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 witholding 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 04/07/2022 12:16 (SGT) Reported by Driver Date of Accident 02/07/2022 09:40 (SGT) Exact Location of Accident 165a Moulmein Rd, Singapore 308091 Additional Location Information Country/State of Loss Singapore **DETAILS OF OWN VEHICLE**

Lexus

Vehicle Registration Number SCR23D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ONG CHENG KEE NRIC No S1440340Z Email Address ong_jie_hui@hotmail.com Mobile Phone No (Phone) +65-96342260 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model **IS200T EXECUTIVE** Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1998

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Policy Number / Cover Note Number DMPG21013741

DRIVER

Name of Driver ONG JIE HUI NRIC No S9626517D Date Of Birth 29/07/1996 Occupation Indoor

Date Of Driving Pass 26/10/2016 Driving experience 5 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-98632453 Alt. Phone Number Email Address ong_jie_hui@hotmail.com Address 23 JUBILEE ROAD Address complement Postcode 128562 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN. NOTE: VEHICLE REPAIR AT OWNER W/SHOP - GUAN MOTOR WORKS ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SME6918H
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	RUBY
- Contact Number	G3350925T (Phone) +65-86926609
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name ALFIN

Phone (Phone) +65-97595706

Email

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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 :

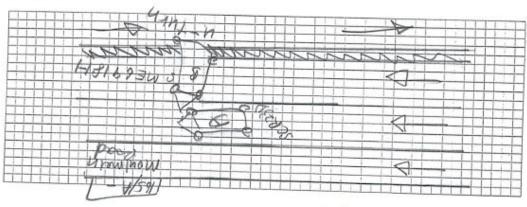
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (w) administering my claims (including the mailing of correspondence, statements, involces, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



A=8CR23D B=8M=6918H Describe Circumstances of the Accident

On 2 July 2022 Informing I was driving towards Newton Life Church
to attend my friend's wedding held there. At around 9.40 am, at
165A Modrein Road, I was driving strought when a strong
mazda is that was at making a uturn of the interest of the right
side, the side of my car had vollided into the frontal flat side of the other
drivers car then arove to the left gicle of the wood. A tour
driver who was during behind me drove in front of me, parke on the
and stopped at the left side like me too. The toxi lincle, Mr mohamed
AF Alfin, then got off has tax and conve to me to say that he will be
my witness as and left his mobile number, 9759 5706, #The taxi
comporting is comfort adgro. He The taxi uncle missaged me to safe
on 2 July 2002, 3.03 pm to say, " I saw exactly what happened The
other driver failed to check oncoming vehicle. You have right of way.
with it mately I don't have video footage. You can give my no to relevant
investigating authority. "The uncle expained that only the taxi
comparty has access to the video footage in his car.
comparty has actust to the viveo footage in visitar.
☐ Claim OD ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only
Please forward a copy of my efile accident report to:
My workshop :
mail address: glanmotorworks of gmailton
Myselfemail: # Mg_jie_nni@ hondout com
tysen eman :
lote: Please take note that your Incurar have 14 days in C
lote: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under
our own policy. Kindly check with your own Insurer for more information.
eclaration
Ve declare the foregoing particulars are true in every respect.
(SIN) (S
0NG 04/07/2022 (NAM)
Drivade Signature / Date & Drivade Signature //f delicate
the & Time & Time
Personnel

