

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 First Submission	24/06/2024 08:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/06/2024 18:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(TUAS) NEAR KALLANG EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1103E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KUAH YEOW HWEE
NRIC No	S7633804C
Email Address	marcuskuah@gmail.com
Mobile Phone No	(Phone) +65-97312133
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q2 1.4 TFSI COD S TRONIC
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	1395

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG23009485

DRIVER

Name of Driver	KUAH YEOW HWEE
NRIC No	S7633804C
Date Of Birth	15/10/1976
Occupation	Indoor

Driving Pass Date	26/05/2006
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97312133
Alt. Phone Number	-
Email Address	marcuskuah@gmail.com
Address	222 JLN EUNOS #01-106
Address complement	-
Postcode	415871
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	3
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)	2
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	CHRISTINE SHENG
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

ON THE 22/06/24 AT AROUND 1800HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SMD1103E ALONG PIE (TUAS) BEFORE KALLANG EXIT EN ROUTING TO UPPER SERANGOON WITH MY WIFE ON BOARD USING THE VEHICLE FOR PERSONAL USE. WHILE DRIVING ALONG THE 1ST LANE, THERE WAS A CAR INFRONT OF ME SUDDENLY BRAKE AND I PUT ON MY BRAKES TO AVOID THE CAR INFRONT. VEHICLE B (SMF3516Z) WHO WAS BEHIND ME HAD REAR ENDED ME AS HE COULD NOT STOP IN TIME. VEHICLE C (FBS9877D) WHO WAS BEHIND VEHICLE B HAD REAR ENDED VEHICLE B AFTERWARDS. WE ALL EXCHANGED PARTICULARS AND NOBODY WAS INJURED DURING THE COURSE OF COLLISION.

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	SMF3516Z
Vehicle Manufacturer	Hyundai
Vehicle Model	ELANTRA AD 1.6 GLS AT (AMS)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96551935
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBS9877D
Vehicle Manufacturer	Yamaha
Vehicle Model	CZD300A / XMAX300
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-81832534
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**

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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.

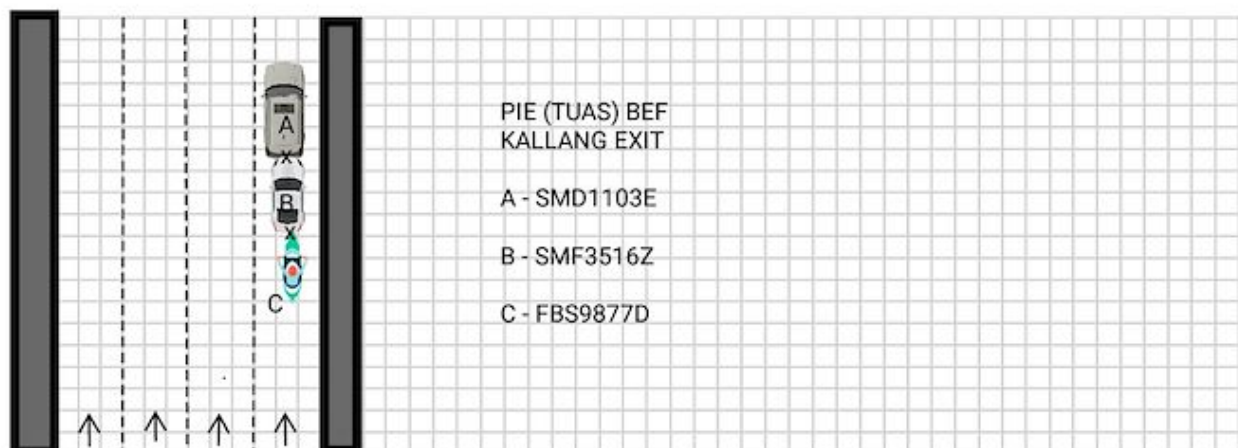
Policyholder's Signature / Date & Time

Sketch Plan 230624
1855hrs

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



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE 22/06/24 AT AROUND 1800HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SMD1103E ALONG PIE (TUAS) BEFORE KALLANG EXIT EN ROUTING TO UPPER SERANGOON WITH MY WIFE ON BOARD USING THE VEHICLE FOR PERSONAL USE. WHILE DRIVING ALONG THE 1ST LANE, THERE WAS A CAR INFRONT OF ME SUDDENLY BRAKE AND I PUT ON MY BRAKES TO AVOID THE CAR INFRONT. VEHICLE B (SMF3516Z) WHO WAS BEHIND ME HAD REAR ENDED ME AS HE COULD NOT STOP IN TIME. VEHICLE C (FBS9877D) WHO WAS BEHIND VEHICLE B HAD REAR ENDED VEHICLE B AFTERWARDS. WE ALL EXCHANGED PARTICULARS AND NOBODY WAS INJURED DURING THE COURSE OF COLLISION.

Declaration

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



Policyholder's Signature / Date & Time
230624
1855hrs

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



Witnessed by Reporting Centre Personnel















