

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	12/11/2024 10:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/11/2024 13:36 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TO KPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBP339R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WEE ANN MAY ADRIENNE
NRIC No	S7705861C
Email Address	ADRIENNE_WEE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90889929
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Touran
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1400
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG24000864

DRIVER

Name of Driver	WEE ANN MAY ADRIENNE
NRIC No	S7705861C
Date Of Birth	22/02/1977
Occupation	Indoor
Driving Pass Date	14/01/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90889929
Alt. Phone Number	-
Email Address	ADRIENNE_WEE@HOTMAIL.COM
Address	BLK 61 TAMPINES AVE 1 #08-03
Address complement	-
Postcode	529776
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	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

I WAS DRIVING ALONG ECP ON THE SECOND LANE. I WANTED TO FILETER TO LANE 3 AND CAR B CAME TO A STOP AND I ACCIDENTALLY HIT THE REAR LH SIDE OF CAR B.

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	SMP5613K
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JASPAL SINGH S/O NARRALL SINGH
NRIC No	S9534108Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
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.

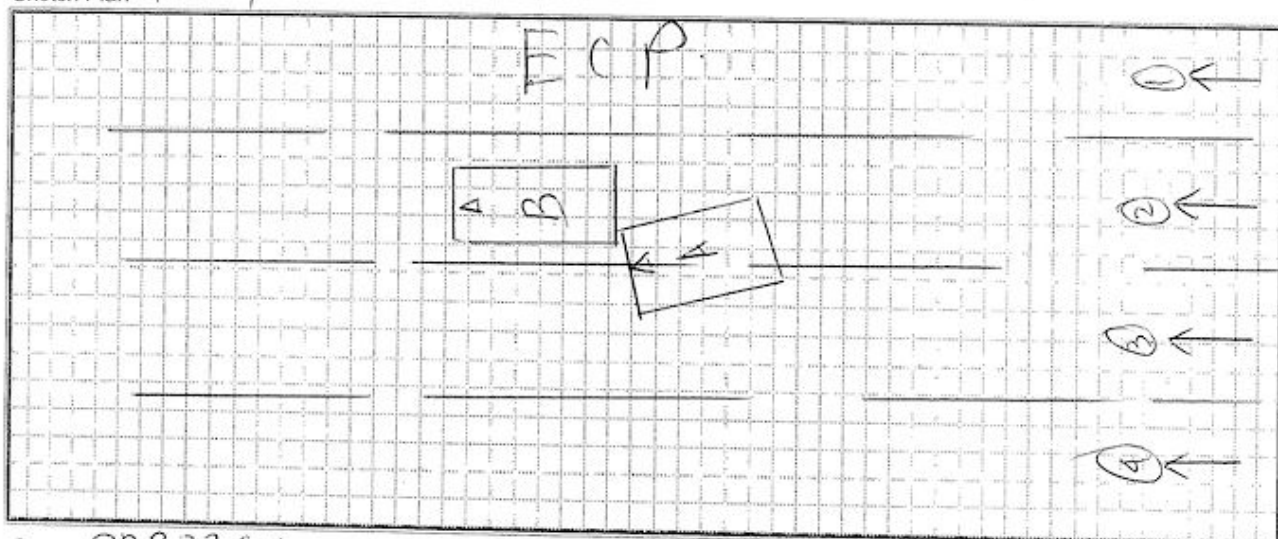
Policyholder's Signature / Date & Time

 11/11/24

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

 11/11/24

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

Sketch Plan



A - SBP339R


B - SMP5613F


Describe Circumstance of the Accident

I was driving along ECP on the 2nd lane,
I wanted to filter to lane 3 and car B came to a stop
and I accidentally hit the rear ^{44 side} of car B.

Declaration

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


Policyholder's Signature / Date & Time
11/11/24


Driver's Signature (if driver is not the policyholder) / Date
& Time 11/11/24

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











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 : DMPG24000864
 Vehicle Registration Number : SBP339R
 Cover Type : Superior Comprehensive
 Policy Type : Private Car
 Name of Policyholder/Insured : WEE ANN MAY ADRIENNE
 Commencement Date of Insurance : 31/01/2024
 Expiry Date of Insurance : 30/01/2025

FLASH
 Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

Excess :
 EXCESS: (SECTION I)..... S\$ 500.00
 ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)... S\$ 500.00
 ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) S\$ 300.00
 EXCESS: WINDSCREEN S\$ 100.00
 YOUNG & INEXP DRIVERS (SECTION I) S\$ 3,000.00

Finance Company/Hire Purchase Owner :***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:**

- 1) Use only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 3) Use for any purpose in connection with the Motor Trade

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.**
 Approved Insurer

Jonas Boltz

Authorized Signature

A100065	CHIA WEE BOON	
Vehicle Chassis Number : WVGZZZ1TZKW072373, Vehicle Engine/Motor Number : CZDA51372 PC1, 28/12/2023 00:00		

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5
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