

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	26/06/2024 15:54 (SGT)
Reported by	Actual Driver
Date of Accident	26/06/2024 12:38 (SGT)
Exact Location of Accident	Irwell Bank Rd, Singapore
Additional Location Information	FILTERING LEFT TOWARDS RIVER VALLEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS2525K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAY GEK KHIM
NRIC No	SXXXX996F
Email Address	allister_tay@yahoo.com.sg
Mobile Phone No	(Phone) +65-97829932
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
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	1598

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG24000769

DRIVER

Name of Driver	TAY JIA WEI
NRIC No	SXXXX506E
Date Of Birth	09/10/1995
Occupation	Indoor

9802
3133
830
217
809
E
J
78
41

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

21/07/2016
7 YEARS AND 11 MONTHS
Male
(Phone) +65-98150200
-
TAYJIAWEI18@GMAIL.COM
4B PARK VALE #02-05
-
268564
No
Relative
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
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? Yes
Was any injured conveyed to hospital by ambulance? No
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
Is, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
NRIC No

SND8259G
Toyota
Camry
-
-
Private hire
TAN SAY HIAN
SXXXX467H

IMPORTANT NOTICE

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

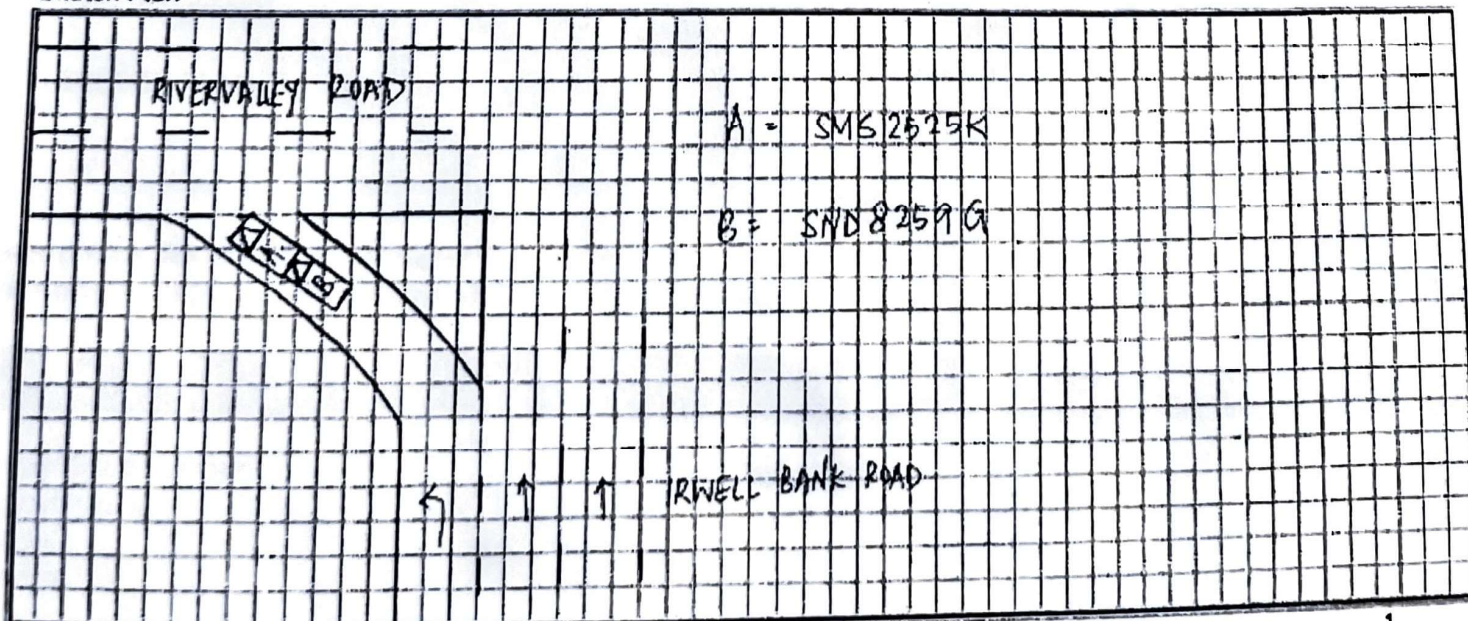
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



Describe Circumstance of the Accident

On 26.06.2024 at about 1238hrs, I was travelling along Irwell Bank Road making a left turn onto River Valley Road. Upon reaching the giveaway marking, I stopped my vehicle to look out for oncoming traffic.

Suddenly I felt an impact from the rear. I realised that vehicle SNO 82596 failed to stop in time and rear-ended my vehicle.

We exchanged particulars for insurance claim purposes.

I felt unwell at my neck area. I will monitor to see if doctor's treatment will be required.

Declaration

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



Policyholder's Signature / Date & Time



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



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