#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/09/2018 11:24
Date Of Accident	19/09/2018 16:50
Exact Location Of Accident	PIE TOWARD JURONG NEAR LAMP POST 822
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBM2020L
Insured/Policyholder	
Name Of Registered Owner	ANG SOON LEE(HONG SHUNLI)
NRIC No	S7217682J
Email Address	LM001@FENGMING.COM.SG
Mobile Phone No	(LOCAL) +65-96892020
Alternative Phone No	OTHERS-96892020
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMPC17S016852
Cover Note Number	
Driver	
Name of Driver	ANG SOON LEE(HONG SHUNLI)
NRIC No	S7217682J

NRIC No S7217682J
Date Of Birth 26/05/1972
Occupation OUTDOOR
Date Of Driving Pass 18/06/1992

Driving Experience 26 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96892020

Fax Number

Contact Number OTHERS-96892020

EMail Address LM001@FENGMING.COM.SG

Address BLK 532 HOUGANG AVENUE 6#08-305

Postcode 530532

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 **CHAIN COLLISION** 

Weather Conditions **RAINING** Road Surface WET

#### 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

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

#### **Details of Police Action**

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

ON 19/09/2018 AT 1650HRS, TRAFFIC FLOW WAS SLOW, WHEN SLW913C STOPPED, I FOLLOW SUIT, SHORTLY FELT A STRONG IMPACT FROM BEHIND .UPON CHECKING, SLN3330L HAD BANG ONTO THE REAR PORTION OF MY VEHICLE AND MY VEHICLE HAD MOVE AHEAD TO HIT ONTO SLW913C DUE TO THE IMPACT.

#### Attachment(s)

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

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLN3330L Vehicle Registration Number Vehicle Make/Model/Colour **BMW** 

**Details Of Properties** 

PRIVATE CAR Vehicle Category ANDRE LIM Name of Driver

NRIC/Passport Number

**Contact Number** 82889986

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLW913C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver JEREMY

NRIC/Passport Number

Contact Number 97272814

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

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- 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:
  - 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 invoive 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:
  - 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 Segurature

(If driver is not the policyholder)

Date & Time:

2019/18 9am

Reporting Centre Congo S Name: NRIC/FIN No.:

SKETCH PLAN	1.00			
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DESCRIPTION OF THE PROPERTY OF	Date & Time:	249/17 90	NRIC/NI	No.s



































