

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 19/06/2022 17:19 (SGT)
Date of Accident 18/06/2022 15:50 (SGT)
Exact Location of Accident Bukit Timah Rd, Singapore
Additional Location Information BALMORAL PLAZA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR3785A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ALESANDRA HO CHAI HOONG
NRIC No S7309207H
Email Address KSNNGDAVID@GMAIL.COM
Mobile Phone No (Phone) +65-96232584
Alternative Phone No (Office) +65-96232584

VEHICLE PARTICULARS

Manufacturer Audi
Model Q3
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 1395

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPG21014497
Cover Note Number -

DRIVER

Name of Driver DAVID NG KIM SENG
NRIC No S7175959H

Date Of Birth	25/09/1971
Occupation	Indoor
Date Of Driving Pass	15/07/1995
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96232584
Alt. Phone Number	-
Email Address	KSNNGDAVID@GMAIL.COM
Address	56 JANSEN ROAD
Address complement	-
Postcode	548455
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	Side Swipe
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 18/06/2022 AT ABOUT 1550HRS, I WAS STATIONARY IN VEHICLE A(SMR3785A) ALONG BALMORAL PLAZA SERVICE ROAD TOWARDS BUKIT TIMAH ROAD WAITING FOR TRAFFIC ON MAJOR ROAD TO CLEAR. WHILST WAITING FOR TRAFFIC TO CLEAR, VEHICLE B(UNKNOWN), A TRANSCAB TAXI DECIDED TO SQUEEZE IN ON MY LEFT WHEN IT IS A SINGLE LANE ROAD. I DECIDED TO MOVE IN TO BUKIT TIMAH ROAD UNKNOWINGLY THAT VEHICLE B WAS ON MY LEFT. VEHICLE A LEFT FRONT BUMPER COLLIDED ONTO VEHICLE B LEFT SIDE. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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	TRANSCAB
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ONG CHEE MING

NRIC No	S1687577E
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' 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.

[Handwritten Signature]

**FLASH ACCIDENT
REPORTING OFFICER**

FRO LATIFF

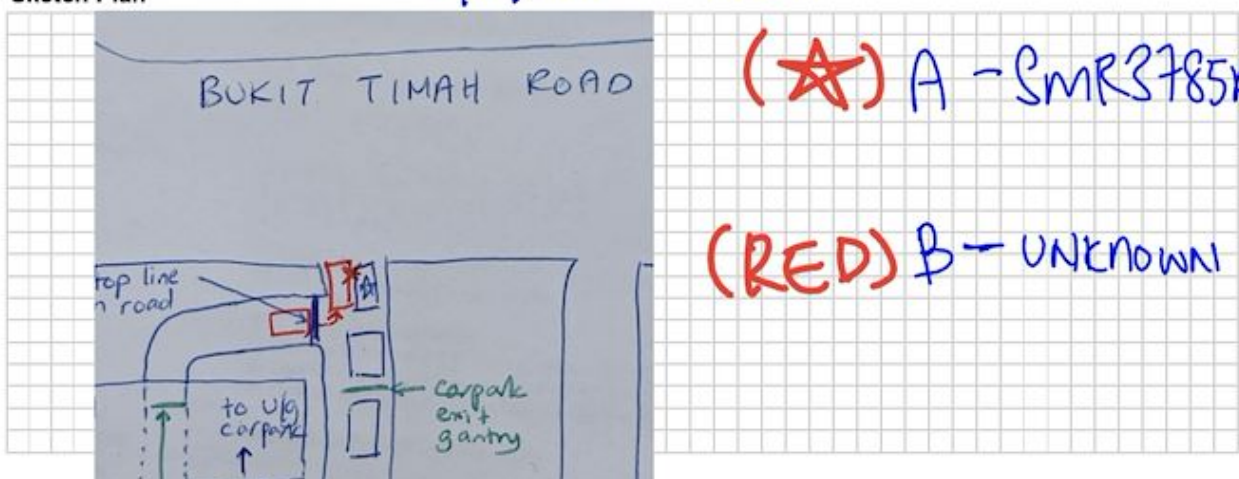


Policyholder's Signature / Date & Time

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

19/06/2022 1650

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident


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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


19/06/2022 1650

FLASH ACCIDENT
REPORTING OFFICER

FRO LATIFF



Witnessed by Reporting Centre Personnel

















