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 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.

- 4. The issue and acceptance of this is form by instrained 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 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 Private use

accident

Are you claiming under your own insurance policy for repair to Yes your vehicle? 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 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? Nο 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? Yes 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? Nο 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?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Police Station Phone No

Police Station Address

Police Station Phone No

Police Station Pho

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT E/20220920/7038

ADD ON STATEMENT: DUE TO THE IMPACT OF THE ACCIDENT, THERE WERE SOME SCRATCHES TO THE WINDSCREEN OF THE CAR. WHEN THE WORKSHOP WAS ASSESSING THE DAMAGE, THEY INFORMED THAT THE GLASS WOULD NATURALLY SHATTER/ CRACK EVEN FURTHER UPON DISMANTLING BECAUSE IT WAS ALREADY CRACKED IN THE FIRST PLACE. IN ADDITION, BECAUSE OF THE IMPACT COMING FROM THE LEFT SIDE, THE VEHICLE SKIDDED TO THE RIGHT AND HIT THE KERB ON THE RIGHT. IT CAUSED THE 3 ENTIRE PIECES OF THE RIGHT SIDE OF THE CAR BODY, BELOW THE CAR DOORS TO FALL OFF AND BREAK.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

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	<u>-</u>
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 Gender Phone No Address Address Complement	LEE LIANG HUAY Female (Phone) +65-96212785 4D GLASGOW ROAD
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

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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)

Lunderstand, acknowledge, agree and consent that :

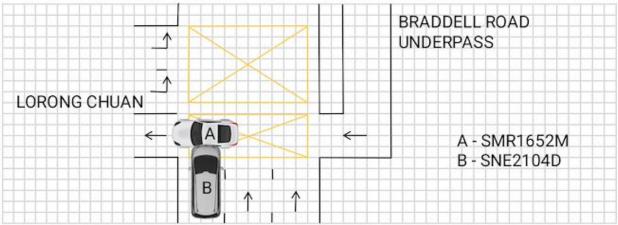
- (a) My insurer , my w orkshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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;
- (iii) carrying out and/or dealing w ith 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 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 20 /09 /22 1450

Witnessed by Reporting Centre
Personnel

Sketch Plan



scribe Circumstances of th			
AS PER POLICE REPO	ORT E/20220920/7038		
eclaration			
e declare the foregoing particul	ars are true in every respect.		
	\bigcap		1.
	Nilo		Phia
olicyholder's Signature / Date &	Driver's Signature (if driver is not the & Time 20/09/22	ne policyholder) / Date (430	Witnessed by Reporting Centre Personnel Aww







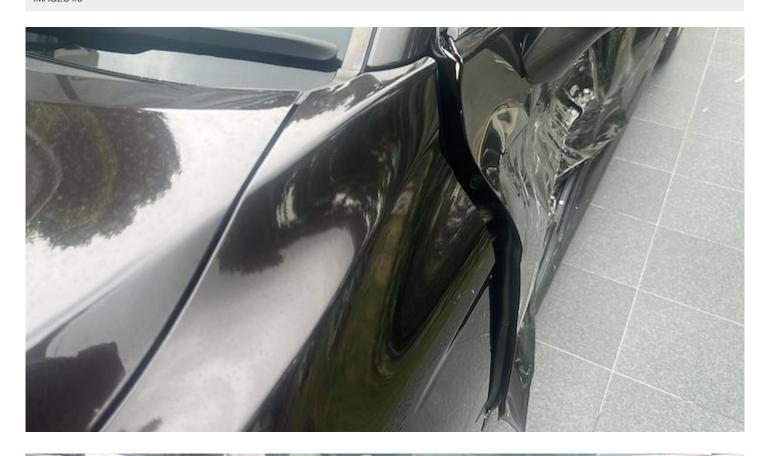






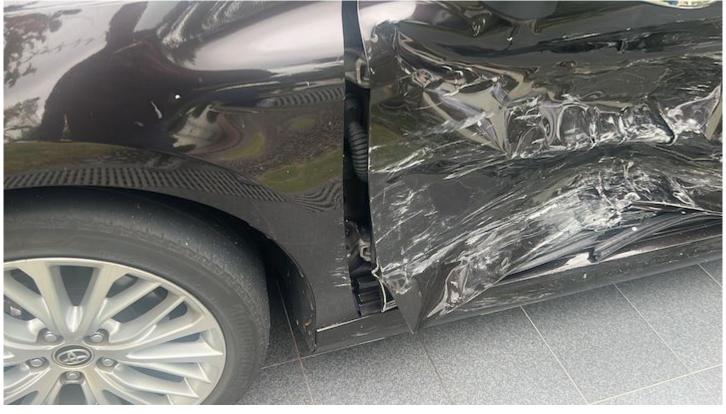




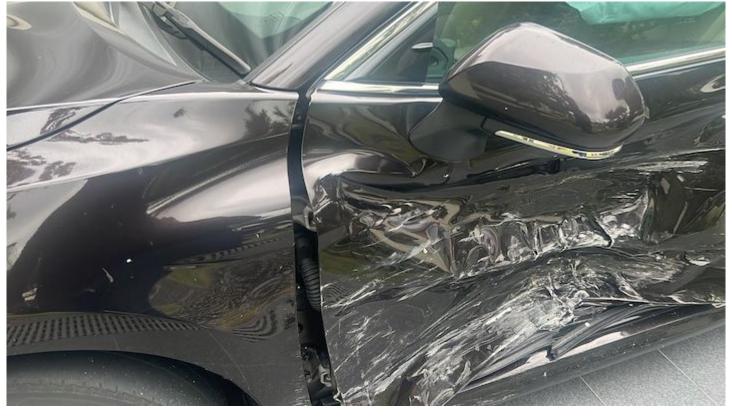


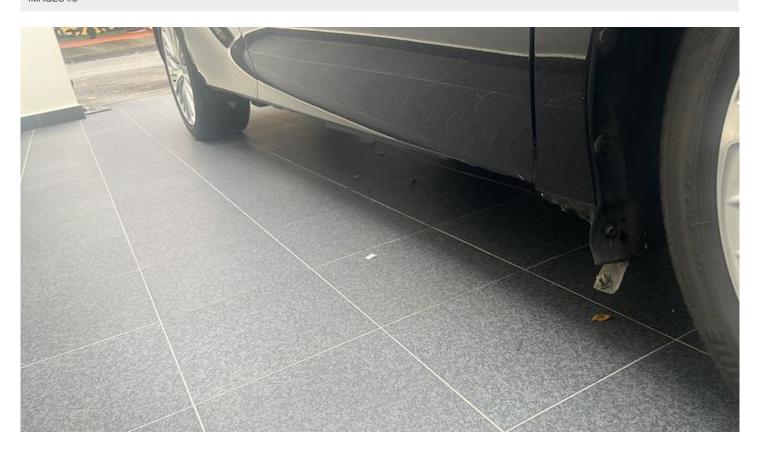




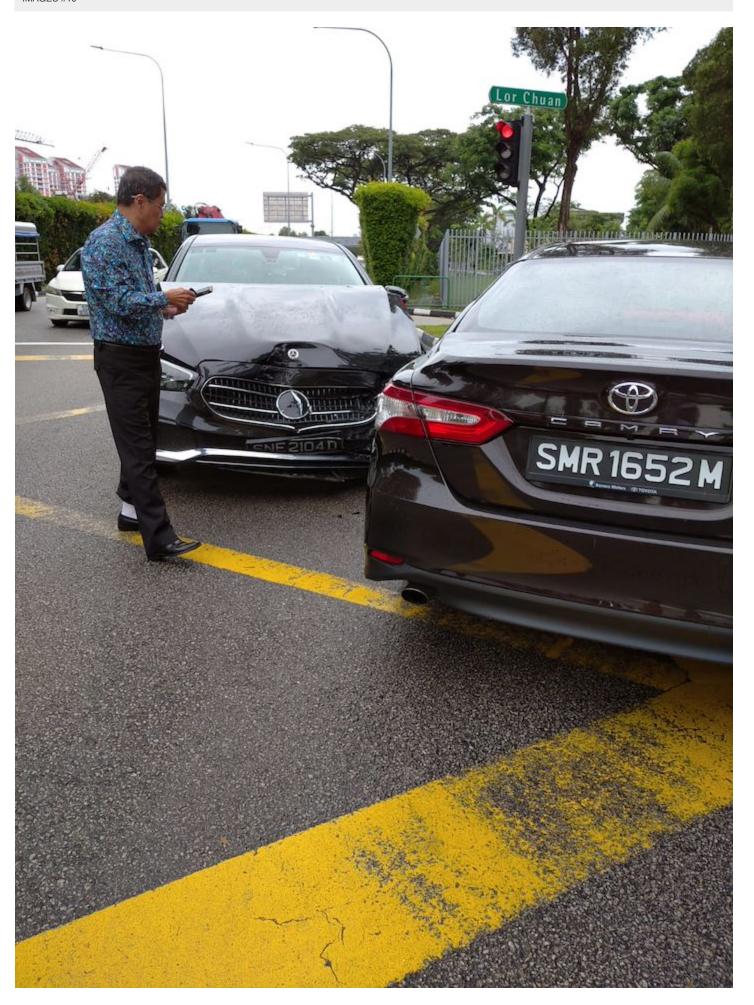


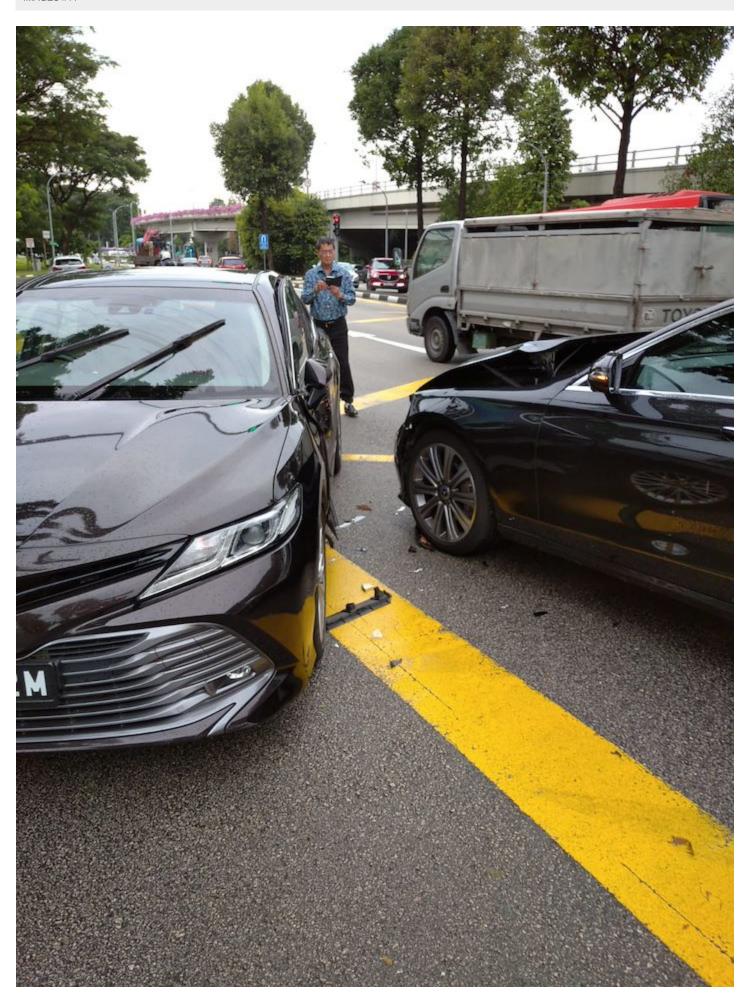
















1 of

Report No. E/20220920/7038

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892

Tel No:1800-3910000

Vide Re	port No.		Station Diary No.
Address			
4D GLASGOW ROAD SINGAPORE 549298		549298	
Contact No. Home/Office: Mobile: 90129522			
Email Address osakaagy@singnet.com.sg			
Sex	Age	Date of Birth	Race
Male	70	24/08/1952	Chinese
Language English			
Location Of Incident CENTRAL EXPRESSWAY			
	Address 4D GLA Contact Home/C Email Ar osakaag Sex Male Languag English Location	4D GLASGOW RO. Contact No. Home/Office: Email Address osakaagy@singnet Sex Age Male 70 Language English Location Of Inciden	Address 4D GLASGOW ROAD SINGAPORE: Contact No. Home/Office: Mobile: 90129522 Email Address osakaagy@singnet.com.sg Sex Age Date of Birth Male 70 24/08/1952 Language English Location Of Incident

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.

Victim 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:	





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Report No. E/20220920/7038

POLICE REPORT (NP299)

CONTINUATION OF REPORT

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	spouse		
Informant			
	13	100 m	<i>\$</i>
Person Name	GOH PENG LOCK	38	
Person Name ID Type	GOH PENG LOCK NRIC NO	ID No	S2004586H
		ID No Age	S2004586H
ID Type	NRIC NO		
ID Type Gender	NRIC NO Male	Age	70
ID Type Gender Race	NRIC NO Male Chinese	Age Language	70 English
ID Type Gender Race	NRIC NO Male Chinese	Age Language	70 English 4D GLASGOW ROAD

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 20/09/2022 15:55
Classification Of Case:



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

	whom you submitted the Original Rep	ort.		
	ADDEND	DUM		
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENT	TS: Vehicle Registration No: SMR1652M		
	Original Report No: SJ0G229K000Q Name (as shown in NRIC): GOH PENG LOCK	NRIC/FIN/Passport No: SXXXX586H		
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as a	appropriate		
	Contact (Tel): 68580795	Mobile No.: 901295 22		
	Email Address: Osakaagy@singnet	1. Gr. 59		
	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 make the following amendments: ADD ON STATEMENT	t and would like to include additional information or		
	1 Due to the impact of the ac	sudent, there were some scrotches to		
	the car's wholever. When the wor	knop was assessing the dances, they		
	informed that the glass would not	rurally shatter (crack upon dumanting		
	because of the already present crea	any latte filt place.		
	1 becouse of the impact coming	from Heleftside, the vehicle		
	schooled to the right and hit th	re keyb onthe right. It could		
		sht side of the car body, below the		
	car doors to tall off an	d lrak.		
	a.m	Siti		
	Policyholder / Driver's Signature Date: 22/9/2027	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:		

GIARMC Addendum Form

