For surveyor

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

12/09/2022 17:35 (SGT) Both 11/09/2022 19:25 (SGT) Singapore MALAYSIA CUSTOM - SINGAPORE CUSTOM Singapore

DETAILS OF OWN VEHICLE

SMR2021C

LOW HUI WEN

S9112167J

Vehicle Registration Number

INSUREDIPOLICYHOLDER

Name Of Registered Owner NRIC No Email Address

Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

DRIVER

CC

Name of Driver NRIC No Date Of Birth Occupation

QINGLONG@LIVE.COM.SG (Phone) +65-92997764

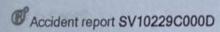
Mercedes CLA180 AMG LINE AUTO

Private use

No - Claiming third party Private car Auto 1332

ERGO Insurance Pte. Ltd. DMPG21015070

TAN QING LONG S9129845G 20/08/1991 Indoor



Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No. Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

15/05/2010 12 YEARS AND 4 MONTHS Male (Phone) +55-92997764

GINGLONG@LIVE.COM.SG BLK 534 HOUGANG ST 52 #10-44

530534 No Spouse No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Side Swipe Raining Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by embulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
Translator's name
Translator's iD
Translator's phone number
Translator's email
Original language used in the statement

No 2 No -Yes

No -

3

ASSENGER 1

Name Gender

PASSENGER Female

PASSENGER 2

Name Gender

PASSENGER Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

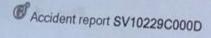
REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Yes Yes WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1



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

SMF8652E -------(Phone) +65-97394447 --

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the anoders to speed up the claims process.
- 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 Traffic Police Department for investigation.
- 8. This report will be lorwarded by the insurers to 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 ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 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:

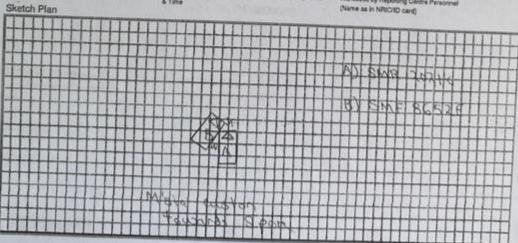
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to

- (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 age (including their lawyers/law fems), which may be alted outside of Singapore, for one or more of the above Pu

Policyholder's Signature / Date & Time

Driver's Signature (6 driver is not the policyholder) / Date

Witnessed by Reporting Centre



Describe Circumstance of the Accident
1 11208 0115
at the custom (Male)
and court pack to suchabore
mathic was heavy of I was full
queux at very slaw and tollowing the
Traffic was heavy a 1 was following the
my lane & in the 19th was trying to cut into
front water of a process grazed gainst the
they lave I in the process graded against the
Mr.
I am claiming for the damages to me
I am claiming for the domages to my webside from the 3rd Party at EM solution PIL
J = 1 30101101 F/L

Declaration IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (4 driver is not the policyholder) / Date & Time

Elaine

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)