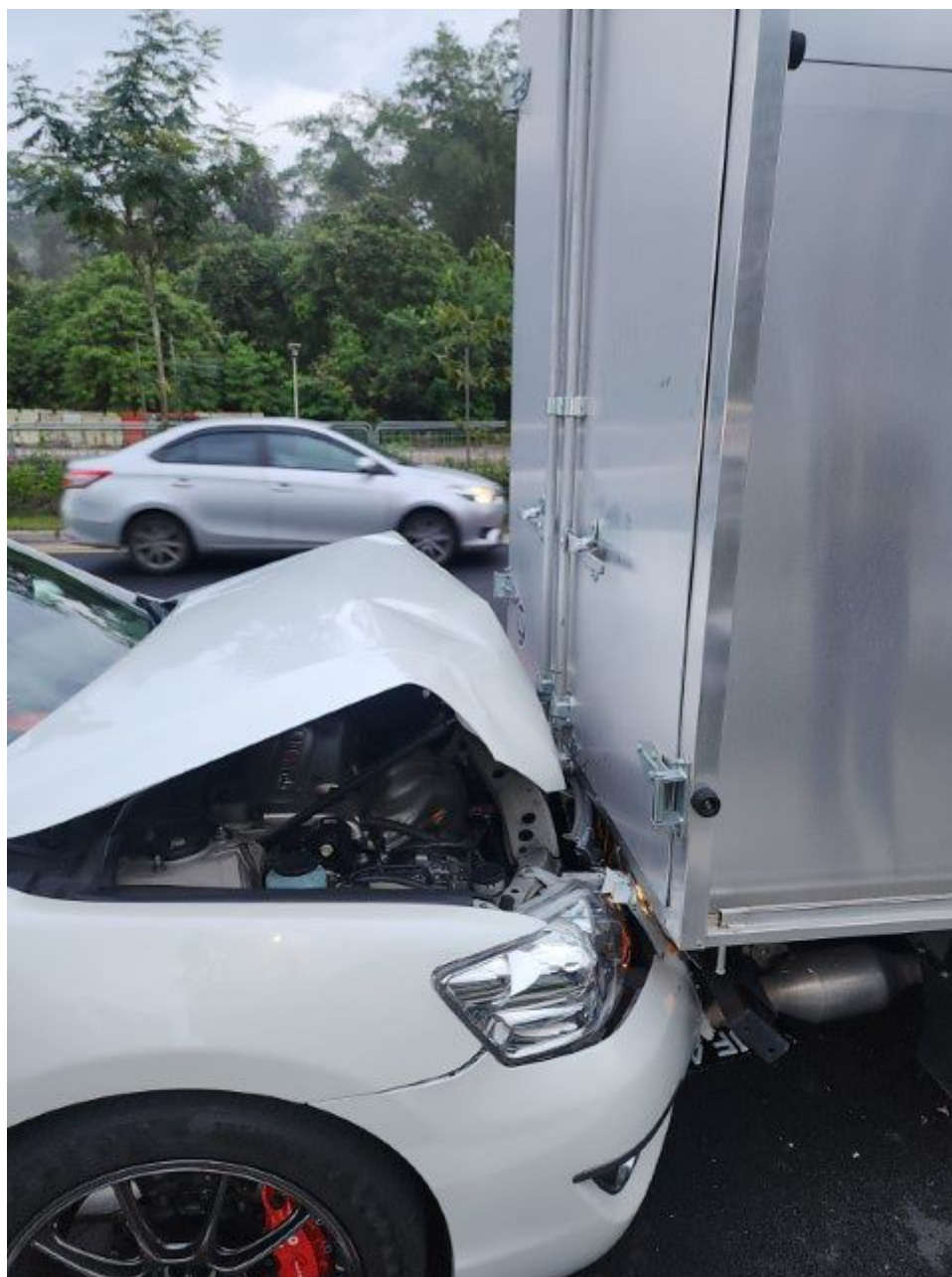




























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G2329000R Vehicle Registration No: YQ9072Y
 Name (as shown in NRIC): MANIKARNIKA PTE. LTD. NRIC/FIN/Passport No: 2XXXXX367R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 62955469
 Email Address: _____
 Date of Accident: 09/02/2023 Time of Accident: 07:25
 Place of Accident: KJE, Singapore
 Insurance Company: ERGO Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE CLAIM STATUS TO OWN DAMAGE CLAIM



Policyholder / Driver's Signature
Date:

Siti

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 09.02.2023