

# 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 ..... 17/03/2022 13:03 (SGT)  
Date of Accident ..... 17/03/2022 08:30 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... FROM PIE EXIT TO BEDOK NORTH AVE 3.  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLZ686S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD ISKANDAR BIN RADZUAN  
NRIC No ..... S9046218J  
Email Address ..... ISKANDAR1990@HOTMAIL.SG  
Mobile Phone No ..... (Phone) +65-91395709  
Alternative Phone No ..... +65-91395709

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A3  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 999

### INSURANCE COMPANY

Name of Insurance Company ..... ERGO Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPG21006976  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD ISKANDAR BIN RADZUAN  
NRIC No ..... S9046218J

Date Of Birth .....	30/11/1990
Occupation .....	Indoor
Date Of Driving Pass .....	14/10/2010
Driving experience .....	11 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91395709
Alt. Phone Number .....	+65-91395709
Email Address .....	ISKANDAR1990@HOTMAIL.SG
Address .....	BLK 224 SIMEI ST 4 #02-106
Address complement .....	-
Postcode .....	520224
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 .....	Chain Collision
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

ON 17/03/2022 AT ABOUT 0830HRS, I WAS DRIVING MY CAR (SLZ686S). ALONG PIE IN THE RIGHT MOST LANE EXIT TO BEDOK NTH AVE 3. SUDDENLY THE CAR INFRONT OF ME JAMMED BRAKE AND I HAVE NO ENOUGH TIME TO STOP, EVEN THOUGH I HAVE STEP ON MY BRAKE TO AVOID COLLISION, BUT UNFORTUNATELY MY CAR STILL COLLIDED ONTO REAR PORTION OF VEHICLE B (SMH6124R) WHEN I CAME OUT TO INSPECT MY CAR THEN I REALISED THAT I WAS INVOLVING IN 4 CARS CHAIN COLLISION ACCIDENT. 1st CAR (SKW7217U), 2nd CAR (SJR158M). 3rd CAR (SMH6124R), 4th CAR (SLZ686S) HENCE, I HERETO LODGE THIS REPORT FOR MY OWN DAMAGE INSURANCE CLAIM PURPOSE. NO ONE INJURED IN THIS ACCIDENT CASE.

#### 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 .....	SMH6124R
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJR158M
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SKW7217U
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) .....	-

# 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' 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;

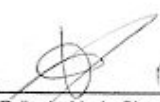
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(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

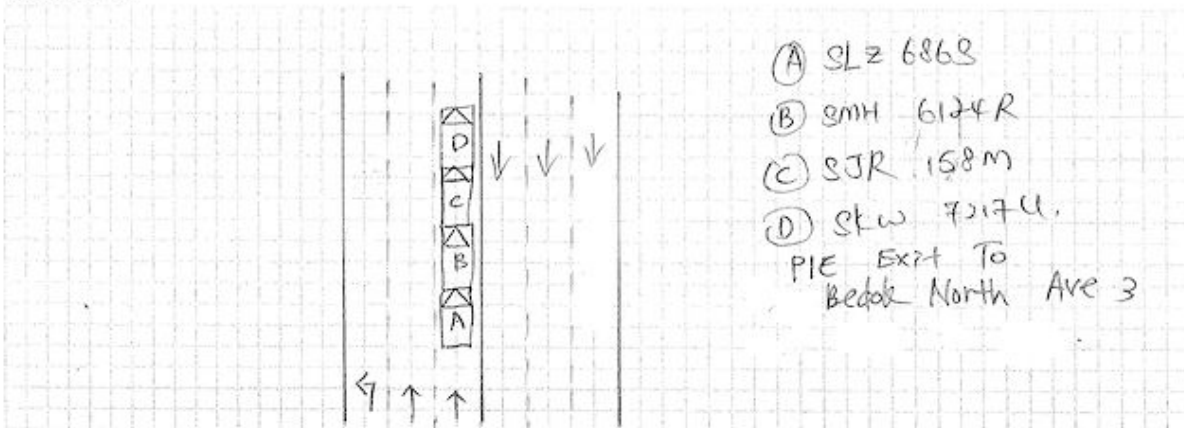
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

11.00am  
  
 17/3/2022  
 Policyholder's Signature / Date & Time

11.00am  
  
 17/03/2022  
 Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

On 17/03/22 at about 0830hrs, I was driving my car (SLZ 686S) along PIE in the right most lane exit to ~~Bedok~~ North Ave 3. Suddenly the car in front of me jammed brake and I have no enough time to stop, even though I have step on my brake to avoid collision, but unfortunately my car still collided onto rear portion of Veh-R (SMH 6124R). When I came out to inspect my car then I realized that I was involved in 4 cars chain collision accident.

1st car (SKW 7217U)

2nd car (SJR 158M)

3rd car (SMH 6124R)

4th car (SLZ 686S)

Hence, I hereto lodge this report for my own damage insurance claim purpose. No one injured in this accident case.

## Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

10.48am  
17/3/2022  
Policyholder's Signature / Date & Time

10.48am  
17/3/2022  
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



















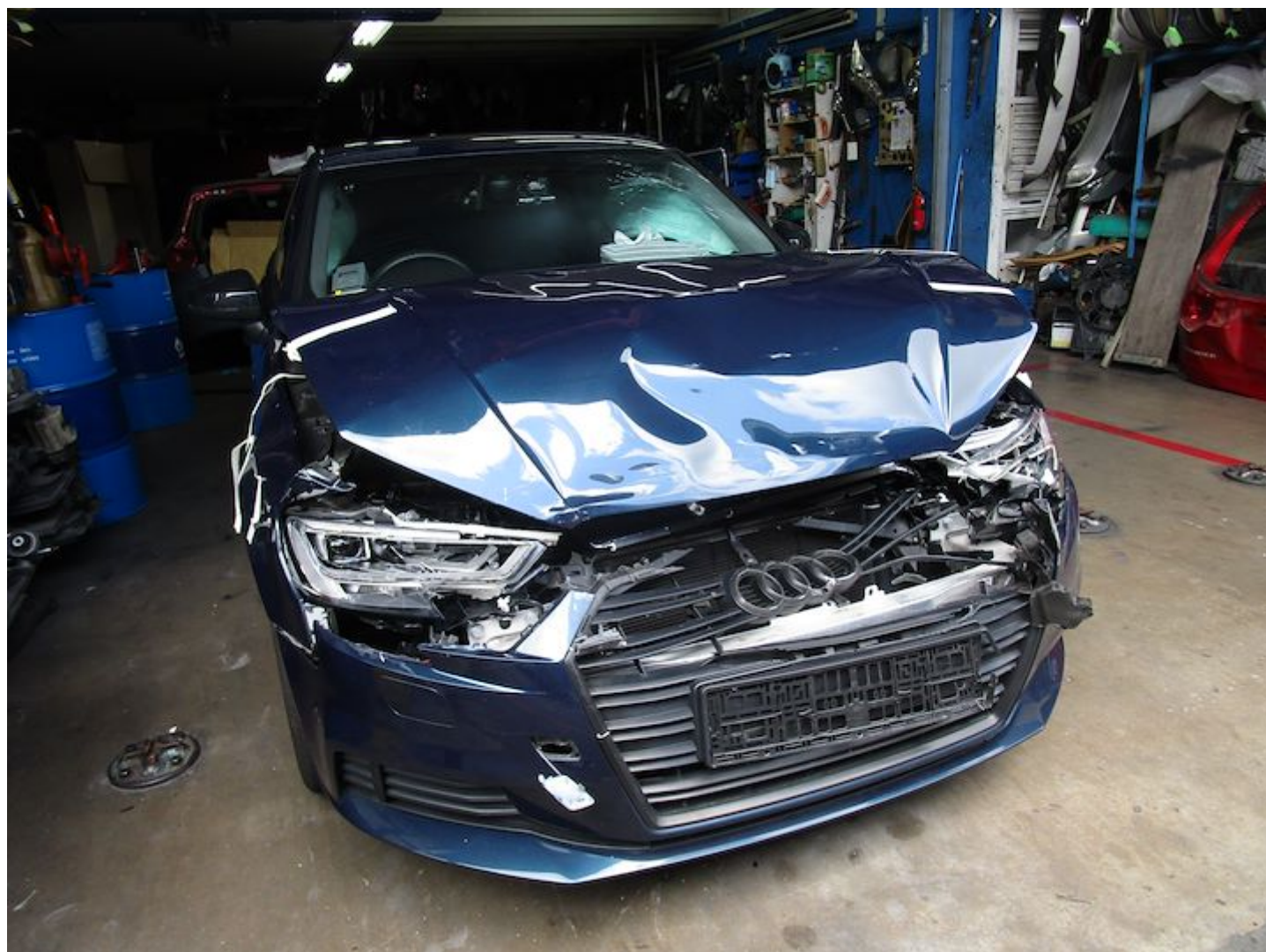














































17 Mar 2022 12:58AM HP Fax 62201698

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And A3  
S90462123**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	:	DMPG21006976	<b>FLASH</b> Fast-Response Accident Reporting Hotline™
Vehicle Registration Number	:	SLZ686S	
Cover Type	:	Superior Comprehensive	
Policy Type	:	Private Car	
Name of Policyholder/Insured	:	MUHAMMAD ISKANDAR BIN RADZUAN	<b>24-Hour Helpline: 6100 1620</b>
Commencement Date of Insurance	:	04/06/2021	
Expiry Date of Insurance	:	09/07/2022	
Excess	:	EXCESS: (SECTION I)..... ADD'L EXCESS: UNNAMED DRIVERS (SECTION I).... ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) EXCESS: WINDSCREEN YOUNG & INEXP DRIVERS (SECTION I)	\$500.00 \$500.00 \$300.00 \$100.00 \$3,000.00

Finance Company/Hire Purchase Owner : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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

1. The Policyholder
2. 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



Authorized Signature

A000361	SUNMEX ENTERPRISE	
Vehicle Chassis Number : WAUZZZ8V6KAC92274, Vehicle Engine Number : CHZB23578		PC1, 04/06/2021 15:56

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