

## 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 .....	25/07/2024 22:16 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	24/07/2024 11:50 (SGT)
Exact Location of Accident .....	36 Chai Chee Ave, Singapore 461036
Additional Location Information .....	BLK 36 CHAI CHEE AVENUE CARPARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLS5148H
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	RADIAH BIBI BINTE MOHAMAD YUSOFF
NRIC No .....	SXXXX273G
Email Address .....	WANTANKG@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96224882
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Cla180
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 .....	1595

#### INSURANCE COMPANY

Name of Insurance Company .....	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	DMPG23011662

#### DRIVER

Name of Driver .....	WAN TAHA BIN WAN MOHD
NRIC No .....	SXXXX542J
Date Of Birth .....	30/06/1965
Occupation .....	Outdoor

Driving Pass Date .....	20/04/1987
Driving experience .....	37 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96224882
Alt. Phone Number .....	-
Email Address .....	WANTANKG@GMAIL.COM
Address .....	BLK 740 BEDOK RESERVOIR ROAD
Address complement .....	#04-3159
Postcode .....	470740
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 .....	Side Swipe
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	SYED MOHAMMAD TAHIR
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO: T/20240724/7068

#### 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 .....	GBG1571B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	WAN TAHA BIN WAN MOHD
Gender .....	Male
Phone No .....	(Phone) +65-96224882
Address .....	BLK 740 BEDOK RESERVOIR ROAD
Address Complement .....	#04-3159
Post Code .....	470740
Approximate Age Years Old .....	59
Injuries Sustained .....	REFER TO POLICE REPORT NO:T/20240724/7068 FOR THE INJURIES
Injured person in which vehicle? .....	SLS5148H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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.

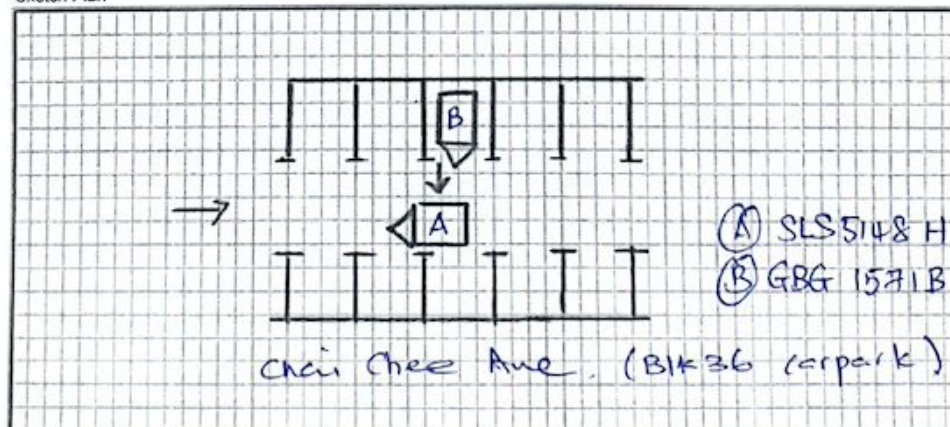
**RADIYAH BIBI**

Policyholder's Signature / Date & Time

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

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

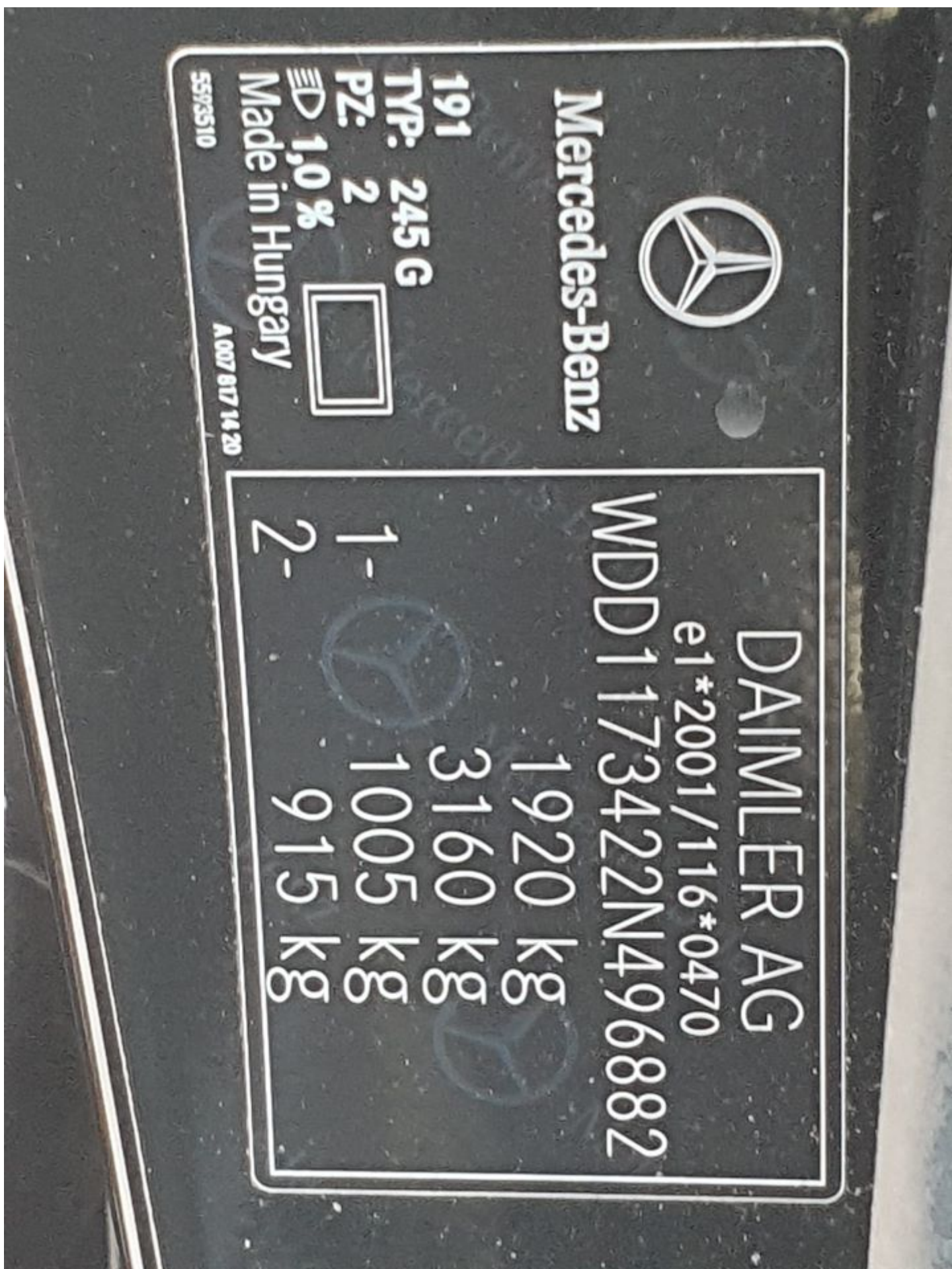
Sketch Plan





























**SINGAPORE  
POLICE FORCE**



T/20240724/7068

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20240724/7068

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/07/2024 15:24		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: WAN TAHA BIN WAN MOHD			Address: 740 BEDOK RESERVOIR ROAD #04-3159 SINGAPORE 470740		
ID Type / ID No.: NRIC NO / S1709542J			Contact No.: Home/Office: Mobile: 96224882		
Nationality: SINGAPORE CITIZEN			Email: wantankq@gmail.com		
Sex: Male	Age: 59	Date of Birth: 30/06/1965	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Air Steward			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2024 11:50	Type of Location:
Location: CHAI CHEE AVENUE				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS5148H	Motor car					1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20240724/7068

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20240724/7068

CONTINUATION OF REPORT

Driver			
Name	WAN TAHA BIN WAN MOHD		ID No. S1709542J
Related Vehicle	SLS5148H (Motor car)		Contact No. 96224882
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	03		Degree of Injury Serious

**Brief Details.**

On the stated date and time, I was driving SLS5148H heading towards the exit of Blk 36 Chai Chee Carpark with my friend, Syed Mohammad Tahir on board when GBG1571B, which was initially inside 1 of the parking lots on my right, suddenly dashed out towards my vehicle.

I immediately swerved to my left in a bid to avoid the collision as that was the only thing I could do.

However, said van still crashed into the right portion of my vehicle.

As my vehicle rocked sideways, I knocked my left knee against the centre console of my vehicle.

Upon alighting, I realised that the right portion of my vehicle was badly dented. The rear right door couldn't even be opened. The rear right wheel was also unstable after the collision.

Shortly after the accident, my left knee, neck and lower back areas started feeling sore.

As such, I went to seek treatment at LifePlus Bedok nearby.

I was given 3 days MC for injuries caused by the accident.

My friend also complained of pain after the accident but he hasn't sought treatment at this pt in time.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20240724/7068

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Report No. T/20240724/7068

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

NP168

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
24/07/2024 15:24

Classification Of Case:



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

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

## SINGAPORE ACCIDENT STATEMENT

Accident Date: 24/7/24.	Time: 1150.	(hh:mm) 24 hr format
Location Chai chee Ave Blk 36 carpark.		
Vehicle Number SL85148H.		
Insured Name Radiyah Bibi Binte Mohamad Yusoff.		
NRIC/FIN S1798273G.	Contact Number 96224882.	
Make Merc Benz Model CLA 180.		
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: (✓) Third Party ( ) Reporting		
Insurance Company Ergo.		
Type of Policy (✓) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number PMPG23011662		
Name of Driver Wan Taha Bin Wan Mohd. ( ) Same as Insured		
NRIC / FIN S1704542J Contact Number As above.		
Date of Birth 30/06/1965.		
Driving Pass Date 20/04/1987.		
Occupation ( ) Indoor (✓) Outdoor		
Gender (✓) Male ( ) Female		
Email Address wantankq@gmail.com ( ) NO EMAIL		
Address of Driver 740 Bedok Reservoir Road.		
#04-3159 S. 470740		
Was driver an employee of the Insured's Company? ( ) Yes (✓) No		
If No, Relationship of the Driver with the Insured		
( ) Owner ( ) Spouse (✓) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes (✓) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (✓) Clear ( ) Raining ( ) Others		
Road Surface (✓) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes (✓) No		
Was anybody injured in the accident? (✓) Yes ( ) No		
If yes, injured detail Driver of A - Body Pain.		
Was there any video captured by Car Camera? ( ) Yes (✓) No		
Was the Accident reported to the Police? (✓) Yes ( ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact		
Veh B GBG 1571B.		
Veh C		
Veh D		
Veh E		
Veh F		

wantankq@gmail.com.

No. of people in car - 2.

① syed mohammad Tahir