

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 21/12/2021 22:36 (SGT)
Date of Accident 21/12/2021 12:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information NEWTON FLYOVER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGX675T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN JUNWEI
NRIC No S8432297J
Email Address enzo_reggie@hotmail.com
Mobile Phone No (Phone) +65-91761382
Alternative Phone No +65-91761382

VEHICLE PARTICULARS

Manufacturer Mazda
Model MAZDA6 SEDAN 2.0 AT EXECUTIVE 2WD
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 1998

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPG20007133
Cover Note Number -

DRIVER

Name of Driver TAN JUNWEI
NRIC No S8432297J

Date Of Birth	29/10/1984
Occupation	Indoor
Date Of Driving Pass	14/01/2008
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91761382
Alt. Phone Number	+65-91761382
Email Address	enzo_reggie@hotmail.com
Address	Blk 158 jln Teck Whye
Address complement	#09-101
Postcode	680158
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Tan Ngiap Song
Gender	Male

PASSENGER 2

Name	Koh Poh Lan
Gender	Female

PASSENGER 3

Name	Lucas Tan Zhe Hao
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

I SGX675T was driving along Newton fly over on the right lane with a slow moving due to the traffic ahead. While I was following the traffic ahead, suddenly I felt an impact coming from my rear bumper and discover that the 3rd party SHD736U had collided onto my vehicle. I managed to take some photos and exchange particulars with the 3rd party party. I also had an in car camera footage of the scene.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD736U
Vehicle Manufacturer	Toyota
Vehicle Model	RENAULT / LATITUDE
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	LEE INN KHIONG BARRY
NRIC No	S0141251E
Contact Number	(Phone) +65-90077689
Address	Na
Address complement	Na
Postcode	Na
Insurance Company Name	-
Nature Of Damage	Na
Details of property damaged in accident	Na
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Tan Ngiap Song
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	65
Injuries Sustained	Back area feel pain
Injured person in which vehicle?	SGX675T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	Koh Poh Lan
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	57
Injuries Sustained	Felt pain on the head
Injured person in which vehicle?	SGX675T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	TAN JUNWEI
Gender	Male
Phone No	(Phone) +65-91761382
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	37
Injuries Sustained	Feel pain on the back
Injured person in which vehicle?	SGX675T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT 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.
- (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.



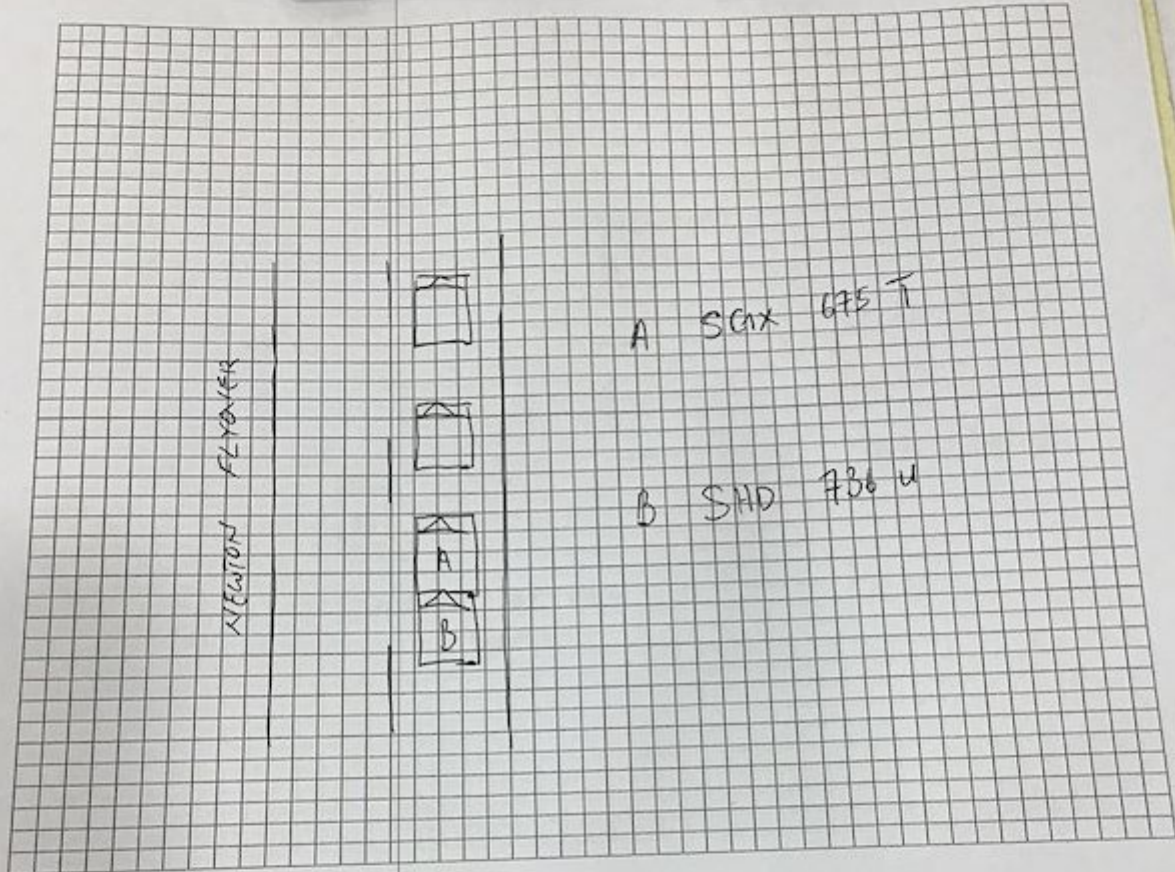
Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Ver. 30042021

ACCIDENT DIAGRAM



[Signature]

Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I SGX675T was driving along Newton fly over on the right lane with a slow moving due to the traffic ahead. While I was following the traffic ahead, suddenly I felt an impact coming from my rear bumper and discover that the 3rd party SHD736U had collided onto my vehicle. I managed to take some photos and exchange particulars with the 3rd party party. I also had an in car camera footage of the scene.

DECLARATION

I/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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





















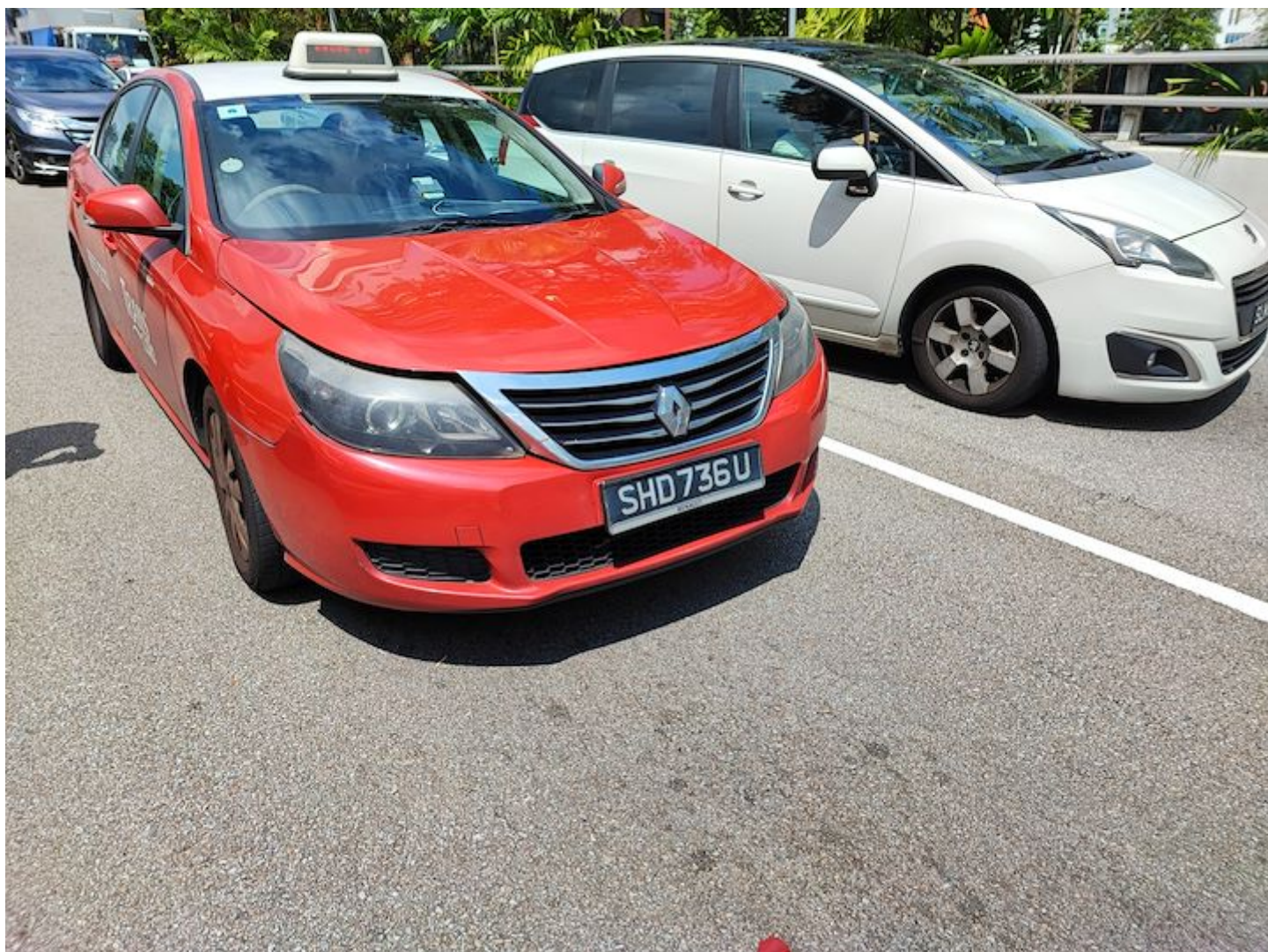
















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S68506295 / GST Reg. No.: M408017735

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 : SA0A21CL0008 Vehicle Registration No: SGX675T
 Name (as shown in NRIC) : TAN JUNWEI NRIC/FIN/Passport No :
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : Singapore ()
 Contact (Tel) : Mobile No. : 91761382
 Email Address :
 Date of Accident : 21/12/2021 Time of Accident : 12:25
 Place of Accident : NEWTON FLYOVER
 Insurance Company : ERGO INSURANCE PTE. LTD.

(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:

1-AMEND THIRD PARTY BRAND AND MODEL

Policyholder / Driver's Signature
 Date:

SHAZZAH
 Reporting Centre Personnel's Signature
 Name: SHAZZAH
 NRIC/FIN No.:
 Date: 22/12/2021

GIAMVIC addendumform_Y3