

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.

 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

26/06/2024 09:51 (SGT)

Actual Driver

25/06/2024 14:20 (SGT)

New Upper Changi Rd, Singapore BLK 57B OPRN SPACE CARPARK

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMU6168X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

YEO MUI YONG

S1775831D

katherineyeo@kpmg.com.sg

(Phone) +65-96377655

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Transmission

CC

Honda Civic

1.6 VTI CVT

Private use

No - Claiming third party

Private car

Auto 1597

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

ERGO Insurance Pte. Ltd.

DMPG23009889

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SJ0G246Q0003

TAN CHENG HOCK

S1775861F

10/01/1966

Outdoor

Driving Pass Date

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions

Road Surface

Collision - Head to Rear

Clear Dry

No

No

Yes

1

No

2

12/09/2007

Male

510270

Spouse

No

No

16 YEARS AND 9 MONTHS

katherineyeo@kpmg.com.sg

BLK 270 PASIR RIS STREET 21 #03-444

(Phone) +65-84067127

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

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?

Was notice of intended Prosecution given?

If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

ON 25/06/2024 AT ABOUT 1420HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SMU6168X ENROUTE FROM BEDOK SOUTH TO 51 NEW UPPER CHANGI ROAD FOR PERSONAL PURPOSES. WHILE DRIVING ALONG 57B NEW UPPER CHANGI ROAD OPEN SPACE CARPARK I SAW VEHICLE (B) BEARING REGISTRATION NUMBER SJW1783C STOPPED INFRONT OF ME AND I STOPPED TOO. SHORTLY AFTER WITHOUT ANY HAZARD LIGHTS OR WARNINGS VEHICLE (B) STARTED TO REVERSE FAST AND I HONKED TO WARN THE DRIVER BUT THE DRIVER DID NOT STOP UNTIL THE REAR OF VEHICLE (B) SUDDENLY REVERSED INTO MY THE FRONT RIGHT OF MY VEHICLE. NOBODY WAS INJURED.

ATTACHMENT(S)

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

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant SJW1783C

CERATO EX FORTE 1.6L M/T ABS AB 2WD 4DR

Accident report SJ0G246Q0003

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| Vehicle Colour | Ξ. |
|-----------------------------------------|-----------------------------|
| Vehicle Category | Private car |
| Name of Driver | ALLA PITCHAY BIN NAGOR MIRA |
| NRIC No | S0539030C |
| Contact Number | (Phone) +65-90224215 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | REAR PORTION |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |
| | |

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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 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.
- B. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.
- (ii) 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")

Policyholder's Signature / Date &

(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.

- -

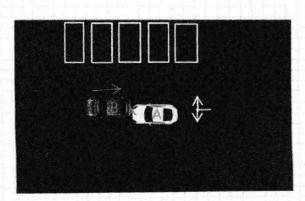
Driver's Signature (If driver is not the policyholder) / Date & Time

25/06/2024 2030HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Time



BLOCK 57B NEW UPPER CHANG ROAD OPEN SPACE CARPARK

A - SMU6168X

B-SJW1783C

Describe Circumstances of the Accident

ON 25/06/2024 AT ABOUT 1420HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SMU6168X ENROUTE FROM BEDOK SOUTH TO 51 NEW UPPER CHANGI ROAD FOR PERSONAL PURPOSES. WHILE DRIVING ALONG 57B NEW UPPER CHANGI ROAD OPEN SPACE CARPARK I SAW VEHICLE (B) BEARING REGISTRATION NUMBER SJW1783C STOPPED INFRONT OF ME AND I STOPPED TOO. SHORTLY AFTER WITHOHT ANY HAZARD LIGHTS OR WARNINGS VEHICLE (B) STARTED TO REVERSE FAST AND I HONKED TO WARN THE DRIVER BUT THE DRIVER DID NOT STOP UNTIL THE REAR OF VEHICLE (B) SUDDENLY REVERSED INTO MY THE FRONT RIGHT OF MY VEHICLE. NOBODY WAS INJURED.

Declaration

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

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

25/06/2024 2030HRS

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date &