

## 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 20:27 (SGT)  
Date of Accident ..... 17/05/2022 18:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG BEDOK ROAD TURNING INTO UPPER CHANGI ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLG4449J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KAMSANI SIN KAMSUN  
NRIC No .....  
Email Address .....  
Mobile Phone No .....  
Alternative Phone No .....

#### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 318I 2.0L A/T ABS D/AIRBAG 2WD 4DR SR  
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 ..... 1995

#### INSURANCE COMPANY

Name of Insurance Company ..... ERGO Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPG21010398  
Cover Note Number .....

#### DRIVER

Name of Driver ..... MUHAMMAD FADHIL BIN SHABUDIN  
NRIC No .....

Date Of Birth .....	[REDACTED]
Occupation .....	[REDACTED]
Date Of Driving Pass .....	[REDACTED]
Driving experience .....	[REDACTED]
Gender .....	[REDACTED]
Mobile Number .....	[REDACTED]
Alt. Phone Number .....	-
Email Address .....	[REDACTED]
Address .....	[REDACTED]
Address complement .....	[REDACTED]
Postcode .....	[REDACTED]
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
Does Driver Own Other Vehicles? .....	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver 1 .....	FBK5698Y
Insurance Company of Other Vehicle Owned by Driver 1 .....	NTUC Income Insurance Co-operative Ltd
Vehicle Registration Number of Other Vehicle Owned by Driver 2 .....	FBQ9386P
Insurance Company of Other Vehicle Owned by Driver 2 .....	NTUC Income Insurance Co-operative Ltd

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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

PASSENGER 1

Name .....	KAMSAN BIN KAMSUN
Gender .....	Male

PASSENGER 2

Name .....	JARIAH BINTE GANI
Gender .....	Female

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

-

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 .....	SMW4764C
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**

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. The 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.
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

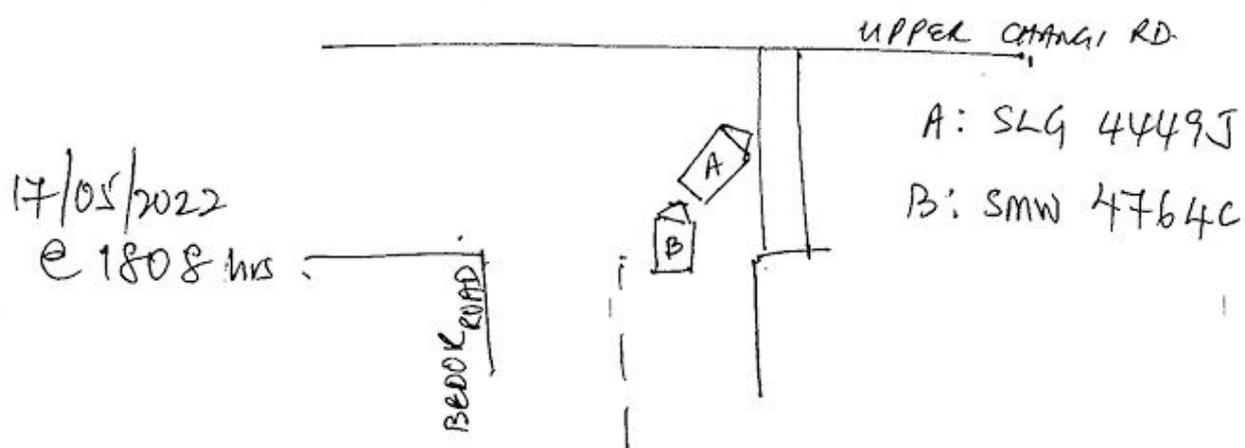
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 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**

On mentioned date and time, I was driving along Bedok Road intend to turn RH into Upper Changi Road. As I reached the junction of Bedok Road and Upper Changi Road, I noticed a pedestrian from RH side crossing and I stopped my vehicle to give way. At this juncture vehicle 'B' (SMW 4764C) collided against my vehicle. After the collision, we both drivers inspected our vehicle and exchange particulars. Since no one injured due to the accident we left the scene after taking some photo.

Total 3 pax in the car.  
 KAMSAN BIN KAMSAN (DAD)  
 JARIAH BINTE GANI

**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

**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 : DMPG21010398  
 Vehicle Registration Number : SLG4449J  
 Cover Type : Superior Comprehensive  
 Policy Type : Private Car  
 Name of Policyholder/Insured : KAMSANI BIN KAMSUN  
 Commencement Date of Insurance : 01/09/2021  
 Expiry Date of Insurance : 31/08/2022



**24-Hour Helpline: 6100 1620**

Excess	:	EXCESS: (SECTION I).....	SS	700.00
		ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)...	SS	500.00
		ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I)	SS	300.00
		EXCESS: WINDSCREEN	SS	100.00
		YOUNG & INEXP DRIVERS (SECTION I)	SS	3,000.00

Finance Company/Hire Purchase Owner : HONG LEONG FINANCE 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

**Jetta Insurance Agency Pte Ltd**  
 OCBC 695-466144-001  
 Tel: 6779 1183

A000588	JETTA INSURANCE AGENCY PTE LTD	Contact Number: 67791183
Vehicle Chassis Number : WBAPF72010A793609, Vehicle Engine Number : B095I629N46820BZ		PC1, 20/09/2021 11:59

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5  
 8 Temasek Boulevard #04-01 Suntec Tower Three Singapore 036988 Tel: +65 6829 9199 Fax: +65 6829 9248 www.ergo.com.sg

**ERGO**

**Policy Schedule**

Policy No. DMPG21010398

Motor Private Car

<b>Policyholder's Details</b>	
Insured Name	KAMSANI BIN KAMSUN
Address	[REDACTED]
Business / Occupation	Others - Indoor

<b>Policy Details</b>			
Client Code	CSI1009895	Type of Cover	Superior Comprehensive
Intermediary Code (Producer)	A000588	Transaction Type	Renewal
Date of Issue	20/08/2021	Replacing Policy No	
Period Of Insurance	01/09/2021 TO 31/08/2022		

<b>Billing Details</b>			
Gross Premium	SGD	1,105.92	Premium includes: NCD Entitlement 40.00%, Safe Driver Discount 5.00%, Special Adjustment 10.00%.
Prevailing GST	SGD	77.41	
Total Premium Payable (inclusive of GST)	SGD	1,183.33	

<b>Coverage Details</b>						
Vehicle No.	Make / Model	Year of Registration	Body Type	Capacity (cc's)	Chassis No.	Engine No.
SLG4449J	BMW 318IA SEDAN 1995 CC	2010	SEDAN	1995	WBAPF72010A793609	80951629N46B2 0BZ

Sum Insured	MARKET VALUE AT TIME OF LOSS		
Excess	EXCESS: (SECTION I)	SGD	700.00
	ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)	SGD	500.00
	ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I)	SGD	300.00
	EXCESS: WINDSCREEN	SGD	100.00
	YOUNG & INEXP DRIVERS (SECTION I)	SGD	3,000.00

Named Drivers	KAMSANI BIN KAMSUN
---------------	--------------------

Authorised Drivers	As shown in the Certificate of Insurance. 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
-----------------------	--

Finance Company/ Hire Purchase Owner	HONG LEONG FINANCE LTD
---	------------------------

Additional Benefits	Not Applicable
---------------------	----------------

This Policy is subject to the following clauses, warranties, endorsements, exclusions as printed herein and/ or attached hereto:

**AUTHORISED WORKSHOP / DEALER'S WORKSHOP / NON-AUTHORISED WORKSHOP EXCESS (SUPERIOR)**  
It is hereby understood and declared that the Insured shall be responsible for the basic excess amount as stated in the Schedule under Section I when the repair of the Motor Car is carried out at:

i. An authorised workshop designated by the Company, or  
ii. At the vehicle's Dealer workshop, provided that the Motor Car is still under valid warranty and is not more than three years of age (from the original date of registration).

An additional excess of S\$300 shall apply to the basic excess when the repair is carried out at a non-authorized workshop.

**DATA PRIVACY**  
The Insured Person(s) understand, acknowledge, agree and consent that:











