

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 Actual 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 20/09/2022 16:09 (SGT)
Reported by Both
Date of Accident 20/09/2022 11:30 (SGT)
Exact Location of Accident Braddell Rd, Singapore
Additional Location Information LORONG CHUAN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR1652M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH PENG LOCK
NRIC No SXXXX586H
Email Address osakaagy@singnet.com.sg
Mobile Phone No (Phone) +65-90129522
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
Variant 4-DOOR SEDAN (AUTO) 2.5
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? Yes
Vehicle Category Private car
Transmission Auto
CC 2487

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number DMPG21014441

DRIVER

Name of Driver GOH PENG LOCK
NRIC No SXXXX586H
Date Of Birth 24/08/1952
Occupation Indoor

Date Of Driving Pass	30/11/1970
Driving experience	51 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90129522
Alt. Phone Number	-
Email Address	osakaagy@singnet.com.sg
Address	4D GLASGOW ROAD
Address complement	-
Postcode	549298
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	LEE LANG HUAY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT E/20220920/7038

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNE2104D
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TOK YEW SENG
Contact Number	(Phone) +65-96667679
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE LIANG HUAY
Gender	Female
Phone No	(Phone) +65-96212785
Address	4D GLASGOW ROAD
Address Complement	-
Post Code	549298
Approximate Age Years Old	68
Injuries Sustained	3DAYS MC
Injured person in which vehicle?	SMR1652M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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")

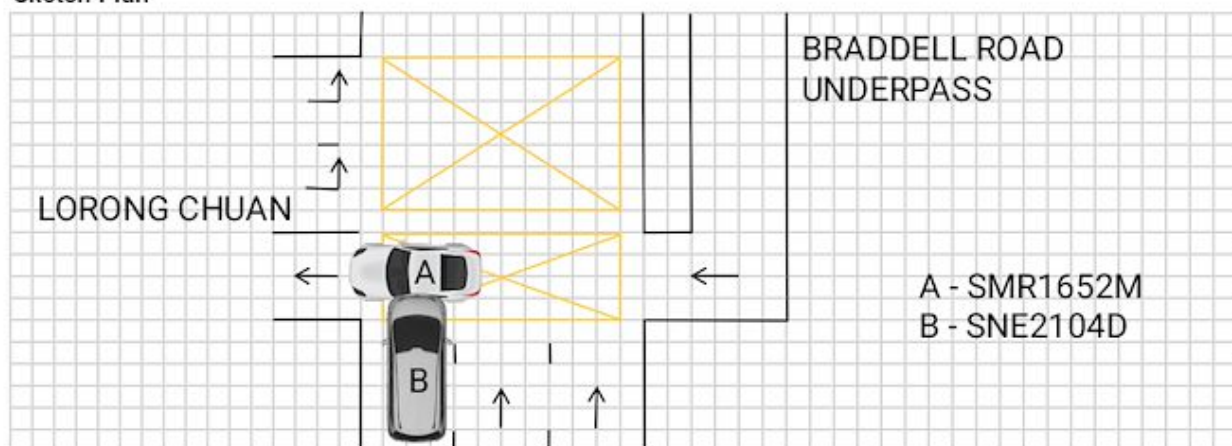
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 20/09/22

Witnessed by Reporting Centre Personnel Amin

Sketch Plan


Describe Circumstances of the Accident

AS PER POLICE REPORT E/20220920/7038

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 20/09/22 1430



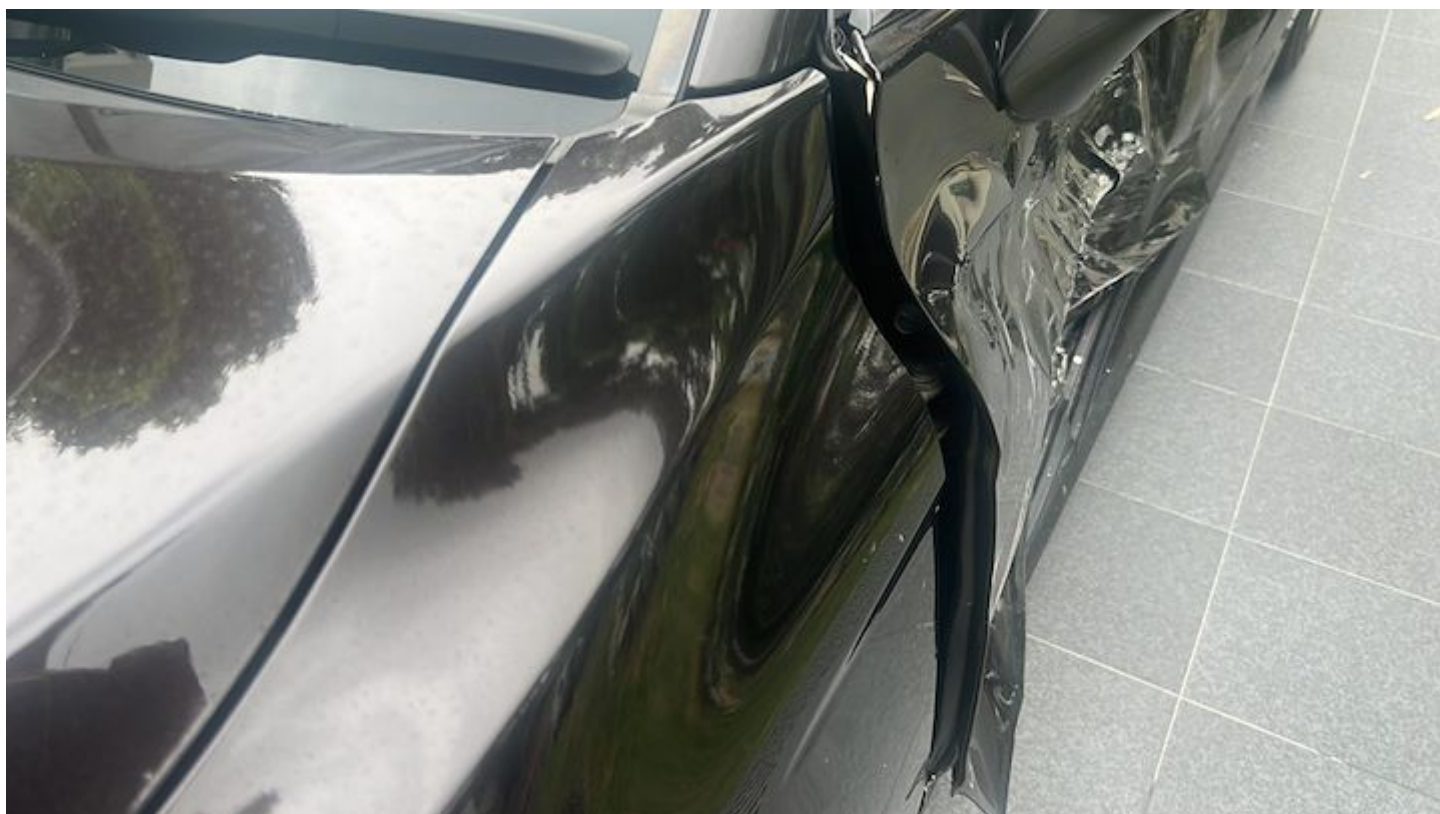
Witnessed by Reporting Centre
Personnel Amin



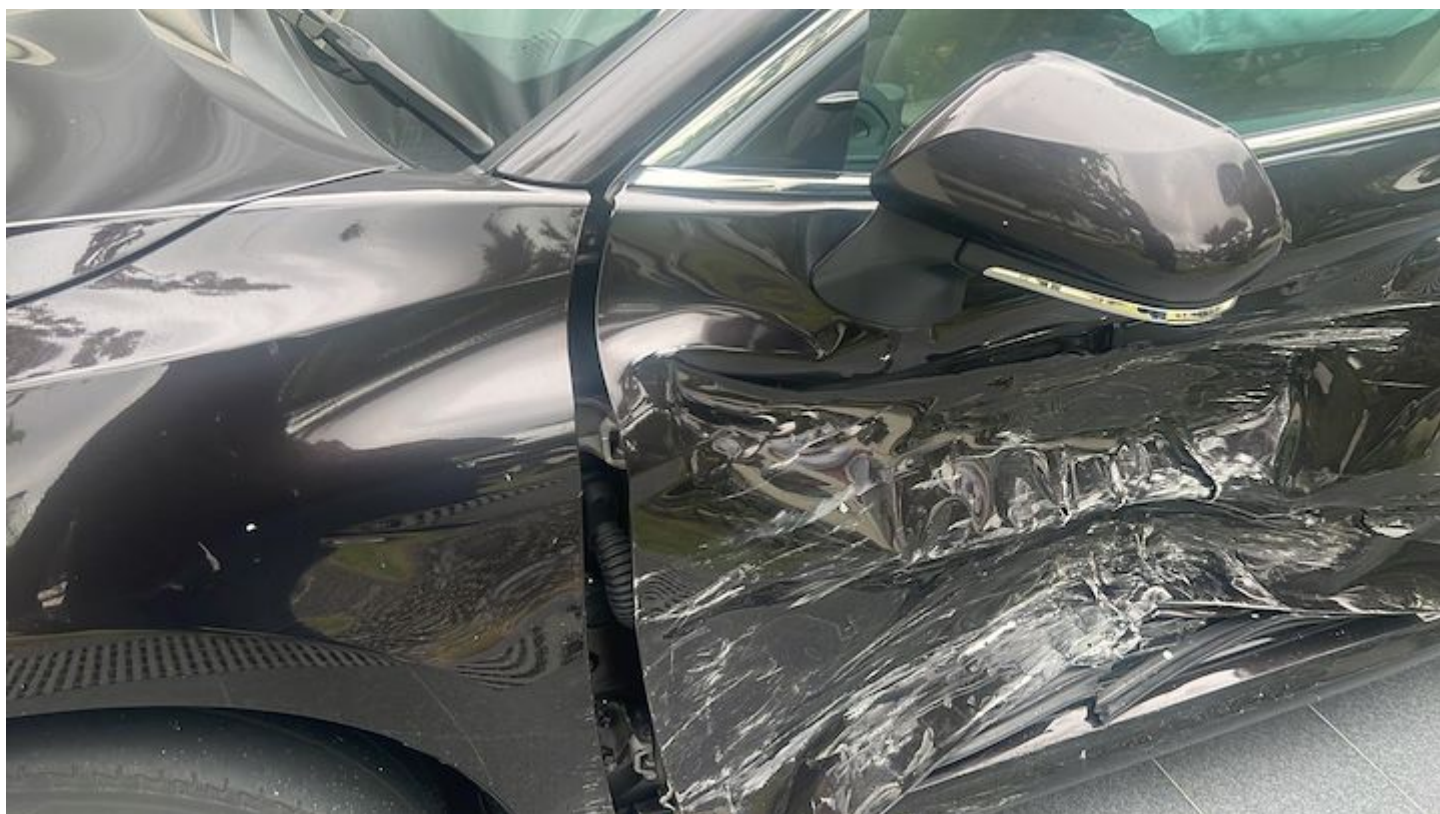






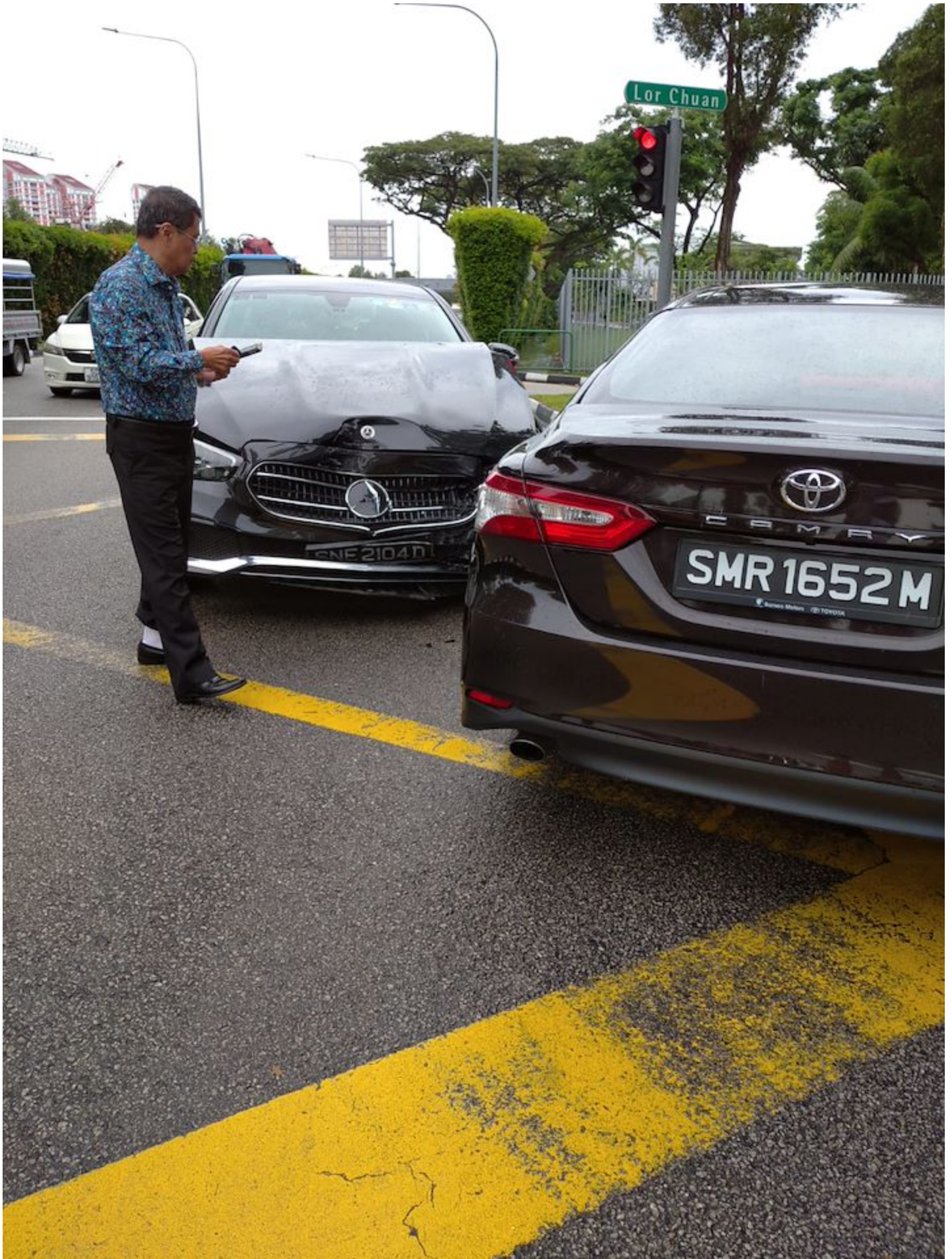


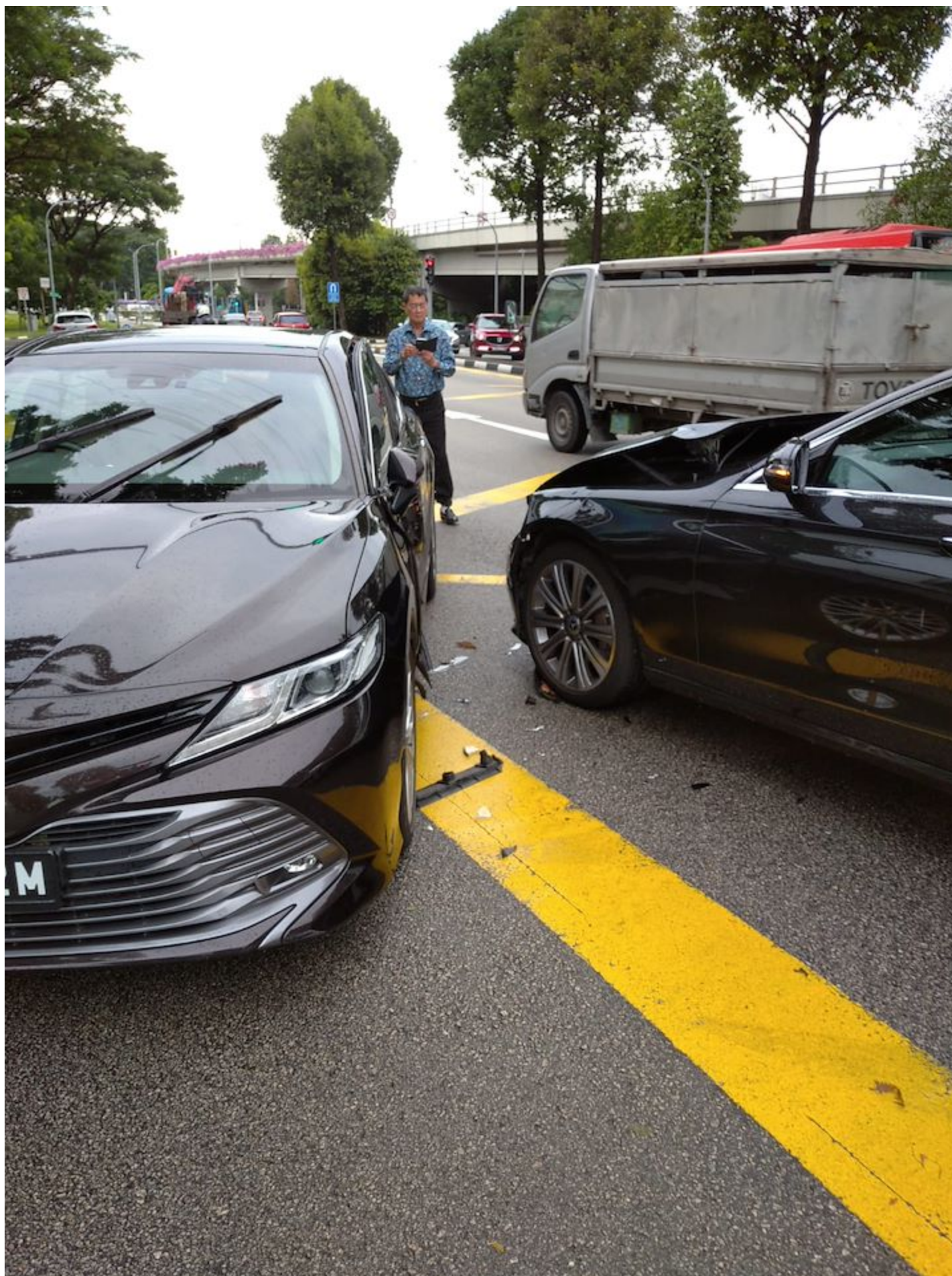














**SINGAPORE
POLICE FORCE**



E/20220920/7038

1 of 2

POLICE REPORT (NP299)

Report No. E/20220920/7038

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 20/09/2022 15:55	Vide Report No.	Station Diary No.
Name Of Informant GOH PENG LOCK	Address 4D GLASGOW ROAD SINGAPORE 549298	
ID Type / ID No. NRIC NO / S2004586H	Contact No. Home/Office: Mobile: 90129522	
Nationality SINGAPORE CITIZEN	Email Address osakaagy@singnet.com.sg	
Occupation Retiree	Sex Male	Age 70
Institution/School Name	Date of Birth 24/08/1952	Race Chinese
Date/Time Of Incident 20/09/2022 11:30 - 20/09/2022 11:30	Location Of Incident CENTRAL EXPRESSWAY	

Brief details.

On 20 Sept 2202 at about 1130 hours, I was driving along vehicle (SMR1652M) along Braddell Road turning into Lorong Chuan towards Serangoon direction. When approaching the junction, I noticed vehicles from the other direction had stopped and I continued driving. Then suddenly, another vehicle coming from the slip road (Braddell exit of CTE towards town) hit me on the left portion of the car. My passenger who is my wife, Lee Lang Huay, sitting in the front seat sustained minor injury.

Subjects Involved
Victim

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2022 15:55
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20220920/7038

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220920/7038

Person Name	Lee Lang Huay		
ID Type	NRIC NO	ID No	S0194011B
Gender	Female	Age	68
Race	Chinese	Language	Chinese
Occupation	Retiree	Address	4D Glassgow Road SINGAPORE 549298
Home/Office No	68580795	Mobile No	96212785
Relation To Informant	spouse		
Person Name	GOH PENG LOCK		
ID Type	NRIC NO	ID No	S2004586H
Gender	Male	Age	70
Race	Chinese	Language	English
Occupation	Retiree	Address	4D GLASGOW ROAD SINGAPORE 549298
Mobile No	90129522	Is Informant A Victim?	Yes
Person Name	GOH PENG LOCK (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2022 15:55
Officer In-Charge Of Case:	Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G229K000Q Vehicle Registration No: SMR1652M
 Name (as shown in NRIC): GOH PENG LOCK NRIC/FIN/Passport No: SXXXX586H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 90129522
 Email Address: _____
 Date of Accident: 20/09/2022 Time of Accident: 11:30
 Place of Accident: Braddell Rd,
 Insurance Company: ERGO Insurance Pte. Ltd.


(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE TO OWN DAMAGE CLAIM



 Policyholder / Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

