

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 02/05/2022 12:18 (SGT)
Date of Accident 29/04/2022 10:30 (SGT)
Exact Location of Accident Tuas Drive 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK1222G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YONG KIM SAN VICTOR (YONG JINSHAN VICTOR)
NRIC No SXXXX024E
Email Address VICYONG@HOTMAIL.COM
Mobile Phone No (Phone) +65-92261222
Alternative Phone No +65-92261222

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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 1595

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPG22003952
Cover Note Number -

DRIVER

Name of Driver YONG KIM SAN VICTOR (YONG JINSHAN VICTOR)
NRIC No SXXXX024E

Date Of Birth	10/03/1973
Occupation	Outdoor
Date Of Driving Pass	09/03/1998
Driving experience	24 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92261222
Alt. Phone Number	+65-92261222
Email Address	VICYONG@HOTMAIL.COM
Address	BLK 22JALAN RIA
Address complement	-
Postcode	359074
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	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)	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 29/04/2022 AT ABOUT 1030HRS, VEHICLE A(SKK1222G) WAS DRIVING ALONG TUAS DRIVE 2. VEHICLE A WAS STATIONARY JUST INFRONT OF UNIT 14 TUAS DRIVE 2. VEHICLE B(YP5735A) WAS BLOCKING THE ENTRANCE. VEHICLE B THEN MOVED FORWARD TO ALLOW VEHICLES TO ENTER THE PREMISES. AFTER 1 VEHICLE HAVE ENTERED THE PREMISES, VEHICLE A INCH FORWARD INFRONT OF THE GATE AND WAITED FOR THE OTHER VEHICLE TO MOVE. WHILE VEHICLE A WAS WAITING TO GO IN, VEHICLE B STARTED TO REVERSED. VEHICLE A WHO WAS CURRENTLY BEHIND VEHICLE B, DECIDED TO HORN MULTIPLE TIMES AND EVEN HORNED FOR A LONG TIME BUT VEHICLE B CONTINUED TO REVERSED AND EVENTUALLY VEHICLE B COLLIDED ONTO VEHICLE A. VEHICLE A JERKED BACKWARDS AFTER THE IMPACT. I WAS SUSTAINED NECK INJURY DUE TO THE IMPACT.

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	YP5735A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-94558544
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YONG KIM SAN VICTOR (YONG JINSHAN VICTOR)
Gender	Male
Phone No	(Phone) +65-92261222
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK INJURY
Injured person in which vehicle?	SKK1222G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

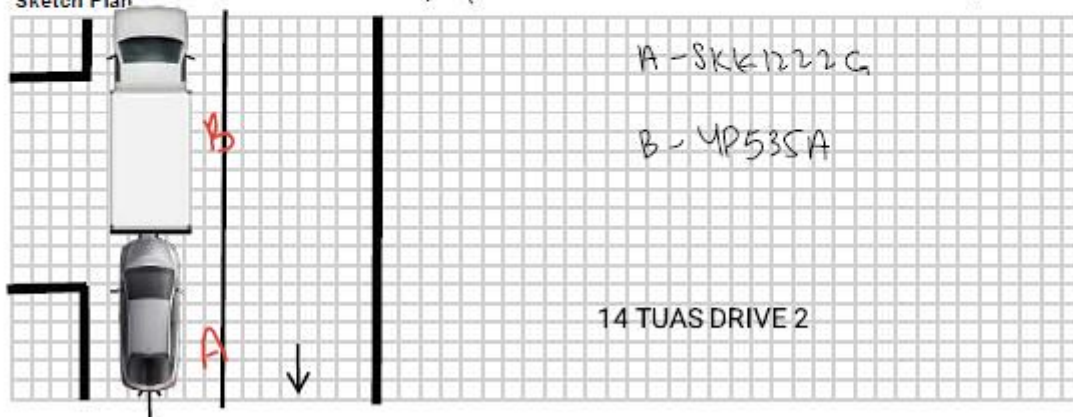
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' 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 29/04/2022 AT ABOUT 1030HRS, VEHICLE A(SKK1222G) WAS DRIVING ALONG TUAS DRIVE 2. VEHICLE A WAS STATIONARY JUST INFRONT OF UNIT 14 TUAS DRIVE 2. VEHICLE B(YP5735A) WAS BLOCKING THE ENTRANCE. VEHICLE B THEN MOVED FORWARD TO ALLOW VEHICLES TO ENTER THE PREMISES. AFTER 1 VEHICLE HAVE ENTERED THE PREMISES, VEHICLE A INCH FORWARD INFRONT OF THE GATE AND WAITED FOR THE OTHER VEHICLE TO MOVE. WHILE VEHICLE A WAS WAITING TO GO IN, VEHICLE B STARTED TO REVERSED. VEHICLE A WHO WAS CURRENTLY BEHIND VEHICLE B, DECIDED TO HORN MULTIPLE TIMES AND EVEN HORNED FOR A LONG TIME BUT VEHICLE B CONTINUED TO REVERSED AND EVENTUALLY VEHICLE B COLLIDED ONTO VEHICLE A. VEHICLE A JERKED BACKWARDS AFTER THE IMPACT. I WAS SUSTAINED NECK INJURY DUE TO THE IMPACT.

Declaration

I/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 29/04/2022 1500

Witnessed by Reporting Centre Personnel





















