



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	24/09/2022 15:05 (SGT)
Reported by	Both
Date of Accident	24/09/2022 03:30 (SGT)
Exact Location of Accident	65 Syed Alwi Rd, Singapore 207644
Additional Location Information	LOT 101
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4877L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH CHUA SENG
NRIC No	SXXXX667Z
Email Address	C.GOH.GK@SG.AZBIL.COM
Mobile Phone No	(Phone) +65-98577753
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1600

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22001941

DRIVER

Name of Driver	GOH CHUA SENG
NRIC No	SXXXX667Z
Date Of Birth	12/09/1971
Occupation	Indoor



Date Of Driving Pass	14/08/1993
Driving experience	29 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98577753
Alt. Phone Number	-
Email Address	C.GOH.GK@SG.AZBIL.COM
Address	BLK 607 SENJA ROAD #19-12
Address complement	-
Postcode	670607
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

AS OF ABOVE DATE AND TIME, MY VEHICLE (SMR4877L) WAS PARKED ALONG 65 SYED ALWI ROAD AT A DESIGNATED PARALLEL PARKING LOT (LOT 101). MY VEHICLE STEERING WAS TO THE RIGHT AND STATIONARY AS I WAS EXITING TO MY RIGHT AND OUT OF A SUDDEN, VEHICLE B (EY10E) COLLIDED ONTO MY VEHICLE FRONT RIGHT WHEEL. I SPEAK WITH VEHICLE B'S DRIVER AND HE SAID HE WAS DRIVING TOO CLOSE TO MY VEHICLE.

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	EY10E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	CHNG TIANXI
Contact Number	(Phone) +65-84844708
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.
6. This report will be forwarded 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 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

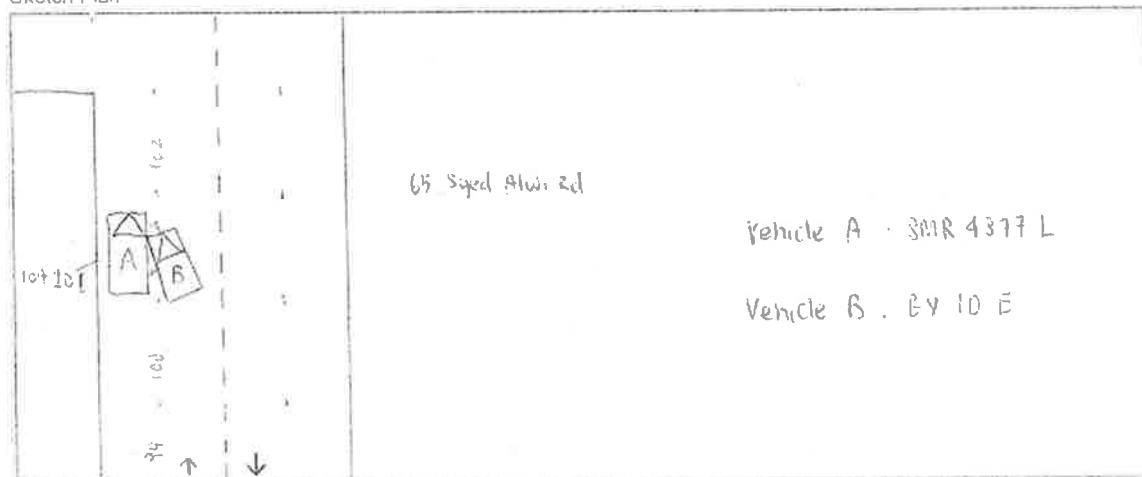
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/are 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 Officer's Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident:

As of above date and time, My vehicle (SMR 4877 L) was parked along 65 Street Alameda Rd at a designated parallel parking lot (for 201).

My vehicle steering was to the right and stationary as I was exiting to my right and out of a sudden, Vehicle B (CY 10 E) collided into my vehicle front right wheel. I speak with vehicle B's driver and he said he was driving too close to my vehicle.

Declaration

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


 Police Officer's Signature / Date & Time


 Driver's Signature of driver is not the person who is liable
 & Time

Witnessed by Retaining Officer (Personnel)
 (Name as in M51052 card)













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	: DMPG22001941	
Vehicle Registration Number	: SMR4877L	
Cover Type	: Superior Comprehensive	
Policy Type	: Private Car	
Name of Policyholder/Insured	: GOH CHUA SENG (WU QUANCHENG)	24-Hour Helpline: 6100 1620
Commencement Date of Insurance	: 29/01/2022	
Expiry Date of Insurance	: 28/01/2023	
Excess	: EXCESS: (SECTION I) UNNAMED DRIVERS SS 500.00 ADD'L EXCESS: UNNAMED DRIVERS (SECTION I) SS 500.00 ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) SS 300.00 EXCESS: WINDSCREEN SS 100.00 YOUNG & INEXP DRIVERS (SECTION I) SS 3,000.00	

Finance Company/Hire Purchase Owner: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

*Persons or Classes of Persons entitled to drive

1. The Policyholder
2. LIM ENG CHOO
3. 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

Karl-Heinz Jung

Authorized Signature

A100027	G & C GENERAL INSURANCE AGENCY	Contact Number: 63468632
Vehicle Chassis Number	WDD2050402R026307; Vehicle Engine Number 274910302B7951	PC1, 25/01/2022 16:36

ERGO Insurance Pte Ltd Co. Reg. No. 199305211H GST Reg. No. M2-0116930-5
 8 Temasek Boulevard #04-01 Suntec Tower Three Singapore 038988 Tel: +65 6829 9199 Fax: +65 6829 9248 www.ergo.com.sg

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 26 Sep 2022 / 10:13:16

Receipt Date/Time : 26 Sep 2022 / 10:13:11

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220926-000793

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - EY10E				
As at 24 Sep 2022/03:30:00				
Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.				
1	Insurance Enquiry - EY10E			
	Enquiry Fee	7.00	0.49	7.49
	20220926101257480653			
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	mh5z0hr9		Credit Card	7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.