SJ0G244N000C / JP Knights Pte Ltd
ENTRY DATE & TIME: 23/04/2024 09:53 (SGT)
SUBMITTED BY: Flash Reporting
VERSION: 1 (23/04/2024 09:53 (SGT))

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 witholding 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 First Submission	23/04/2024 09:53 (SGT)
Reported by	Actual Driver
Date of Accident	22/04/2024 08:50 (SGT)
Exact Location of Accident	Bedok South Ave 1, Singapore
Additional Location Information	TOWARDS ECP(CITY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ9824P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA CHENG LIANG
NRIC No	S8922120Z
Email Address	CHUACHENGLIANG@GMAIL.COM
Mobile Phone No	(Phone) +65-90679214
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Cx-5
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG23006775

DRIVER

Name of Driver	LIM GLORY
NRIC No	S8527345J
Date Of Birth	24/09/1985
Occupation	Indoor

Driving Pass Date	28/01/2005
Driving experience	19 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90679214
Alt. Phone Number	-
Email Address	CHUACHENGLIANG@GMAIL.COM
Address	35 JALAN BAHAGIA #04-232
Address complement	-
Postcode	320035
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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

ON THE DATE 22/04/2024 AT ABOUT 0850HRS WHILE I WAS DRIVING VEHICLE A ON THE WAY TO WORK EN-ROUTE FROM 28 PARBURRY AVE TOWARDS 1 HAMPSHIRE ROAD WHILE TRAVELLING ALONG THE SLIP ROAD OF UPPER EAST COAST ROAD AND BEDOK SOUTH AVE 1 I STOPPED STATIONARY TO CHECK FOR THE ONCOMING TRAFFIC SUDDENLY I GOT 2 JERKS FROM BEHIMD UPON CHECKING IT WAS VEHICLE B BEARING REGISTRATION NUMBER EG9669R THAT DID NOT MANAGE TO STOP ON TIME AND REAR ENDED VEHICLE A.NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EG9669R
Vehicle Manufacturer	Toyota
Vehicle Model	Voxy
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	RENEE TAN LAY SIEW(RENEE CHEN LIXIU)
NRIC No	S7345162J
Contact Number	(Phone) +65-93809152
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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**")

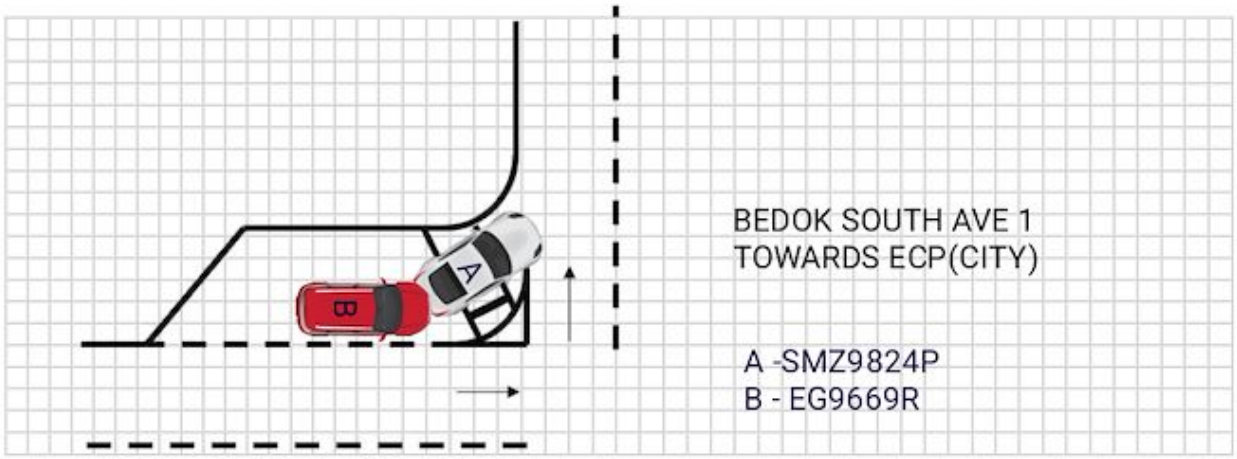
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use,disclose and/or process my Personal Information for one or more of the above Purposes; and

(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	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

22042024
2000HRS



Describe Circumstances of the Accident

ON THE DATE 22/04/2024 AT ABOUT 0850HRS WHILE I WAS DRIVING VEHICLE A ON THE WAY TO WORK EN-ROUTE FROM 28 PARBURRY AVE TOWARDS 1 HAMPSHIRE ROAD WHILE TRAVELLING ALONG THE SLIP ROAD OF UPPER EAST COAST ROAD AND BEDOK SOUTH AVE 1 I STOPPED STATIONARY TO CHECK FOR THE ONCOMING TRAFFIC SUDDENLY I GOT 2 JERKS FROM BEHIND UPON CHECKING IT WAS VEHICLE B BEARING REGISTRATION NUMBER EG9669R THAT DID NOT MANAGE TO STOP ON TIME AND REAR ENDED VEHICLE A.NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL.

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	Witnessed by Reporting Centre Personnel
	22042024 2000HRS	

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

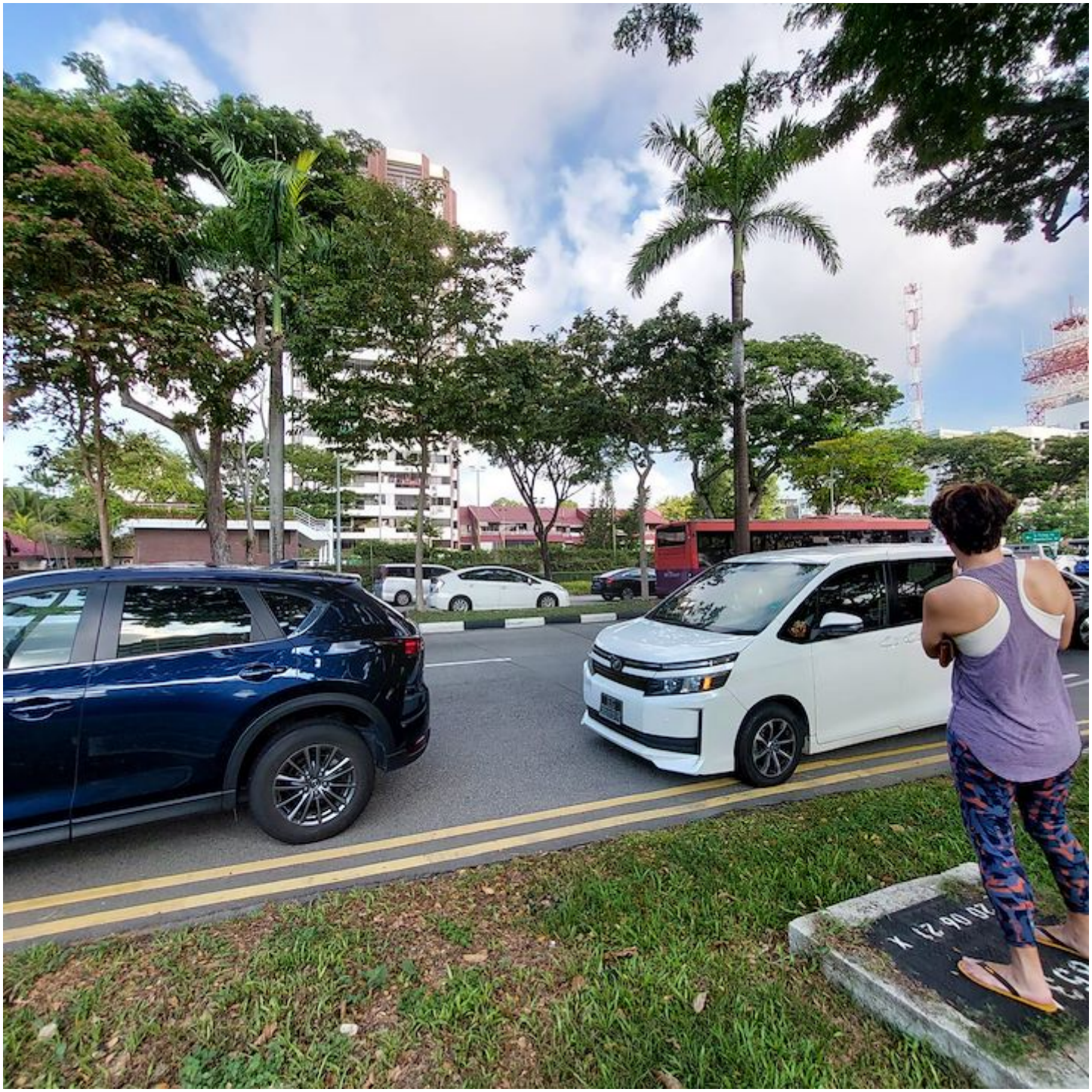
IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11



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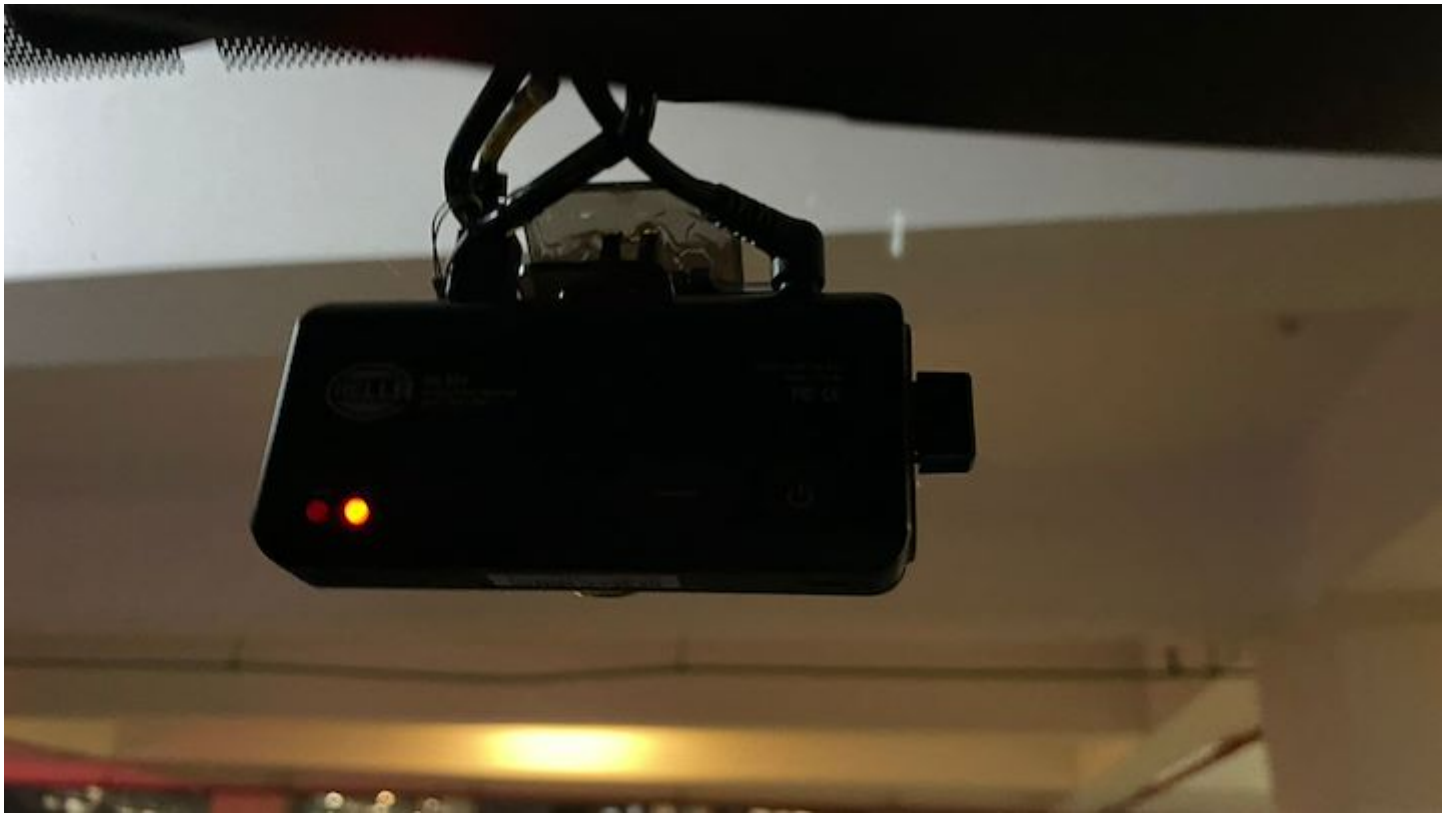
IMAGES #13

IMAGES #14



IMAGES #15

IMAGES #16


EG
9669 R

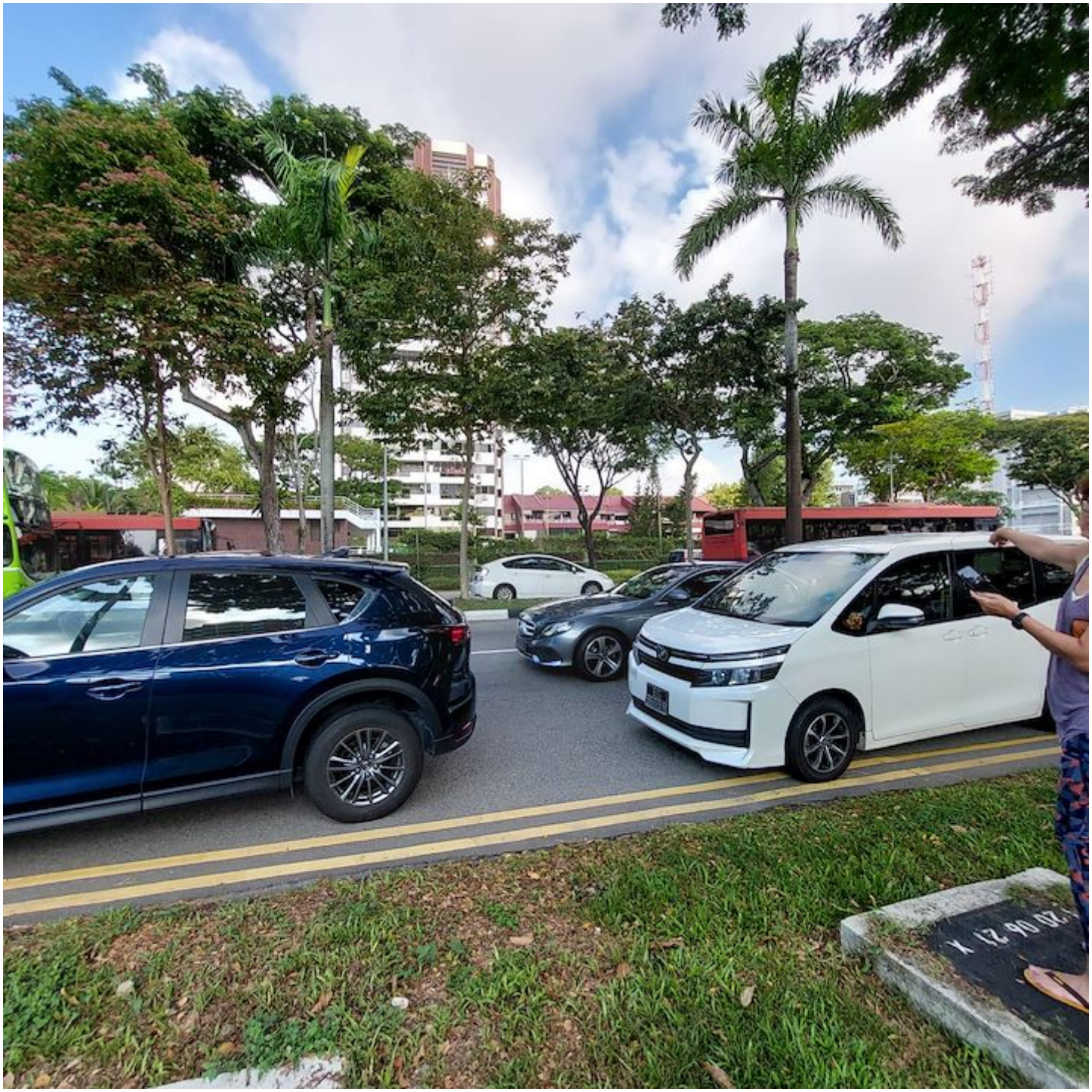
IMAGES #18

IMAGES #19

IMAGES #20

IMAGES #21

IMAGES #22



OTHER DOCUMENTS