

## 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	15/05/2018 11:40
Date Of Accident	12/05/2018 19:00
Exact Location Of Accident	217 PETIR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9421G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HENG PONG
NRIC No	S1512603E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96690198
Alternative Phone No	OFFICE-96690198

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC17S023298
Cover Note Number	

### Driver

Name of Driver	LEONARD ONG WEI XIANG
NRIC No	S9832133J
Date Of Birth	26/09/1998
Occupation	INDOOR
Date Of Driving Pass	30/11/2017
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97906442
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 214 PETIR ROAD #09-449
Postcode	670214
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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)	4
Passenger 1	NAME: : JIMSON GENDER: : MALE
Passenger 2	NAME: : EUNA GENDER: : FEMALE
Passenger 3	NAME: : JOHNNE GENDER: : FEMALE

### 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

EXITING CARPARK AND WAS TURNING LEFT. SWERVE TO AVOID ONCOMING VAN. I MOUNTED KERB AND UNABLE TO STOP IN TIME. THE VEHICLE ROLLED OFF KERB AND HIT PARKED VEHICLE.

### 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	GBE9698C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN

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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.

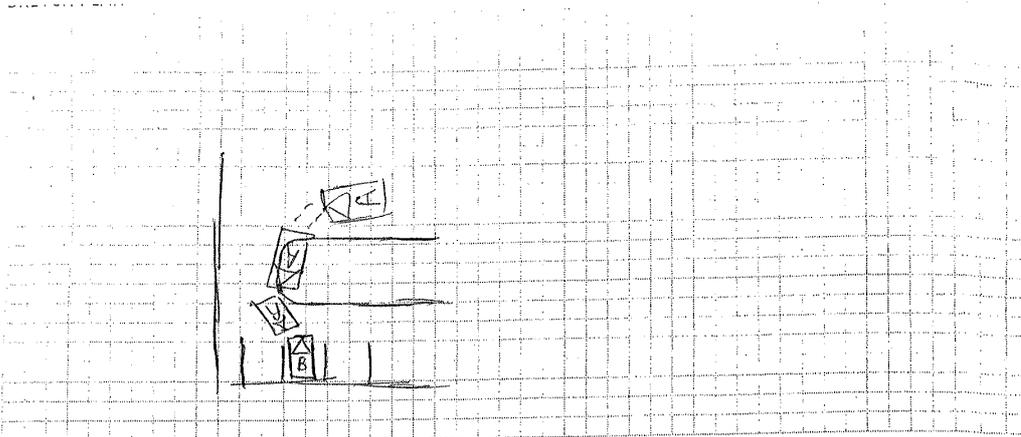
  
Policyholder's Signature  
Date & Time:

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

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

15/5/2018

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

EXITING CARPARK WAS TURNING LEFT, SWERVE TO AVOID ONCOMING VAN. MOUNTING CURB AND WAS UNABLE TO STOP IN TIME. THE VEHICLE ROLLED OFF CURB AND HIT PARKED VEHICLE -

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

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

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

CC 04/11/2014 14:00:00

Driving License

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9832133J



Name  
LEONARD ONG WEI XIANG

王 玮 祥

Race  
CHINESE

Date of birth  
26-09-1998

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S 9832133J

LEONARD ONG WEI XIANG

Birth date: 26 Sep 1998

Exp. date: 30 Nov 2017

002740974E



4955204



MIC No. S9832133J



Date of issue  
28-03-2015

Address  
APT DLX 214 PETIR ROAD  
#05-449  
SINGAPORE 570214

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	EFFECTIVE DATE
Class 3	30 Nov 2017

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg

NP 425A

Licence No: S9832133J



INSURANCE

Richard

ERGO

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1987 (MALAYSIA)

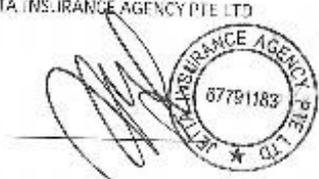
CERTIFICATE NO. DMPC17S023298 C17072168
Type of CI: Private Vehicle
Cover: Comprehensive ACC0058B JETTA INSURANCE AGENCY PTE LTD
1) Registration No. of Vehicle: SLI194210
2) Name of Policyholder: HENG PONG
3) Commencement Date of Insurance: 19/12/2017
4) Expiry Date of Insurance: 26/05/2019
5) Persons or Classes of Persons entitled to drive
1) HENG PONG
2) ANGELINE HENG JIA HUI
3) Any other person who is driving on the Policyholder's order or permission
Excess (Section 1) : S\$700.00
Named Drivers (Section 1): Additional : S\$500.00
Non-Auth Workshops (Section 1): Additional : S\$300.00
Windscreen : S\$100.00
Young & Inexp Drivers (Section 1) : S\$3,000.00
6) Name of Finance Company/Hire Purchase Owner: NA
7) 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.
8) 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
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 7 & 8).

WE HEREBY CERTIFY that this 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).

Counter-signed by
JETTA INSURANCE AGENCY PTE LTD

For and on behalf of
ERGO Insurance Pte. Ltd.

ACC0058B/19/12/2017 15:34:21



AUTHORIZED SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Addendum Sheet Pg. 1**



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: S66500206 / 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 : MSME18063088 Vehicle Registration No: SLU9421G  
Name (as shown in NRIC) : LEONARD ONG WEI XIANG NRIC/FIN/Passport No : S9832133J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 214 PETER ROAD Singapore (670214)  
Contact (Tel) : 67669941 Mobile No. : 97906942  
Email Address : ~~leonardongx@gmail.com~~ LIMGEKENG62@GMAIL.COM  
Date of Accident : 12/05/2018 Time of Accident : 1900  
Place of Accident : BLK 217 PETER ROAD  
Insurance Company : ERGO INSURANCE PTE LTD.



**(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:

Change to Own Damage Claim

[Signature]  
Policyholder / Driver's Signature  
Date: 17/05/2018

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