

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	16/05/2023 16:46 (SGT)
Reported by	Actual Driver
Date of Accident	15/05/2023 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS NEXUS DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD611G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROYAL'S ENGINEERING & TRADING (S) PTE LTD
Company Reg No	2XXXXX382D
Email Address	royalsengineering@yahoo.com.sg
Mobile Phone No	(Phone) +65-83282931
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FV517KM2RDEB
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	11945

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG23003315

DRIVER

Name of Driver	MUNIYANDI KUMAR
Passport No/FIN	GXXXX264L
Date Of Birth	20/05/1978
Occupation	Outdoor

Date Of Driving Pass	30/05/2008
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-97798832
Alt. Phone Number	-
Email Address	royalsengineering@yahoo.com.sg
Address	NO.9 TRACTOR ROAD
Address complement	# 03-10
Postcode	627970
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?	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	XD9175P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WANG ZHIYONG
Passport No/FIN	GXXXX141U

Contact Number	(Phone) +65-81282412
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-91244342
Email	-

SKETCH PLAN

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B. 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.



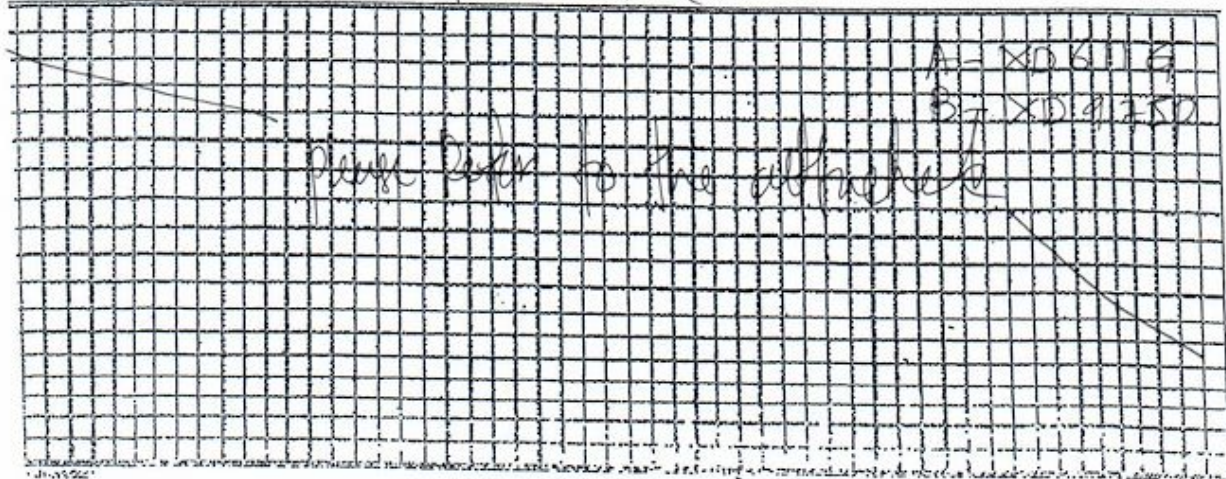
Policyholder's Signature / Date & Time

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

TUAS Nexus Drive



5/16/23, 2:16 PM

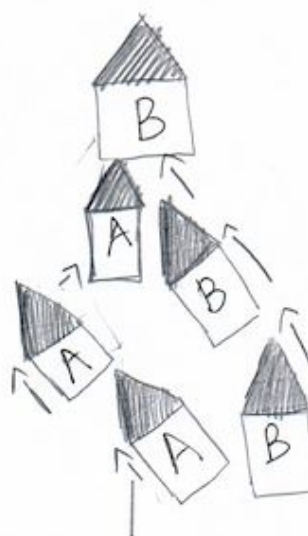
Singapore - Google Maps

Google Maps Singapore

Tuas Nexus Drive



M. K. Pong
16/05/23.



A - XD 611 G
B - XD 917 SP

<https://www.google.com/maps/@1.2796693,103.6364234,3a,75y,111.17h,70.93t/data=!3m6!1e1!3m4!1sr6ydF0V32oTDhnsI-aXKJw!2e0!7i16384!8i8192> 1/1

Describe Circumstance of the Accident

on the above stated date and time, I was driving along Tuus Nexus Drive. Vehicle B was Behind me when I was entering Tuus Nexus Drive. I gave way to vehicle B to pass over me since mine was a heavy loaded vehicle, so I moved to the left side to give him way. As he filter to the right he shaved his middle finger to me. I was shocked as I already gave way to him and he shaved me middle finger. So I went behind him to ask him, but he pass over me and he put on an emergency brake in front of my vehicle which made to put on an emergency brake as well. my vehicle skidded and hit vehicle B rear left side portion of the vehicle.

there was a security guard as a witness to this incident. as they have the video footage of the incident. upon requested they did not want to pass it to me.

Declaration

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



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)

H. Kuy 16/05/23

g. m. m. 16/5/2023



















