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	11/07/2022 13:37 (SGT)
Reported by	Driver
Date of Accident	08/07/2022 00:40 (SGT)
Exact Location of Accident	Hougang Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU3162G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAU LEE FEN
NRIC No	S6871200I
Email Address	GERALDPONG@GMAIL.COM
Mobile Phone No	(Phone) +65-92396530
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2487

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG21009793

DRIVER

Name of Driver	GERALD PONG JUNZHI(GERALD FANG JUNZHI)
NRIC No	S8402052D
Date Of Birth	20/01/1984
Occupation	Indoor

Date Of Driving Pass	29/03/2007
Driving experience	15 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82331138
Alt. Phone Number	-
Email Address	GERALDPONG@GMAIL.COM
Address	BLOCK 627 HOUGANG AVENUE 8
Address complement	#08-134
Postcode	530627
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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
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

ON THE 08/07/2022 AT ABOUT 0040 HOURS, I WAS DRIVING VEHICLE A (SMU3162G) ON LANE 3 ALONG HOUGANG AVENUE 3 TOWARDS ANG MO KIO WHEN THE LIGHT HAD JUST TURNED GREEN AND AN UNKNOWN VEHICLE INFRONT WAS MOVING OFF BUT VERY SLOWLY. I WAS GRADUALLY PICKING UP MY SPEED BUT JUST AS I MOVED OFF, VEHICLE B (SKJ9948Z) REAR ENDED ME SUDDENLY, HITTING MY REAR BUMPER AND MY BOOT IS NOW HARD TO LATCH AND CLOSE. I SUFFERED DULL PAIN TO MY NECK AND SHOULDER WITH HEADACHE AS A RESULT OC WHIPLASH FROM THE IMPACT.

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	SKJ9948Z
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96729194
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	GERALD PONG JUNZHI(GERALD FANG JUNZHI)
Gender	Male
Phone No	(Phone) +65-82331138
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	WHIPLASH
Injured person in which vehicle?	SMU3162G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

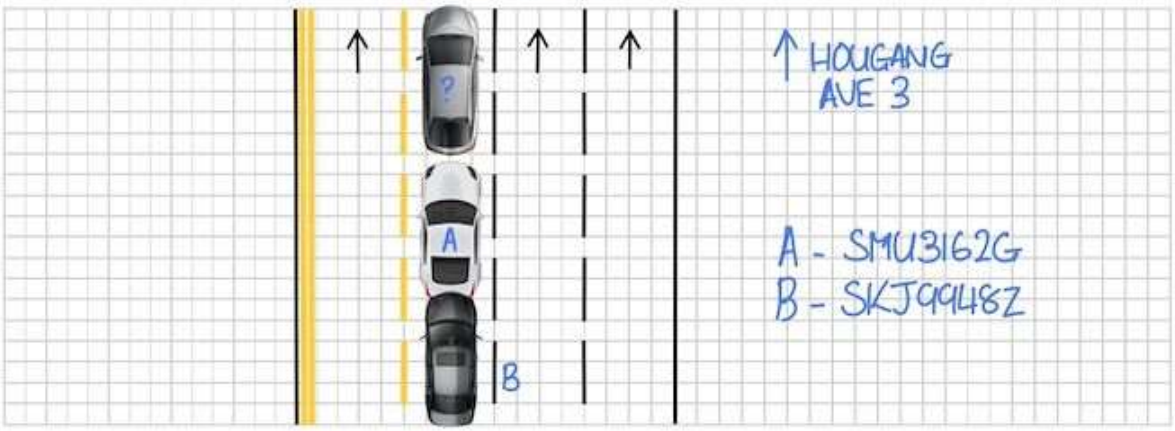
(collectively the "**Purposes**")

(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
	04/07/22 1500	

Sketch Plan



Describe Circumstances of the Accident

ON THE 08/07/2022 AT ABOUT 0040 HOURS, I WAS DRIVING VEHICLE A (SMU3162G) ON LANE 3 ALONG HOUGANG AVENUE 3 TOWARDS ANG MO KIO WHEN THE LIGHT HAD JUST TURNED GREEN AND AN UNKNOWN VEHICLE INFRONT WAS MOVING OFF BUT VERY SLOWLY. I WAS GRADUALLY PICKING UP MY SPEED BUT JUST AS I MOVED OFF, VEHICLE B (SKJ9948Z) REAR ENDED ME SUDDENLY, HITTING MY REAR BUMPER AND MY BOOT IS NOW HARD TO LATCH AND CLOSE. I SUFFERED DULL PAIN TO MY NECK AND SHOULDER WITH HEADACHE AS A RESULT OC WHIPLASH FROM 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	Witnessed by Reporting Centre Personnel
	09/07/22 1500	

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #12


Press Brake Pedal
and Push Power Switch
to Start
ODO
50876km