

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 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.

ACCIDENT STATEMENT

Date Of Report	02/04/2019 11:05
Date Of Accident	28/03/2019 15:30
Exact Location Of Accident	ALONG ANG MO KIO AVE 1 NEAR AMK ST 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5353A
Insured/Policyholder	
Name Of Registered Owner	TOH BOON LIAN
NRIC No	S1448365I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81138285
Alternative Phone No	OFFICE-81138285

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	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	DMPG18001531
Cover Note Number	

Driver

Name of Driver	TOH BOON LIAN
NRIC No	S1448365I
Date Of Birth	22/01/1960
Occupation	INDOOR
Date Of Driving Pass	13/01/1978
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81138285
Fax Number	
Contact Number	OFFICE-81138285
Email Address	NOEMAIL

Address	BLK 114 SERANGOON AVE 1
Postcode	
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	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	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)	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

REFER TO SKETCH

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	SKW7216Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHENG KAILING, GILLIAN
NRIC/Passport Number	S8432146Z
Contact Number	82008709
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

Ang Mo Kio Ave 1

Along Ang Mo Kio Ave 1 North AMK 04 02

Ang Mo Kio St 02

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/3/2019 around 15:30hrs. I was travelling along ang mo kio Ave 1. After I complete my u-turn, suddenly vehicle B rolled onto my 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.:

SPRING 2019/2020

SKETCH PLAN

ERGO**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate/Policy Number : DMPG18001531
 Vehicle Registration Number : SJT5353A
 Cover Type : Superior Comprehensive
 Policy Type : Private Car
 Name of Policyholder/Insured : TOH BOON LIAN
 Commencement Date of Insurance : 13/04/2018
 Expiry Date of Insurance : 15/04/2019



Excess	EXCESS: (SECTION I).....	SS	700.00
	ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)...	SS	500.00
	ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I)	SS	360.00
	EXCESS: WINDSCREEN	SS	100.00
	YOUNG & INEXP DRIVERS (SECTION I)	SS	3,000.00

Finance Company/Hire Purchase Owner :

*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or permission

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.

*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 and on race track
- 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 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 65 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (*).

WE HEREBY CERTIFY that the 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)

For and on behalf of ERGO Insurance Pte. Ltd.
 Approved Insurer

Authorized Signature

A000588	JETTA INSURANCE AGENCY PTE LTD	Contact Number: 67791163
Vehicle Chassis Number: MR053BK4107049055, Vehicle Engine Number: 1FZE143191		PC1, 12/04/2018 16:03

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5
 5 Temasek Boulevard #04-01 Suntec Tower Five Singapore 038985 Tel: +65 6829 9199 Fax: +65 6829 9246 www.ergo.com.sg

INSURANCE

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) 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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S14483651

NAME

TOH BOON LIAN

DOB Date: 22 Jan 1960

Expire Date: 23 Dec 2005

001005485A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S14483651

NAME

TOH BOON LIAN

李汶璇

Race

CHINESE

Place of Birth

22-01-1960

Sex

M

Country of Birth

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Issue Date
Class 2	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms	12 Jan 1978

MP 425A

License No: S14483651

001005485A

NAME

S14483651

DOB Date

22-01-1960

Place of Birth

SINGAPORE

Issue Date

12-01-2005

Age

45

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



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

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 : MCD219042606-01 Vehicle Registration No: 8JT 5353A
Name (as shown in NRIC) : TOH BOON LIAN NRIC/FIN/Passport No : S1448365I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 144 SERANGOON NORTH AVENUE #06-54 (Singapore 550114)
Contact (Tel) : _____ Mobile No. : 813 8285
Email Address : N/A
Date of Accident : 08-03-2019 Time of Accident : 15:30
Place of Accident : ALONG AMK AVE 1 NEAR AMK ST22
Insurance Company : ERGO

(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 DATE OF ACCIDENT TO 28-03-2019.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: JASON CHAN
NRIC/FIN No.: G7712446U
Date: 09-04-2019