## 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.

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 Date Of Report
 25/02/2019 10:46

 Date Of Accident
 24/02/2019 07:40

Exact Location Of Accident LENGKONG DUA (NEAR LENG FOONG TEMPLE)

Country/State of Loss SINGAPORE

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGC7603R

Insured/Policyholder

Name Of Registered Owner TEO HOCK SIONG

NRIC No S1380748E
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-98365160
Alternative Phone No OTHERS-NOPHONE

Vehicle Particulars

Manufacturer HYUNDAI Model VERNA

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 THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number DMPG19000152

Cover Note Number

Driver

Name of Driver TEO HOCK SIONG

 NRIC No
 \$1380748E

 Date Of Birth
 12/03/1959

 Occupation
 INDOOR

 Date Of Driving Pass
 21/02/1980

Driving Experience 39 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98365160

Fax Number

Contact Number OTHERS-NOPHONE

EMail Address NOEMAIL

Address

APT BLK 214 ANG MO KIO AVENUE 3 #05-1550

Postcode

560214

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

**OWNER** 

Vehicle Registration Number of Driver's Own

Vehicle

NO

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - OPENING DOOR OF VEHICLE

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

2

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)

2

Passenger 1

NAME:

: PASSENGER

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

PLEASE REFER TO SKETCH PLAN

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

SHA1258S

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI

Vehicle Category

LIM TIONG CHUAN

Name of Driver NRIC/Passport Number

S1114574D

Contact Number

81617997

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

### SKETCH PLAN

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  interested parties.
- 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)

Lunderstand, 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.

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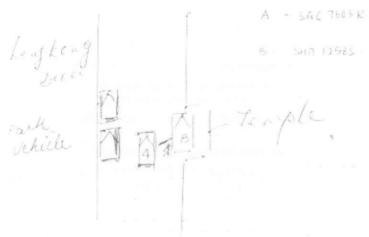
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CITY AUTO PTE LTD
8ix & Sin Ming Proof
#01-58/60/62 Sing Mag Ind Est
Sing #01-58/643.
Tel: 6453 1935 Fax: 6453 7944
(Claums Section)

Reporting Control Personnells Signatur Name NRC THINKS

# Accident Sketch Plan

SKETCH PLAN



ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
I was de	iving along Len	grong dua	
when near	chirly enforced of	a temple	
A Taxi SHA	12588 SHOPS and	side gate.	
white sil	real pan through	9 Yellow	
behind it	per when I pa	n by passing	60
JARM Zhe 1	laxi suddenly e,	sen the det	
I and thet	onto my velle	che side muria	e l
and deer	<u> </u>		
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DECLARATION  We declare the loregoing part	Cartus	Elk 8 Sm Ming Road #01-58/60 (2) 20 Ming Ind I Single ST 575-83 Tel: 6453 1238 Fax: 6453 7 (Clashis Section)	
Fy completed Signature	Disert Signature	Reporting senting Fernand Tolerand	
Date & Time	If or cer is not the policyholder).	Name BRICEIN No	4