# **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.

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   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 05/09/2024 19:34 (SGT) Reported by **Actual Driver** Date of Accident 04/09/2024 08:45 (SGT) Exact Location of Accident Singapore Additional Location Information Singapore Customs Checkpoint Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SNM1530X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Tang Chee Kuan NRIC No S7689225C Fmail Address khor228@hotmail.com Mobile Phone No (Phone) +65-82184292 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model

ALPHARD 2.5S C-PACKAGE CVT Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2493 Vehicle Fuel First Regisration Date Chassis no

## INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Policy Number / Cover Note Number DMPG24011722

DRIVER

Effective Date/Time of Ownership

Name of Driver Khor Hui Ling NRIC No S7969156I Date Of Birth 01/02/1979 Occupation Indoor Driving Pass Date 02/03/2015 Driving License Pass Class Driving License Validity Valid Driving experience 9 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-92489863 Alt. Phone Number Email Address khor228@hotmail.com Address 53 Sunrise Avenue #03-22 S806746 Address complement Postcode Is the driver the policyholder? 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 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) 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 PASSENGER 1 Name Eleen Teoh Gender Female PASSENGER 2 Name Vicki Lai Gender Female 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 attached

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SKV6740L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

## IMPORTANT NOTICE

- 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
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- 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.
- Any false reporting 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 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.

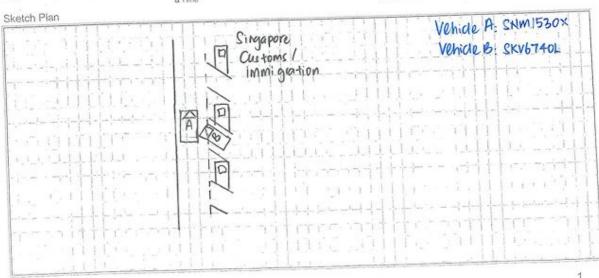
(collectively the "Purposes")

- (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.

Policyholder's Signature / Date & Time

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

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



	After clearing the immigration, I was travelling straight on my
right	After clearing the immigration, I was travelling straight on my ful lane when I suddenly felt an impact from therear portion of my cle. I went down to check & realised vehicle B had collided onto
vehi	cle. I Went down to check & realised vehicle B had collided onto
the	rear right portion of my vehicle while exiting & caused damages to vehicle.
m	y vehicle.
	The second secon

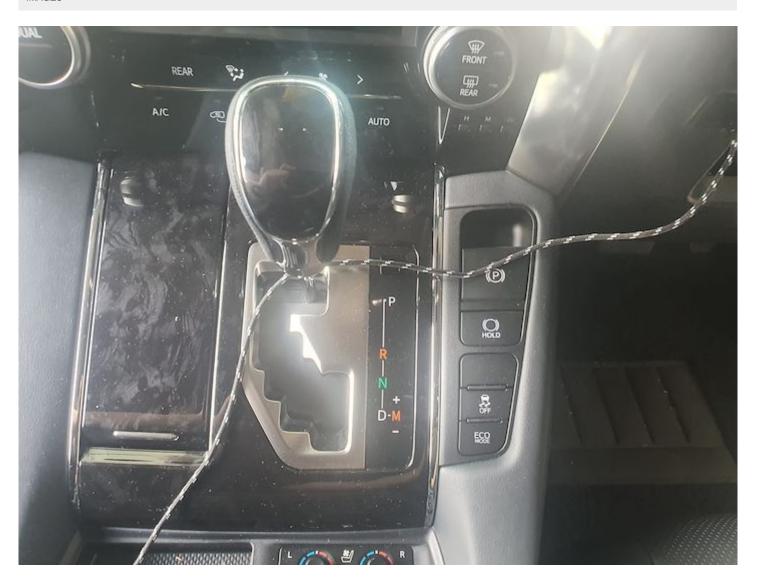
Policyholder's Signature / Date & Time

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

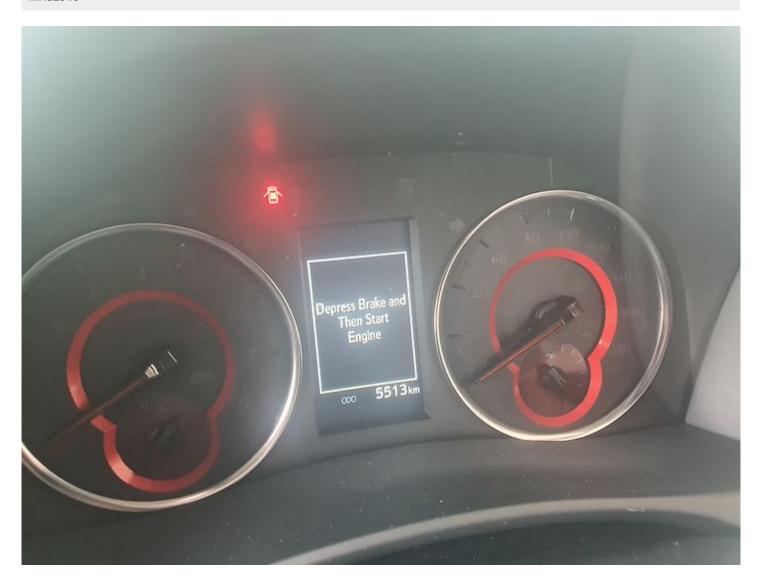
Driver's Signature (if driver is not the policyholder) / Date

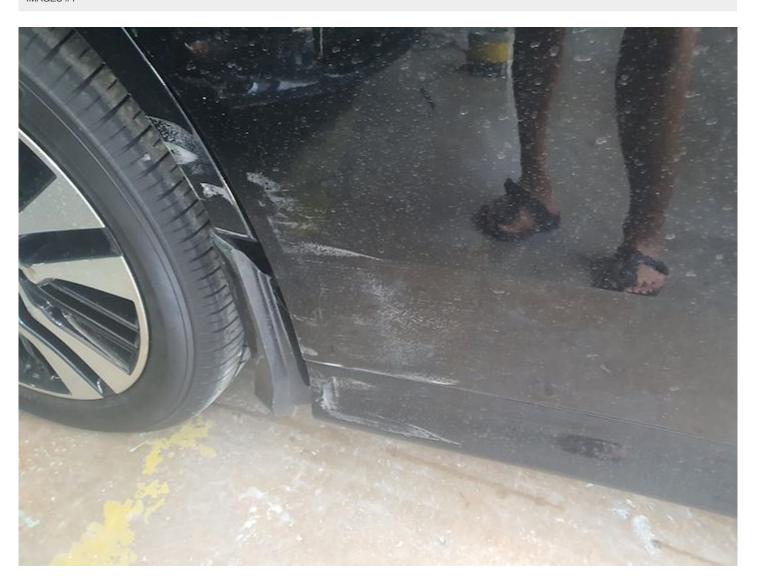
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2



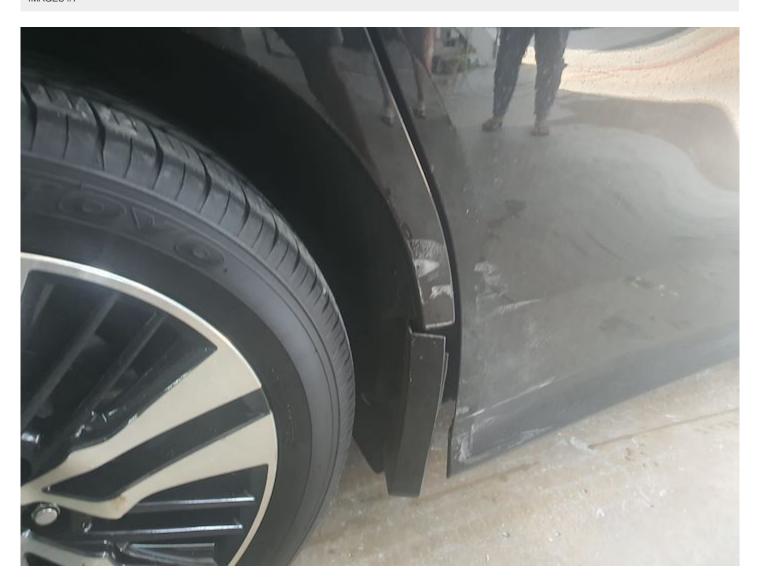




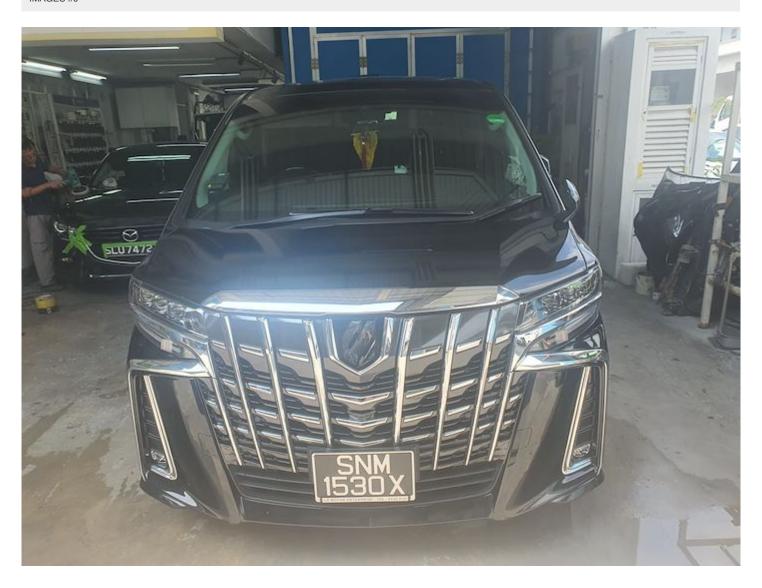
















ERGO

#### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number

DMPG24011722

Vehicle Registration Number

SNM1530X

Cover Type

Superior Comprehensive

Policy Type

Private Car

Name of Policyholder/Insured

TANG CHEE KUAN

Commencement Date of Insurance

08/08/2024

Expiry Date of Insurance

05/08/2025

Excess

EXCESS: (SECTION I). ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)... ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) EXCESS: WINDSCREEN YOUNG & INEXP DRIVERS (SECTION I) 22

500,00 300.00 100.00

24-Hour Helpline: 6100 1620

Finance Company/Hire Purchase Owner: MAYBANK SINGAPORE LIMITED

\*Persons or Classes of Persons entitled to drive:

- 1. The Policyholder
- 2. Any Person who is driving on the Policyholder's order or permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

- \* Limitations as to Use
  - Use only for social domestic and pleasure purposes
     Use for Policyholder's business

This Policy does not cover

- Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
   Use for the carriage of goods other than samples in connection with any trade or business
- Use for any purpose in connection with the Motor Trade
   Rental/ Leasing unless otherwise stated

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (\*).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of ERGO Insurance Pte. Ltd.

lonas Boltz Authorized Signature

B100034 DICKSON INSURANCE BROKER PTE. LTD. Vehicle Chassis Number: AGH300462034, Vehicle Engine/Motor Number: 2AR2685324 PC1, 08/08/2024 18:18

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5 8 Temasek Boulevard #04-01 Suntec Tower Three Singapore 038988 Tel: +65 6829 9199 Fax: +65 6829 9248 www.ergo.com.sg