

## 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 Submission ..... 03/01/2021 20:49 (SGT)  
Date of Accident ..... 02/01/2021 21:41 (SGT)  
Exact Location of Accident ..... 381 Lorong 1 Toa Payoh, Braddell MRT, Singapore 319758  
Additional Location Information ..... Along bradell road  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMF9168E

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ONG WILLIAM  
NRIC No ..... SXXXX046I  
Email Address ..... ongwm@singnet.com.sg  
Mobile Phone No ..... (Phone) +65-88766658  
Alternative Phone No ..... (Home) +65-88766658

#### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 318i  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... ERGO  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPG20012561  
Cover Note Number ..... NA

#### DRIVER

Name of Driver ..... ONG WILLIAM  
NRIC No ..... SXXXX046I  
Date Of Birth ..... 14/05/1970  
Occupation ..... Indoor