

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	14/03/2022 09:47 (SGT)
Date of Accident	11/03/2022 15:20 (SGT)
Exact Location of Accident	Orchard Rd, Singapore 238897
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX9750P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAY JIMMY
NRIC No	SXXXX987D
Email Address	jimmytay62@gmail.com
Mobile Phone No	(Phone) +65-91117883
Alternative Phone No	+65-91117883

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1500

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPG21009132
Cover Note Number	-

DRIVER

Name of Driver	HUANG YU HAN CANDY
NRIC No	SXXXX158F

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A-SJX 9750P
B-SJE 1113 G

I from lane 3 going to lane 4.
Vehicle B from lane 5 Bus lane switch to
lane 4 without signal.

My vehicle more than half into lane 4 before
the accident happen.

Attach short video before impact.

I am Claiming Third Party Insurance

DECLARATION

I/we declare the foregoing particulars are true in every respect.

Applicant's Name
Date & Time

Driver's Signature
(I declare that the policyholder is
Date & Time

Reporting Center Person's Name
Name
Date/Time