

## 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	05/06/2018 09:10
Date Of Accident	04/06/2018 09:00
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF2872Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PEH SOON KIAT
NRIC No	S1580156E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91472922
Alternative Phone No	OTHERS-91472922

### Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY-1.6 EX (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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC18S002981
Cover Note Number	

### Driver

Name of Driver	PEH XIAN BIN, EUGENE
NRIC No	S9126416A
Date Of Birth	09/07/1991
Occupation	INDOOR
Date Of Driving Pass	21/05/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94890749
Fax Number	
Contact Number	OTHERS-91472922
Email Address	EUGENEPXB@GMAIL.COM

Address	50 JALAN ANGIN LAUT
Postcode	489313
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	CHAIN COLLISION
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)	1

#### 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

AS PER SKETCH PLAN ATTACH.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS1699J
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AKMAL BIN ARIFFIN
NRIC/Passport Number	S9046074I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLJ3981D
Vehicle Make/Model/Colour	MITSUBISHI

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	BALA MURUGAN S/O KANNIAH
NRIC/Passport Number	S7427627Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

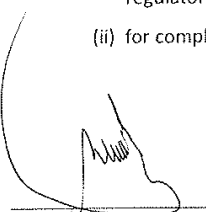
SKETCH PLAN


**IMPORTANT NOTICE**

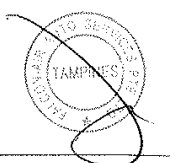
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

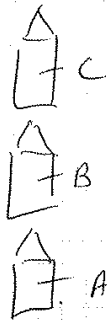
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



A - SGF 2872Y  
B - SJS 1699J  
C - SLJ 3981D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Occurs at around 9:
Collision happens at PIE around 5.5km towards Tuas.
This accident involves 3 cars, SGF 2872Y (last),
SJS 1699J (middle) and SLJ 3981D (front).
Due to an immediate collision between the first 2 vehicles,
The <del>2</del> second vehicle SJS 1699J stopped abruptly in the
front of my car (SGF 2872Y), which cause my vehicle
unable to brake in time, Therefore result in my vehicle
causing a collision with the second vehicle SJS 1699J.
The EMS Recovery vehicle & traffic police arrived shortly
and confirmed that no injuries have occurred.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

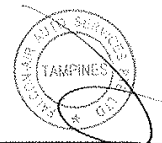
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Sketch Plan Pg. 3

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: S9126416A

Name: PEH XIAN BIN, EUGENE (BAI XIANBIN)

Birth Date: 09 Jul 1991

Issue Date: 21 May 2014

002306808H



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9126416A



Name: PEH XIAN BIN, EUGENE (BAI XIANBIN)

白 贤 斌

Race: CHINESE

Date of Birth: 09-07-1991 Sex: M

Country of birth: SINGAPORE

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1580156E



Name: PEH SOON KIAT

白 顺 吉

Race: CHINESE

Date of Birth: 18-11-1963 Sex: M

Country of birth: SINGAPORE

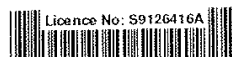



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg 21 May 2014

NP 428A





3929610

NRIC No: S9126416A

Date of issue: 08-09-2006

50 JALAN ANGIN LAUT SINGAPORE 489313

NRIC No: S9126416A Date: 14/06/2017

4640299

NRIC No: S1580156E

Date of issue: 19-10-2010

Address: 50 JALAN ANGIN LAUT SINGAPORE 489313




Accident Photo



Accident Photo





Accident Photo



Accident Photo



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: S66550020G / 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 : MFA 318072603 Vehicle Registration No : SGF28724  
Name (as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 94890749  
Email Address : \_\_\_\_\_  
Date of Accident : 4/6/2018 Time of Accident : 09:00  
Place of Accident : PIE towards Tuas  
Insurance Company : Ergo Ins.

(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:

Driver of vehicle SGF28724 should be  
Peh Xian Bin, Eugene.

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 516/18  
Date: