

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 28/04/2022 10:18 (SGT)
Date of Accident 27/04/2022 15:50 (SGT)
Exact Location of Accident Kallang Rd, Singapore
Additional Location Information KALLANG ROAD TOWARDS CITY.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG8583R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG GUAT LIAN SANDY
NRIC No S7328102D
Email Address MIKELEE6001@GMAIL.COM
Mobile Phone No (Phone) +65-94230448
Alternative Phone No +65-94230448

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 DMPG22000233
Cover Note Number -

DRIVER

Name of Driver LEE KOK WENG MICHAEL

Date Of Birth	17/02/1970
Occupation	Indoor
Date Of Driving Pass	08/03/1991
Driving experience	31 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90905918
Alt. Phone Number	-
Email Address	MIKELEE6001@GMAIL.COM
Address	29 UPPER CHANGI ROAD EAST
Address complement	-
Postcode	486893
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
Road Surface	Wet

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)	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

THE ACCIDENT HAPPENED AT AROUND 350PM ON 27/04/2022 ALONG KALLANG ROAD TOWARD THE CITY. MY CAR SMG8583R WAS STATIONARY AT THE TIME OF IMPACT AS THERE WAS A TRAFFIC LIGHT CROSSING AHEAD. MY CAR WAS THE THIRD CAR FROM THE TRAFFIC LIGHT CROSSING. MY CAR WAS IN THE MIDDLE LANE OF THE 3 LANES ROAD. SUDDENLY A TAXI RAMPED INTO THE BACK OF MY CAR. THE TAXI SHC1980D WAS DRIVEN BY MR TEO BOON CHOON.

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	SHC1980D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TEO BOON CHOON

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE KOK WENG MICHAEL
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG8583R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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 insurers) 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.

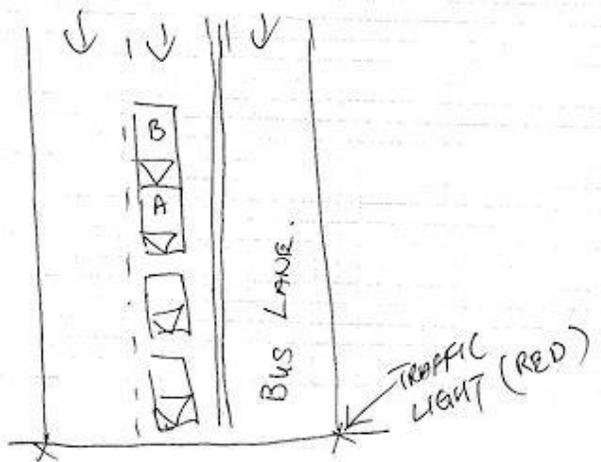
Sly
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

- (A) SMG 8583R
- (B) SKC 1980D



Describe Circumstances of the Accident:

The accident happened at around 3:50 pm on 27/4/2022 along ^(Singapore) Kallang Road towards the city. My car was stationary at the time of impact as there was a traffic light crossing ahead. My car was the ~~second~~ ^{third} car from the traffic light crossing. My car was in the middle lane of the 3 lane road.

Suddenly a taxi ramped into the back of my car. The taxi (SHC1980D) was driven by Mr Teo Boon Chong.

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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 : DMPG22000233
Vehicle Registration Number : SMG8583R
Cover Type : Superior Comprehensive
Policy Type : Private Car
Name of Policyholder/Insured : ONG GUAT LIAN SANDY
Commencement Date of Insurance : 02/01/2022
Expiry Date of Insurance : 01/01/2023
Excess : EXCESS: (SECTION I)..... S\$ 500.00
 ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)... S\$ 500.00
 ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) S\$ 300.00
 EXCESS: WINDSCREEN S\$ 100.00
 YOUNG & INEXP DRIVERS (SECTION I) S\$ 3,000.00

FLASH
 Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620**Finance Company/Hire Purchase Owner** : STANDARD CHARTERED BANK***Persons or Classes of Persons entitled to drive:**

1. The Policyholder
2. LEE KOK WENG MICHAEL
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

A000122	GTRUST PTE LTD	Contact Number: 61005006
Vehicle Chassis Number : RU31217146, Vehicle Engine Number : LEB5917156		PC1, 08/12/2021 14:36