

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	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

Vehicle Registration Number	SCR23D
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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	Lexus
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	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
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?	No
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
-	G3350925T
Contact Number	(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	-

Describe Circumstances of the Accident

On 2 July 2022 morning, I was driving towards Newton Life Church to attend my friend's wedding held there. At around 9:40am, at 165A Mountney Road, I was driving straight when a ~~Mazda 3~~ ^{Mazda 3} that was ~~at~~ making a U-turn at the intersection ~~from the right~~ ^{from the right} side, the side of my car had collided into the front left side of the other driver's car. ~~After~~ I then drove to the left side of the road. A taxi driver who was driving behind me drove in front of me, ~~parked~~ ^{stopped} and stopped at the left side like me too. The taxi uncle, Mr Mohamed ~~Alfin~~, then got off his taxi and came to me to say that he will be my witness ~~and~~ and left his mobile number, 9759 5706. ~~The taxi company is Comfort Delgro.~~ The taxi uncle messaged me ~~on~~ ^{on} 2 July 2022, 3:03pm to say, "I saw exactly what happened. The other driver failed to check oncoming vehicle. You have right of way. Unfortunately I don't have video footage. You can give my no. to relevant investigating authority." The uncle explained that only the taxi company has access to the video footage in his car.

☐ 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 :

Email address : guanmotorworks@gmail.com

Myself email : ong.jie-hui@hotmail.com

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/We declare the foregoing particulars are true in every respect.

ONG
Policyholder's Signature / Date & Time

[Signature] 04/07/2022 10:12AM
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel













