

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 24/03/2021 09:29 (SGT)
Date of Accident 22/03/2021 23:56 (SGT)
Exact Location of Accident Bras Basah, Singapore
Additional Location Information JUNCTION OF BRAS BASAH ROAD & BEACH ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM1923H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD AMIN BIN MOHAMED KOTHARISA
NRIC No SXXXX632F
Email Address aminkotharisaa@gmail.com
Mobile Phone No (Phone) +65-92703250
Alternative Phone No +65-92703250

VEHICLE PARTICULARS

Manufacturer Honda
Model FIT 1.3 GF CVT
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
Transmission Auto
CC 1317

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPG20006805
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD AMIN BIN MOHAMED KOTHARISA
NRIC No SXXXX632F

| | |
|--|---------------------------|
| Date Of Birth | 08/10/1991 |
| Occupation | Indoor |
| Date Of Driving Pass | 19/12/2014 |
| Driving experience | 6 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92703250 |
| Alt. Phone Number | +65-92703250 |
| Email Address | aminkotharisaa@gmail.com |
| Address | 516 SERANGOON NORTH AVE 4 |
| Address complement | #04-244 |
| Postcode | 550516 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|-------------------------------|
| Type of Accident | Collision - Change/cross lane |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|---------------------------|
| Name | MUHAMMAD LUQMAN BIN LAMRI |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

-

ATTACHMENT(S)

| | |
|---|------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | WITH OWNER |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMT7048H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |

| | |
|---|-------------|
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1


| | |
|---|-------------------------------------|
| Name of injured person | MUHAMMAD AMIN BIN MOHAMED KOTHARISA |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMM1923H |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |


INJURED 2


| | |
|---|---------------------------|
| Name of injured person | MUHAMMAD LUQMAN BIN LAMRI |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMM1923H |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLANIMPORTANT NOTICE

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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.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel


Sketch Plan


Describe Circumstances of the Accident


On 22-03-2021 at about 11:56pm, I was travelling along Junction of Brns Basah Rd Towards Beach Rd. Upon reaching the Junction and about to turn to my left, all of a sudden I felt an hard impact on my left. Then I realised a white SUV had collided onto my left side front portion. I had a video footage that capture the whole scene.

Declaration

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


Witnessed by Reporting Centre Personnel

ERGO**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

| | | | | |
|-------------------------------------|---|--|----|----------|
| Certificate/Policy Number | : | DMPG20006805 | | |
| Vehicle Registration Number | : | SMM1923H | | |
| Cover Type | : | Superior Comprehensive | | |
| Policy Type | : | Private Car | | |
| Name of Policyholder/Insured | : | MUHAMMAD AMIN BIN MOHAMED KOTHARISA | | |
| Commencement Date of Insurance | : | 20/06/2020 | | |
| Expiry Date of Insurance | : | 19/06/2021 | | |
| Excess | : | EXCESS: (SECTION I)..... | SS | 500.00 |
| | | ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)... | SS | 500.00 |
| | | ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) | SS | 300.00 |
| | | EXCESS: WINDSCREEN | SS | 100.00 |
| | | YOUNG & INEXP DRIVERS (SECTION I) | SS | 3,000.00 |
| Finance Company/Hire Purchase Owner | : | OVERSEA-CHINESE BANKING CORPORATION LIMITED | | |

24-Hour Motor Accident Reporting
and Assistance Helpline

6333 2222

www.ergo.com.sg

***Persons or Classes of Persons entitled to drive:**

1. The Policyholder
2. MOHAMED KOTHARISA S/O KADIR MAIDEEN
3. Any Person who is driving on the Policyholder's order or permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

*** Limitations as to Use:**

- 1) Use only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 3) Use for any purpose in connection with the Motor Trade

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (*).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of **ERGO Insurance Pte. Ltd.**
Approved Insurer

Karl-Heinz Jung

Authorized Signature

| | | |
|--|-------------------|--------------------------|
| A100013 | SGDRIVERS PTE LTD | Contact Number: 64662009 |
| Vehicle Chassis Number : GK31347396, Vehicle Engine Number : L13B1456395 | | PC1, 10/06/2020 11:29 |

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5
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