

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	17/08/2019 10:19
Date Of Accident	16/08/2019 17:50
Exact Location Of Accident	ALONG TPE BEFORE EXIT 3A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5922A
Insured/Policyholder	
Name Of Registered Owner	LIM ENG HAN(LIN RONGHAN)
NRIC No	S7933020E
Email Address	ENGHAN79@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97346552
Alternative Phone No	OTHERS-97346552

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.3 L (A)
Exact Purpose for which vehicle was being used at time of accident	PVT USE
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	DMPG18005625
Cover Note Number	03/12/18-02/12/19

Driver

Name of Driver	LIM ENG HAN(LIN RONGHAN)
NRIC No	S7933020E
Date Of Birth	27/10/1979
Occupation	INDOOR
Date Of Driving Pass	16/08/2000
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97346552
Fax Number	
Contact Number	OTHERS-97346552
EMail Address	ENGHAN79@GMAIL.COM

Address	BLK 125 YISHUN ST 11 #10-399
Postcode	760125
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

ACCIDENT OCCURED ALONG TPE BEFORE 3A EXIT ON 16/8/19 AT ABOUT 550PM. UNKNOWN M/VEHICLE AHEAD OF ME BRAKED AND STOPPED AND I FOLLOW TO STOP BEHIND. OUT OF SUDDEN, I FELT A GREAT IMPACT ON MY REAR AND REAZLIZED M/CAR(B) HAVE COLLIDED ONTO MY VEHICLE. BOTH DRIVERS GOT OUT TO ASSESS. WE THEN EXCHANEGD PARTICULARS AND LEFT THE SCENE. AFTER THE ACCIDENT, I FELT GIDDY/NAUSEAS AND WILL CONSULT THE DOCTOR LATER IF NECESSARY.

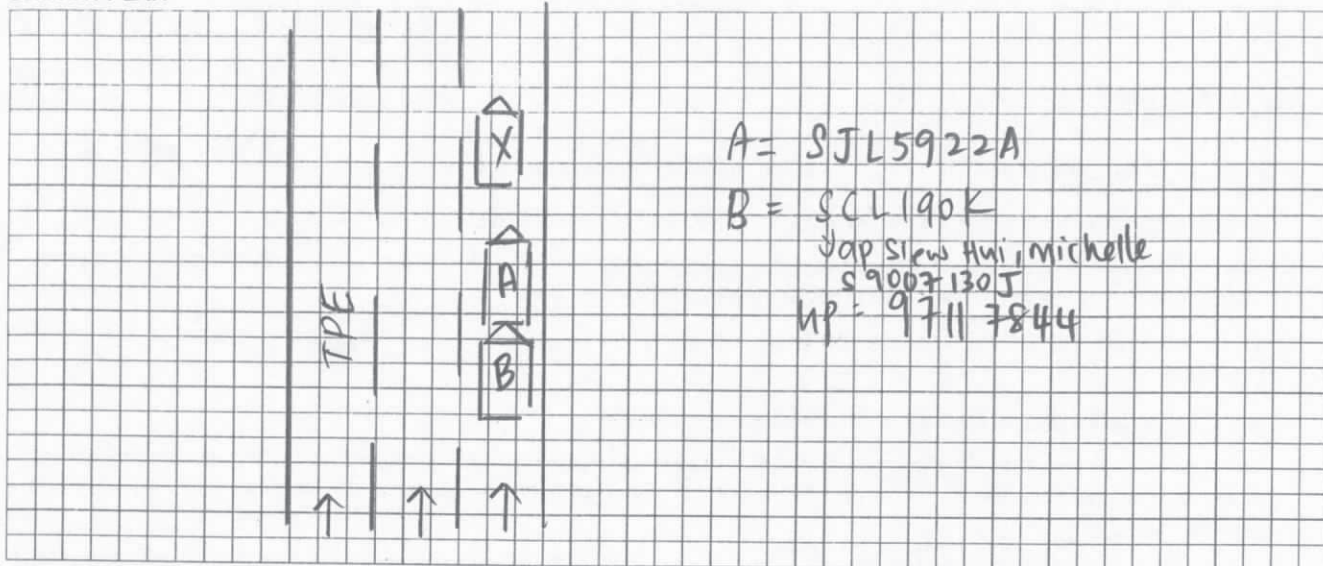
Attachment(s)

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	SCL190K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP SIEW HUI MICHELLE
NRIC/Passport Number	S9007130J
Contact Number	97117844
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred along TPE before 3A exit on 16/8/19
 at about 550pm. Unknown m/vehicle ahead of me
 braked and stopped and I follow to stop behind.
 Out of sudden, I felt a great impact on my rear
 and realized m/car(B) have collided onto my vehicle.
 Both drivers got out to assess. We then exchanged particulars
 and left the scene.
 After the accident, I felt giddy/nauseas and will consult
 the doctor later if necessary.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
 under your own comprehensive policy. Please check with your policy for more information.

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: (YS)
 NRIC/FIN No.:

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only
 () Claim OD/TP at other workshop ()

SKETCH PLAN

VEHICLE NO.:

SJL 5922A

INSURER :

Cygo.

DATE & TIME:

16.8.19

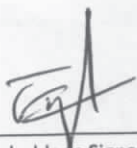
5:50pm

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. The 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 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.: 

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	020E
Vehicle Details	
Vehicle No.:	SJL5922A
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Aug 2019
Vehicle Make:	HONDA
Vehicle Model:	JAZZ 1.3L AT
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	L13Z11009850
Chassis No.:	JHMGE68509S209856
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$19,038.00
Original Registration Date:	03 Dec 2008
First Registration Date:	03 Dec 2008
Transfer Count:	1
Actual ARF Paid:	\$19,038.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Nov 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$14,835.00
COE Rebate Amount:	\$12,716.00
Total Rebate Amount:	\$12,716.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 17 Aug 2019

OK