

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	28/03/2023 08:14 (SGT)
Reported by	Actual Driver
Date of Accident	27/03/2023 09:51 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PORTSDOWN AVENUE , AYE TOLL ROAD TOWARDS TUAS AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9908L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LABCON CONTRACTOR PTE LTD
Company Reg No	2XXXXX873K
Email Address	claudia@labcon.com.sg
Mobile Phone No	(Phone) +65-91819341
Alternative Phone No	-

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?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22016099

DRIVER

Name of Driver	SUBBIAH CHINNIAH
Passport No/FIN	GXXXX886T
Date Of Birth	01/04/1988

Occupation	Outdoor
Date Of Driving Pass	06/04/2010
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84069750
Alt. Phone Number	-
Email Address	claudia@labcon.com.sg
Address	52 UBI AVENUE 3
Address complement	# 03-28
Postcode	408867
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	Raining
Road Surface	Wet

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?	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

PLEASE REFER TO THE ATTACHED STATEMENT

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	SJP4286M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	(Phone) +65-91800552
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

SKETCH PLAN

1. Please fill in 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 insurers to repudiate policy liability.
4. The signature and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any report may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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 submission 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, by workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process any personal data/personal information set out in this [form] and any other personal information provided by me or possessed by any 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 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
(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/are disclosed by any of the Insurers and/or GIA to their third-party service providers or agents including the Insurers' lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Portdown Avenue AVE full road towards Tuas

A - GBG 9908L

B - SPJ 4286M



Describe the Circumstances of the Accident

On the above stated date and time, I was travelling along Aye toll road towards Tuen and it was slightly traffic jam due to raining. vehicle B was in front of me travelling along the same lane as mine. while slowly moving, suddenly vehicle B stopped and due to the surface of road was wet and slippery my vehicle skidded while pressing the brake and hit the rear left portion of vehicle B.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

S. Chan 27.03.2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

James 25/3/23
Witnessed by Reporting Centre Personnel (Name as in CRIC/IC Card)















