

To Tommy Tan
From Tan Siew Tomy

MBH20008234 / Ajax Mars Pte Ltd - Bukit Merah
ENTRY DATE & TIME: 18/01/2020 01:53
SUBMITTED BY: Sabitra Shangri Kanthirajan

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 18/01/2020 02:14

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 18/01/2020 01:53
Date Of Accident 15/01/2020 17:00
Exact Location Of Accident ALONG KK WOMEN AND CHILDREN'S HOSPITAL.
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL6465Y
Insured/Policyholder
Name Of Registered Owner YONG LEE PENG
NRIC No SXXXX711Z
Email Address CHRISYONGLP@GMAIL.COM
Mobile Phone No (LOCAL) +65-97638111
Alternative Phone No OFFICE-97638111

Vehicle Particulars

Manufacturer HONDA
Model VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident PRIVATE
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 DMPG19002214
Cover Note Number

Driver

Name of Driver YONG LEE PENG
NRIC No SXXXX711Z
Date Of Birth 03/10/1970
Occupation INDOOR
Date Of Driving Pass 09/09/1996
Driving Experience 23 YEARS AND 4 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-97638111
Fax Number
Contact Number OFFICE-97638111
Email Address CHRISYONGLP@GMAIL.COM

Address NIL
 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 ON COLLISION
 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 1
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 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? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] TOA PAYOH NPC
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO, E/20200118/2016 LODGE AT TOA PAYOH NPC ON 15/01/2020 AT ABOUT 3:00PM, I WENT TO KANDANG KERBAU HOSPITAL FOR APPOINTMENT, AS THERE WERE VALET SERVICE PROVIDED BY THE HOSPITAL, AS SUCH I HANDED OVER MY VEHICLE KEY TO THE VALET DRIVER. ON THE SAME DAY AT ABOUT 5:00PM, WHILE I WAS STILL AT THE HOSPITAL, I RECEIVED A CALL FROM THE VALET DRIVER THAT HE HAD ACCIDENTALLY DAMAGED MY VEHICLE. THE DRIVER ONLY TOLD ME BRIEFLY THAT HE HAD RESERVED ONTO SOMETHING AND CAUSED THE REAR OF MY VEHICLE TO BE DAMAGED. I WAS NOT TOLD BY THE DRIVER HOW THE ACCIDENT HAPPENED AND WHAT MY CAR HAD HIT ONTO. WHEN I WENT TO RETRIEVED MY VEHICLE, I SAW THE REAR RIGHT OF MY VEHICLE WAS DAMAGED. I MAKE THIS REPORT IN CASE THE MATTER CANNOT BE RESOLVE AMICABLE AND I HAVE TO MAKE AN INSURANCE CLAIM. MY VEHICLE REGISTRATION IS SLL6465Y. ON THE SAME DAY AT ABOUT 07:30PM, MY FRIEND, TAN SIEW TION SPOKE TO THE VELVET SUPERVISOR NAMELY AFAN WHO TOLD MY FRIEND TO SEND MY CAR TO THEIR WORKSHOP. MY FRIEND REJECTED THE SUGGESTION AS I PREFER TO SEND TO MY INSURANCE INSTEAD. THE VALET COMPANY NAME IS S A VALET PRIVATE LIMITED.

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
 Vehicle Make/Model/Colour
 Details Of Properties VALET SUPERVISOR AFAN 90072691
 Vehicle Category NA/UNKNOWN
 Name of Driver ABDUL HADI BIN ABU BAKAR
 NRIC/Passport Number SXXXX594E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)