

## 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 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	24/02/2018 10:26
Date Of Accident	23/02/2018 13:30
Exact Location Of Accident	9 JALAN MEMBINA CENTRAL GREEN CONDO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD19D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA TECK CHIN
NRIC No	S0136408A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96579789
Alternative Phone No	OFFICE-96579789

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250-2.0 SEDAN (A)
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?	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	DMPC17S022637
Cover Note Number	

### Driver

Name of Driver	CHUA JIA CHUN
NRIC No	S9117869I
Date Of Birth	31/05/1991
Occupation	INDOOR
Date Of Driving Pass	11/03/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-96579789
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	9 JALAN MEMBINA #23-06
Postcode	169483
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

#### 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 SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### Details of Witness 1

Name	SECURITY GUARD
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3051S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	
NRIC/Passport Number	
Contact Number	92701159
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN

#### 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 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. 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 centre and to copies of the report being made available aforesaid.
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:

23/02/18 4:30PM



Driver's Signature

(If driver is not the policyholder)

Date & Time:

23/02/18 4:30 PM

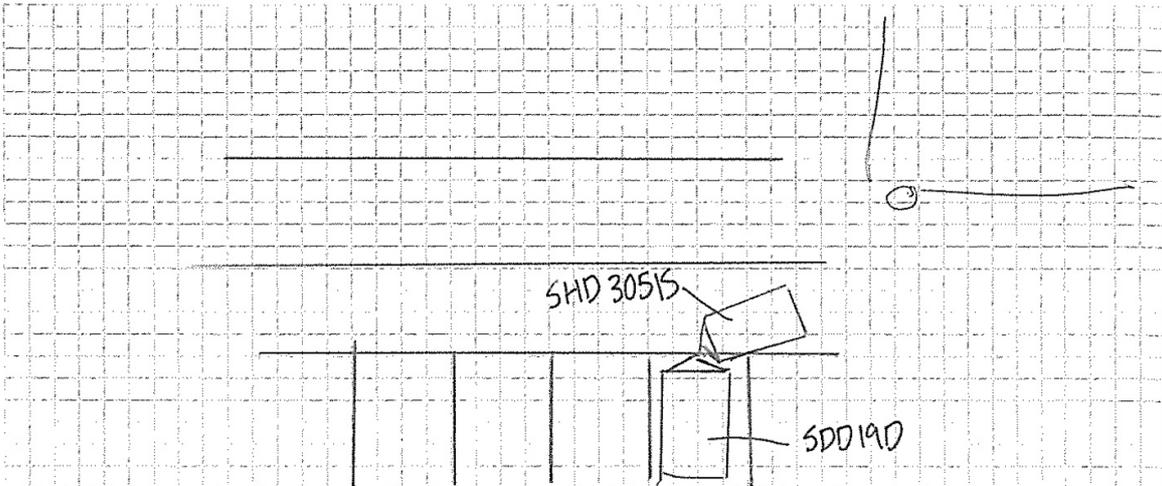
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SDD19D	ACCIDENT DATE & TIME: 23/02/18 1:30 PM
CONTACT NUMBER: 96579789	E-MAIL ADDRESS: chua-jia-chun
LOCATION: 9 Jalan Membina = Central Green Condominium	
Vehicle stationary in parking lot. Taxi hit front right bumper. Security guard took down details. SHD 30515 Contact no.: 92701159. CCTV monitored area. No injuries and nobody inside the car at point of accident.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:  
 23/02/18 4:30 PM

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:  
 23/02/18 4:30 PM

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Sketch Plan Pg. 3

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S91178691**  
Name: **CHUA JIA CHUN**  
Birth Date: **31 May 1991**  
Issue Date: **11 Jul 2013**

002200954C



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S91178691**



Name: **CHUA JIA CHUN**  
蔡家純  
Race: **CHINESE**  
Date of birth: **31-05-1991** Sex: **M**  
Country/Place of birth: **SINGAPORE**



5199357

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	EFFECTIVE DATE
Class 3	Motor Cars=< 3900kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	11 Mar 2010

NP 428A

Licence No: **S91178691**



5199357



NRIC No **S91178691**



Date of issue: **11-07-2013**

Address: **9 JALAN MEMBINA  
#23-06  
SINGAPORE 169483**

**ERGO**

PRIVATE CAR

PCI  
R SB  
A000588  
Cov.Type: C

**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)

**CERTIFICATE NO.**

DMPC17S022637

1) Index Mark and Registration  
No. of Vehicle:

SDD19D

2) Name of Policyholder:

CHUA TECK CHIN

50136406A

3) Commencement Date of Insurance:

24 February 2018

EXCESS: (SECTION I) . SGD1,400.00

ADD XS:UNNAMED DRS-I SGD500.00

ADD XS:NON-AUTH WKSH SGD300.00

4) Expiry Date of Insurance:

23 February 2019

EXCESS: WINDSCREEN SGD100.00

YNG&INEXP DRV (SEC I) SGD3,000.00

5) Persons or Classes of Persons entitled to drive

1) THE INSURED

3) CHUA JIA CHUN

2) CHIN VUI THIN

4) Any other person who is driving on the  
Policyholder's order or permission

6) 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.

7) 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

(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

HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

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 (for Items 6 & 7)

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) and Part IV of the Road Transport Act, 1987 (Malaysia)

**Legend**

Cov Type:

C - Comprehensive

F - Third Party, Fire & Theft

T - Third Party

For and on behalf of **ERGO Insurance Pte. Ltd.**  
Approved Insurer

*LIANG SION*

Authorized Signature

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : Vehicle Registration No: SDD 19D
Name(as shown in NRIC): Chua Jia Chun NRIC/FIN/Passport No: S9117869 I
(\*Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate
Address : Singapore( )
Contact (Tel) : Mobile No.: 96579789
Email Address :
Date of Accident : 23/2/18 Time of Accident: 1.31 pm
Place of Accident : 9 Jalan Membina
Insurance Company: ERGO

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attached damaged photos

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: