MPA220074919 / Progressive Car Care Pte Ltd - HQ ENTRY DATE & TIME: 31/08/2020 16:51 SUBMITTED BY: Cheong Ming Ming

## 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 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 ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report heing made available

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	31/08/2020 16:51
Date Of Accident	29/08/2020 17:30
Exact Location Of Accident	TURNING LEFT ONTO OXLEY BIZHUB
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU2222U
Insured/Policyholder	
Name Of Registered Owner	TAN WENG KIAN
NRIC No	SXXXX316Z
Email Address	SHAYMONDTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97766060
Alternative Phone No	OTHERS-97766060
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALPHARD 2.5S A
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPG20002471
Cover Note Number	
Driver	
Name of Driver	TAN WENG KIAN
NRIC No	SXXXX316Z
Date Of Birth	27/01/1986

Date Of Birth 27/01/1986 Occupation **INDOOR** Date Of Driving Pass 19/01/2008

**Driving Experience** 12 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97766060

Fax Number

OTHERS-97766060 Contact Number

SHAYMONDTAN@GMAIL.COM **EMail Address** 

APT BLK 661C EDGEDALE PLAINS Address

#19-646

Postcode 823661

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions RAINING Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

### 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 FBA9656U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

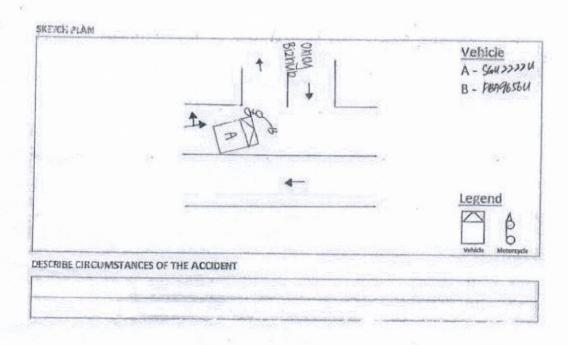
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan



I was at Ubi Road 1 proceeding to turn left into Oxley Bizhub. While I slowed down and signalled left preparing to turn into Oxley Bizhub, vehicle B suddenly tried to overtake me from my left and collided onto the front left portion of my vehicle.

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DECLARATION	The state of the s	
I/We declare the foregoing part Flease be ashiged that your insurer may from the day of occurrence. Supply che	iculars are true in every respect.  y have a fourteen (14) days clause whereby the claim againts your policy for more details.	nst own policy must be grade within the stipulated timeframe
officyharder's Signature Date & Time:	Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: