Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 09/04/2019 12:13

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 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. 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	09/04/2019 11:40		
Date Of Accident	11/02/2019 14:40		
Exact Location Of Accident	ROUND ABOUT JLN AHMAD IBRAHIM & PIONEER ROAD NORTH		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLM4102C		
Insured/Policyholder			
Name Of Registered Owner	PHEE KIAN MING, BENJAMIN		
NRIC No	S8003424E		
Email Address	RAOHE07@YAHOO.COM.SG		
Mobile Phone No	(LOCAL) +65-97639732		
Alternative Phone No	OFFICE-97639732		
Vehicle Particulars			
Manufacturer	OPEL		
Model	ZAFIRA-1.8 (A)		
Exact Purpose for which vehicle was being used time of accident	d at		
Are you claiming under your own insurance poli for repair to your vehicle?	NO NO		
If No, Please state action to be taken	REPORTING ONLY		
Vehicle Category	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	ERGO INSURANCE PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMPC18S006301		
Cover Note Number			
Driver			
Name of Driver	PHEE KIAN MING, BENJAMIN		
NDIC No.	\$8003424E		

 NRIC No
 \$8003424E

 Date Of Birth
 31/01/1980

 Occupation
 INDOOR

 Date Of Driving Pass
 16/01/2004

Driving Experience 15 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97639732

Fax Number

Contact Number OFFICE-97639732

EMail Address RAOHE07@YAHOO.COM.SG

BLK 225 BUKIT BATOK CENTRAL #03-73 Address

Postcode 650225

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

2

NO

NO

1

NO

NO

General Information of the Accident

Type Of Accident **COLLISION - HEAD TO REAR**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLM8084U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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)
 - (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: 09/04/2019 10 304m

Reporting Centre Person Name:

NRIC/FIN No :

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

() Claim Own Damage

() Claim TP

(Reporting Only

() Claim OD/TP at other workshop

Workshop Name:

Signature



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away on 13,	103/2019.				
				-	
DECLARATION					
I/We declare the foregoing pa	rticulars are true in every re	spect.		\	1/
0					
A D. L. 11. D. W	Driver's Signature		Reporti	ng Centre Paryon	nel's Signature
Policyholder's Signature Date & Time:		policyholder)	Name:	X	
	(If driver is not the Date & Time: 09/04/201		Name: NRIC/FI	N Nu.:	\

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8003424E

4E



Name

PHEE KIAN MING, BENJAMIN

彭健民

CHINESE Date of birth

Date of birth Si
31-01-1980 N
Country of birth
SINGAPORE

58003424





