

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 28/06/2021 15:19 (SGT)
Date of Accident 26/06/2021 17:44 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA8148X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HUANG JINGLIANG
NRIC No SXXXX839D
Email Address huangjingliang2006@yahoo.com.sg
Mobile Phone No (Phone) +65-85002991
Alternative Phone No +65-85002991

VEHICLE PARTICULARS

Manufacturer Porsche
Model Macan
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 3000

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPG20012600
Cover Note Number -

DRIVER

Name of Driver HUANG JINGLIANG
NRIC No SXXXX839D

Date Of Birth	15/01/1990
Occupation	Indoor
Date Of Driving Pass	08/05/2012
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-85002991
Alt. Phone Number	+65-85002991
Email Address	huangjingliang2006@yahoo.com.sg
Address	349 UBI AVE 1 #07-1035
Address complement	-
Postcode	400349
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 - Head to Rear
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIN YANZHEN
Gender	Female

PASSENGER 2

Name	OLIVIA HUANG YUNYI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO POLICE REPORT NO.T/20210628/7008.

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	SMF4640R
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	HUANG JINGLIANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMA8148X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	LIN YANZHEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMA8148X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	OLIVIA HUANG YUNYI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMA8148X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

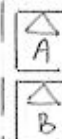

Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SMA8148X
Vehicle B: SMP4640R.



Attestation before Clementi Rd

Zoom Autowerks

Describe Circumstances of the Accident

- Refer to Police Report -

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Shirley

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

Witnessed by Reporting Centre
Personnel





















**SINGAPORE
POLICE FORCE**



T/20210628/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4
Report No. T/20210628/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2021 12:22	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: HUANG JINGLIANG			Address: 349 UBI AVENUE 1 #07-1035 SINGAPORE 400349		
ID Type / ID No.: NRIC NO / S9074839D			Contact No.: Home/Office: Mobile: 85002991		
Nationality: SINGAPORE CITIZEN			Email: HUANGJINGLIANG2006@YAHOO.COM.SG		
Sex: Male	Age: 31	Date of Birth: 15/01/1990	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2021 17:45	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMA8148X	Car	PORSCHE	MACAN S 3.0 A/T ABS D/AIRBAG 4WD	Black	Seriously Damaged	2
SMF4640R	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210628/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210628/7008

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA8148X	SHC INSURANCE PTE. LTD.	DMPG20012600	18/12/2020	17/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HUANG JINGLIANG	ID No.	S9074839D
Related Vehicle	SMA8148X (Car)	Contact No.	85002991
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/06/2021	Date	27/06/2021
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	OLIVIA HUANG YUNYI	ID No.	T1619517G
Related Vehicle	SMA8148X (Car)	Contact No.	85002991
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	LIN YANZHEN	ID No.	S9074171C
Related Vehicle	SMA8148X (Car)	Contact No.	85002990
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/06/2021	Date	27/06/2021
No. of Days granted Medical Leave	03	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20210628/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210628/7008

CONTINUATION OF REPORTBrief Details.

ON 26/06/2021 AT ABOUT 17:44HR, I WAS DRIVING MY VEHICLE - SMA8148X, ALONG AYE IN THE DIRECTION OF CITY, WITH MY WIFE IN MY CAR. I WAS TRAVELLING ALONG THE EXTREME RIGHT LANE WHEN FRONT VEHICLE MADE AN ABRUPT BRAKE, AND I BRAKED AS WELL. ABOUT 1-2 SECONDS LATER, VEHICLE NUMBER - SMF4640R, COLLIDED ONTO MY VEHICLE'S REAR PORTION.

SUBSEQUENTLY, MY WIFE & I SEEK MEDICAL ATTENTION AT MOUNT ELIZABETH NOVENA AND WERE BOTH GIVEN 3DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20210628/7008

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Report No. T/20210628/7008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
28/06/2021 12:22

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS1Y216S000C Vehicle Registration No: SMA8148X
 Name(as shown in NRIC) : huang jing liang NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 26/06/2021 Time of Accident : 1744
 Place of Accident : AYE (CITY)
 Insurance Company: ERGO

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND TP VEHICLE

NO. _____

 Policyholder / Driver's Signature
 Date:

YING

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

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	:	DMPG20012600		
Vehicle Registration Number	:	SMA8148X		
Cover Type	:	Essential Comprehensive		
Policy Type	:	Private Car		
Name of Policyholder/Insured	:	HUANG JINGLIANG		
Commencement Date of Insurance	:	18/12/2020		
Expiry Date of Insurance	:	17/12/2021		
Excess	:	SUM INSURED	SS	150,000.00
		EXCESS: SECTION 1 (WITHIN SINGAPORE)	SS	4,000.00
		EXCESS: SECT 1 (OUTSIDE S'PORE, INCL. FIRE & THEFT)	SS	8,000.00
		EXCESS: WINDSCREEN	SS	1,500.00
Finance Company/Hire Purchase Owner	:	MAYBANK		

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

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-Hint Juy

Authorized Signature

A100053	DRAGON INSURANCE AGENCY	
Vehicle Chassis Number : WP1ZZZ95ZFLB60694, Vehicle Engine Number : 011955		PC1, 03/11/2020 13:12

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5
 5 Temasek Boulevard #04-05 Suntec Tower Five Singapore 038985 Tel: +65 6829 9199 Fax: +65 6829 9248 www.ergo.com.sg