



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	19/06/2020 12:03
Date Of Accident	18/06/2020 15:20
Exact Location Of Accident	CARPARK OF BLK 263 SERANGOON CENTRAL DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBJ1005D
Insured/Policyholder	
Name Of Registered Owner	ZHONG HUA MINIMART
Co Reg No	BXXXXX973M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91331128
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG20000162
Cover Note Number	
Driver	
Name of Driver	NG CHIN HUAT
NRIC No	SXXXX805Z
Date Of Birth	23/02/1962
Occupation	INDOOR
Date Of Driving Pass	03/06/1980
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91331128
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 165 HOUGANG AVE 1 #13-1604
Postcode	530165
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	0

#### 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

ON THE 18/06/2020 AT ABOUT 1510HRS AT CARPARK OF BLK 263 SERANGOON CENTRAL DRIVE. I PARKED MY VEHICLE BY THE SIDE OF THE ROAD TO PICK UP SOMETHING FROM THE SHOPS AS THERE WAS NO VACANT PARKING LOTS. AFTER I HAVE COLLECTED MY ITEMS AT AROUND 1520HRS, AND WALKING BACK TO MY VEHICLE, I HEARD A BANG SOUND FROM WHERE MY VEHICLE WAS PARKED. I HURRIED BACK AND REALISED IT WAS VEHICLE B WHICH HIT ONTO THE REAR LEFT PRTION OF MY VEHICLE A WHILE HE WAS TRYING TO REVERSE INTO LOT NO.19, CAUSING DAMAGES TO MY VEHICLE.

#### 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	SGL8805X
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
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) 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.

~~ZHONG HUA MINI MART~~  
~~ZHONG HUA MINI MART~~  
280 SIMS AVE #01-03 S'PORE 387604  
(ECM BUILDING)

Policyholder's Signature  
Date & Time:

**ZHONG HUA MINI MART**  
280 SIMS AVE #01-03 S'PORE 387604  
(ECM BUILDING)

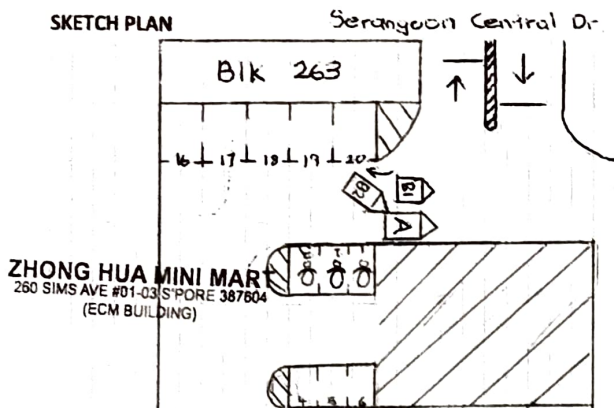
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

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# Sketch Plan #2 Pg. 1



(A) - GBJ10050  
(B) - SGL8805X

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 18/06/2020 @ about 1510HRS, at carpark of BIK 263 Serangoon Central Dr. I parked my Vehicle by the side of the road to pick up something from the shops, as there were no vacant parking lots. After I have at around 1520HRS, collected my items, and walking back to my Vehicle, I

**ZHONG HUA MINI MART**  
260 SIMS AVE #01-03 S'PORE 387604  
(ECM BUILDING)

heard of bang from where my Vehicle was parked. I hurried back and realised it was Vehicle (B) which hit into the rear left portion of my Vehicle (A) while he was trying to reverse into Lot. No. 19, causing damages to my Vehicle.

## DECLARATION

I/We declare the foregoing particulars are true in every respect

**ZHONG HUA MINI MART**  
260 SIMS AVE #01-03 S'PORE 387604  
(ECM BUILDING)

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.: