

# 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 ..... 19/05/2022 17:41 (SGT)  
Date of Accident ..... 18/05/2022 11:55 (SGT)  
Exact Location of Accident ..... 411 Bukit Batok West Ave 4, Block 411, Singapore 650411  
Additional Location Information ..... CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLX4304D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... EU LING LING CHERYL  
NRIC No ..... S7926910G  
Email Address ..... elckaren@gmail.com  
Mobile Phone No ..... (Phone) +65-96738242  
Alternative Phone No ..... +65-96738242

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Golf  
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 ..... 1200

### INSURANCE COMPANY

Name of Insurance Company ..... ERGO Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPG22004350  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KAREN EU LING-CHING  
NRIC No ..... S7609363F

Date Of Birth .....	31/03/1976
Occupation .....	Indoor
Date Of Driving Pass .....	28/04/1999
Driving experience .....	23 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-91525040
Alt. Phone Number .....	-
Email Address .....	elckaren@gmail.com
Address .....	209 ANG MO KIO AVE 3 #07-1596
Address complement .....	-
Postcode .....	560209
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SU SEN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Teck Ghee Neighbourhood Police Post
Police Station Address .....	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220518/2138.

#### 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 .....	SHA22L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

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

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	KAREN EU LING-CHING
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLX4304D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



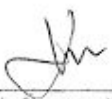
Describe Circumstances of the Accident

ATT: T/202205182138

Declaration

(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

Witnessed by Reporting Centre Personnel





























**SINGAPORE  
POLICE FORCE**



T/20220518/2138

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

1 of 3

Report No. T/20220518/2138

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/05/2022 22:02		Vide Report No.:	Station Diary No.: 33
<b>Informant's Particulars</b>			
Name of Informant: KAREN EU LING-CHING		Address: APT BLK 209 ANG MO KIO AVENUE 3 #07-1596 SINGAPORE 560209	
ID Type / ID No.: NRIC NO / S7609363F		Contact No.: Home/Office: Mobile: 91525040	
Nationality: SINGAPORE CITIZEN		Email: eukarean@yahoo.com	
Sex: Female	Age: 46	Date of Birth: 31/03/1976	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: IT ENGINEER		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/05/2022 11:55	Type of Location: Car Park
Location:  BUKIT BATOK WEST AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA22L	Car				Slightly Damaged	1
SLX4304D	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
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Teck Ghee NPP  
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560321  
Tel No: 1800-4599999

2 of 3

Report No. T/20220518/2138

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	KAREN EU LING-CHING	ID No.	S7609363F
Related Vehicle	SLX4304D (Car)	Contact No.	91525040
Hospital/Clinic	ENLIGHT FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/05/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 18/5/2022 at about 1155hours, I was at Blk 411 Bukit Batok West Ave 4 Carpark parking my vehicle (SLX4304D). While I was reversing into a lot at the carpark, a taxi knocked me at the left front side of my vehicle. I stopped my car immediately and I alighted from my vehicle. I then saw the taxi vehicle taxi number SHA22L, and requested to exchange particular with the female driver. The female driver of SHA22L then informed me that it was an offence to exchange particulars. I also noticed that the female driver also had a toddler at her passenger seat. The female driver then made a call, then the husband arrived shortly after. The husband then mentioned that no need to exchange particulars, and mentioned to take photo of the license plate of the vehicle. They then left the scene. No police has attended. My vehicle suffered multiple scratch, a crack on my headlight, and damaged bumpers.

I went to see doctor as I felt stiff and had a headache. I was issued 3 days MC from Enlight Family Clinic. I have dash cam in my vehicle and it was recording at that point.



**SINGAPORE  
POLICE FORCE**



T/20220518/2138

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

3 of 3

Report No. T/20220518/2138

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:  
F /  
Other Toh Hong Ze Cyrus

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/05/2022 22:02

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168

**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 : DMPG22004350  
 Vehicle Registration Number : SLX4304D  
 Cover Type : Superior Comprehensive  
 Policy Type : Private Car  
 Name of Policyholder/Insured : EU LING LING CHERYL  
 Commencement Date of Insurance : 27/03/2022  
 Expiry Date of Insurance : 26/03/2023

**FLASH**  
*Fast-Response Accident Reporting Hotline™*

**24-Hour Helpline: 6100 1620**

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

Finance Company/Hire Purchase Owner : DBS BANK LTD

\*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. EU LING CHING KAREN
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 : WVWZZZAUZJW155925, Vehicle Engine Number : CHZ644986		PC1, 18/03/2022 18:18

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