

## 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 .....	19/07/2022 10:55 (SGT)
Reported by .....	Both
Date of Accident .....	18/07/2022 07:46 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TWDS TUAS (NEAR JURONG RIVER)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMD5954P
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LYE KUNG WOH
NRIC No .....	S1471943A
Email Address .....	danny101iwas@gmail.com
Mobile Phone No .....	(Phone) +65-97483179
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Attrage
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 .....	1200

#### INSURANCE COMPANY

Name of Insurance Company .....	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	DMPG21009414

#### DRIVER

Name of Driver .....	LYE KUNG WOH
NRIC No .....	S1471943A
Date Of Birth .....	10/07/1961
Occupation .....	Indoor

Date Of Driving Pass .....	03/02/1993
Driving experience .....	29 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97483179
Alt. Phone Number .....	-
Email Address .....	danny101iwas@gmail.com
Address .....	33 ENG KONG CRESCENT #03-01
Address complement .....	-
Postcode .....	599426
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 18/07/2022 AT ABOUT 7.46AM. I WAS DRIVING ALONG PIE TOWARDS TUAS. MY FRONT VEHICLE STOPPED. SO I APPLIED MY BRAKE AND STOP BEHIND. OUT OF SUDDEN, VEHICLE B COULD NOT STOP IN TIME AND HIT ONTO MY VEHICLE REAR PORTION. AFTER THE ACCIDENT, I GOT OUT FROM MY CAR AND SAW TOTAL 3 CARS TAKE PLACE IN THIS ACCIDENT. (I FELT 2 IMPACTS AT THE ACCIDENT).

#### 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 .....	SMT7533Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	XAVIER HO KAH MING
NRIC No .....	S9542788Z
Contact Number .....	(Phone) +65-96344182
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLG7496C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE C
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LYE KUNG WOH
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMD5954P
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.

*[Signature]*

Policyholder's Signature / Date & Time

Sketch Plan

*[Signature]*

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

Witnessed by Reporting Centre Personnel

RRR



(A) SMD 5954P

(B) SMT 75332

(C) SLG 7496C

Describe Circumstances of the Accident

ON 18/07/2022 AT ABOUT 7.46 AM. I WAS DRIVING ALONG BE TOWARD TUNAS. MY FRONT VEHICLE STOPPED. SO I APPLIED MY BRAKE AND STOPPED BEHIND OUT OF SUDDEN VEHICLE (C) COULD STOP AND IN TIME HIT ONTO MY VEHICLE REAR PORTION. AFTER THE ACCIDENT I GET OUT FROM MY CAR AND SAW TOTAL 3 CAR TAKE PLACE IN THIS ACCIDENT. (I FELT 2 IMPACTS AT THE ACCIDENT.)

Declaration

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

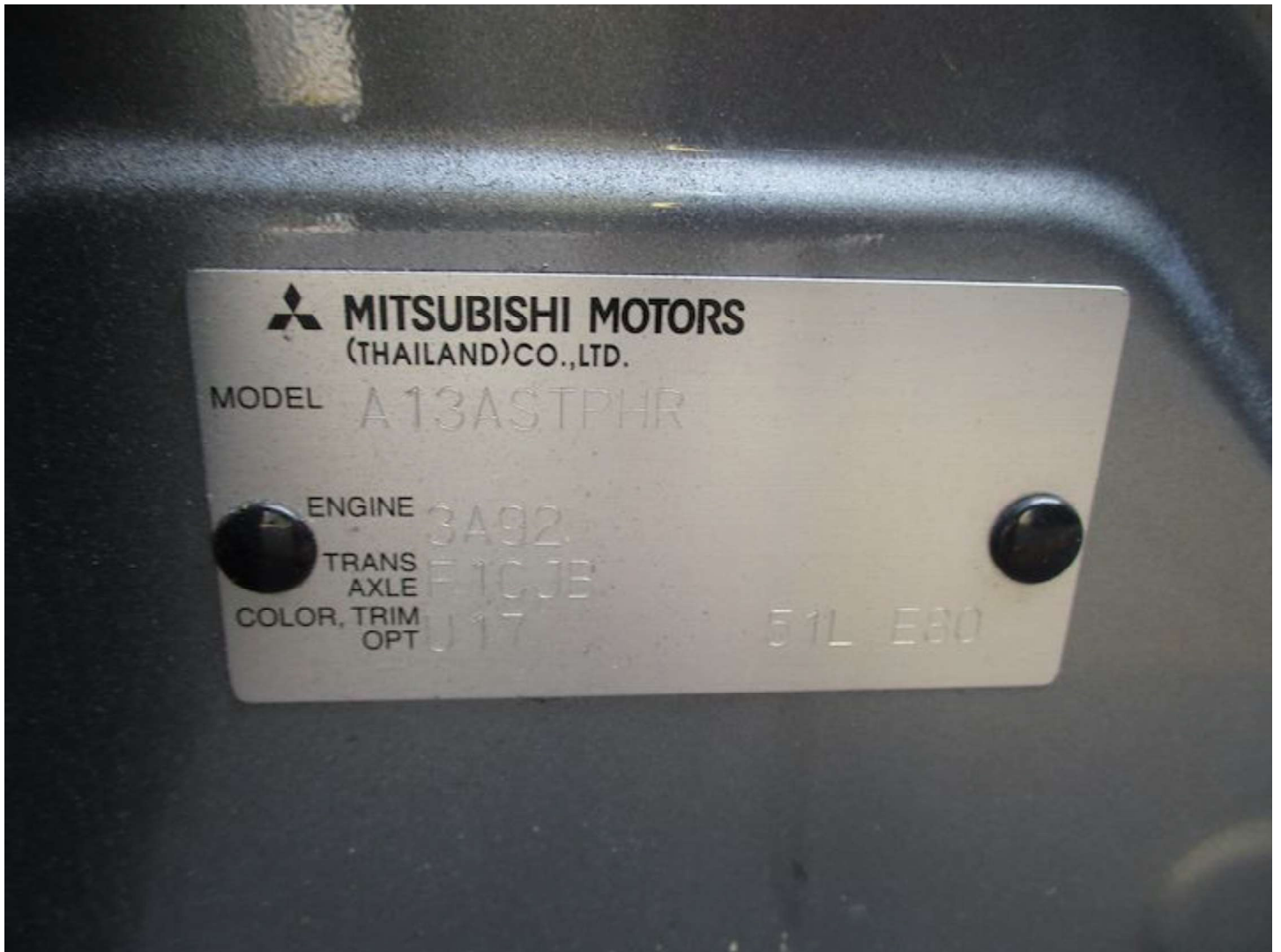
x 

Policyholder's Signature / Date & Time



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

Witnessed by Reporting Contra Personnel



















keep  
in  
Car

ERGO

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMPG21009414  
 Vehicle Registration Number : SMD5954P  
 Cover Type : Enhanced Comprehensive  
 Policy Type : Private Car  
 Name of Policyholder/Insured : LYE KUNG WOH  
 Commencement Date of Insurance : 28/08/2021  
 Expiry Date of Insurance : 27/08/2022  
 Excess :  
 EXCESS: (SECTION I)..... S\$ 500.00  
 ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)... S\$ 500.00  
 YOUNG & INEXP DRIVERS (SECTION I) S\$ 3,000.00  
 Finance Company/Hire Purchase Owner : STANDARD CHARTERED BANK

Part-Excess Incident Reporting Hotline

24-Hour Helpline: 6100 1620

## Persons or Classes of Persons entitled to drive

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

## Limitations as to Use

- 1) Use only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 3) Use for any purpose in connection with the Motor Trade

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (\*).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of **ERGO Insurance Pte. Ltd.**  
 Approved Insurer



Authorized Signature

A000122	GTRUST PTE LTD	Contact Number: 61005006
Vehicle Chassis Number : MMBSTA13AJH003194, Vehicle Engine Number : 3A92UHG6667		PC1, 28/07/2021 15:41