

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 Authorised 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 ability.
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 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 Report	08/12/2017 15:20
Date Of Accident	08/12/2017 12:45
Exact Location Of Accident	ALONG KEPPEL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC7483J
Insured/Policyholder	
Name Of Registered Owner	TAN EE LING
NRIC No	S9148254A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93820706
Alternative Phone No	OTHERS-93820706

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC17S004598
Cover Note Number	

Driver

Name of Driver	TAN EE LING
NRIC No	S9148254A
Date Of Birth	11/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93820706
Fax Number	
Contact Number	OTHERS-93820706
Email Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 3

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLJ9014G
 Vehicle Make/Model/Colour MAZDA / 6
 Details Of Properties FRONT RIGHT CORNER PORTION
 Name of Driver CHEW WEI QUAN
 NRIC/Passport Number S8938563F
 Contact Number 96329211
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 1

Details of Witness

Name
 Phone Number
 Email Address

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 08/12/17

Driver's Signature

(If driver is not the policyholder)

Date & Time: 08/12/17

COMFORTDELGRO ENGINEERING PTE LTD

EXTERNAL BUSINESS DIV. PANDAN BRANCH

NAME & SIGNATURE:

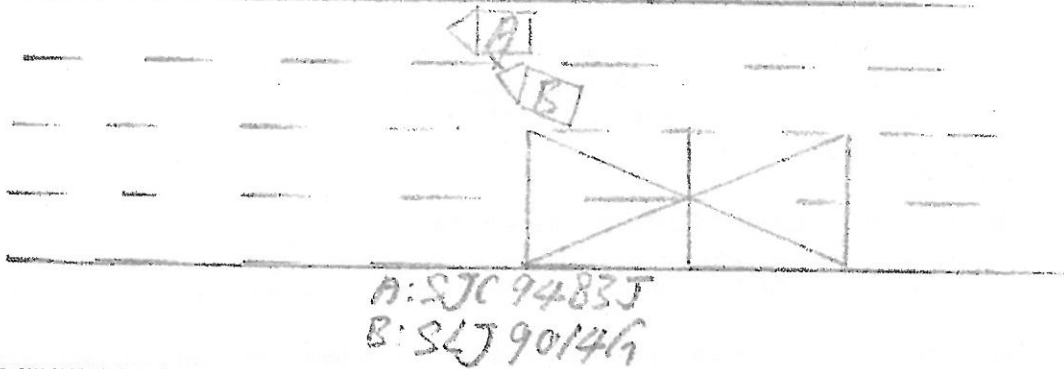
DESIGNATION: DATE: 08/12/17

Reporting Centre Personnel's Signature

Name: WONG CHEE WEI

NRIC/FIN No.: G72180994

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT 1204pm, 08/12/17 I WAS DRIVING ALONG KEPPEL RD, EXTREME
RIGHT LANE 1 ~~WAS~~ ~~SUDDENLY~~ GOING STRAIGHT AHEAD IN MY LANE
SUDDENLY A CAR SL390146 RAN INTO ME. HIS PARTICULAR IS
CHEW WEI QUAN, S8938563F, HP8 9632 9211.

DECLARATION

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

Policyholder's Signature _____

Date & Time: 08/12/17

Driver's Signature _____

(If driver is not the policyholder)

Date & Time: 5/12/17

COMFORTDELGRO ENGINEERING PTE LTD

EXTERNAL BUSINESS DIV, ~~PANDAN~~ BRANCH

NAME & SIGNATURE: _____

DESIGNATION: _____ DATE: 8/12/21

Reporting Centre Personnel's Signature

Name: WONG CHEE WEI

NRIC/FIN No.: 672189912