

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	04/10/2022 18:15 (SGT)
Reported by	Both
Date of Accident	03/10/2022 18:10 (SGT)
Exact Location of Accident	Geylang Rd, Singapore
Additional Location Information	TOWARDS PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV6827Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	VENNY TAN LAY ENG
NRIC No	S7130391H
Email Address	VT_04@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90078827
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1998

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG21011368

DRIVER

Name of Driver	VENNY TAN LAY ENG
NRIC No	S7130391H
Date Of Birth	04/09/1971
Occupation	Outdoor

Date Of Driving Pass	26/06/2000
Driving experience	22 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90078827
Alt. Phone Number	-
Email Address	VT_04@HOTMAIL.COM
Address	125 ALJUNIED ROAD #06-03
Address complement	-
Postcode	380125
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 - Change/cross lane
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

ON 03/10/2022 AT ABOUT 1810HRS I WAS DRIVING VEHICLE A (SMV6827Y) ALONG GEYLANG ROAD TOWARDS PAYA LEBAR ROAD. AT THE TRAFFIC LIGHT JUNCTION BETWEEN GEYLANG ROAD AND PAYA LEBAR ROAD I WAS ON THE LANE 2 TURNING RIGHT TOWARDS PAYA LEBAR ROAD. WHILE FOLLOWING THE TRAFFIC FLOW TURNING RIGHT SUDDENLY VEHICLE B (SBS3436H) WAS ON MY LEFT TURNING RIGHT AS WELL AND WENT ONTO MY LANE. VEHICLE B RIGHT REAR PORTION SWIPE VEHICLE A FRONT LEFT PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

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	SBS3436H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Bus
Name of Driver	CHEN CHEE KEONG
NRIC No	S6960335A
Contact Number	(Phone) +65-92971112
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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")

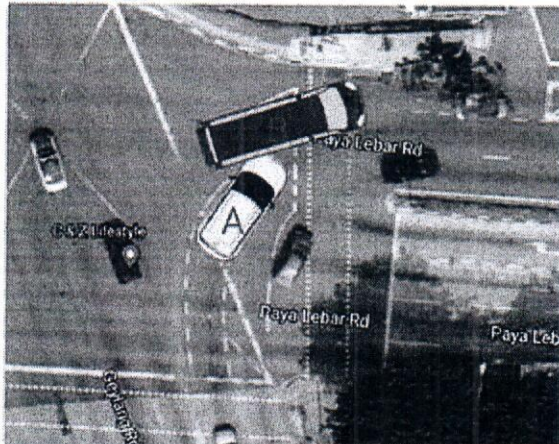
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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
04/10/2022 1345HRS

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PAYA LEBAR ROAD



A - SMV6827Y

B - SBS3436H



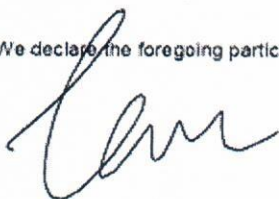
GEYLANG ROAD

Describe Circumstances of the Accident

ON 03/10/2022 AT ABOUT 1810HRS I WAS DRIVING VEHICLE A (SMV6827Y) ALONG GEYLANG ROAD TOWARDS PAYA LEBAR ROAD. AT THE TRAFFIC LIGHT JUNCTION BETWEEN GEYLANG ROAD AND PAYA LEBAR ROAD I WAS ON THE LANE 2 TURNING RIGHT TOWARDS PAYA LEBAR ROAD. WHILE FOLLOWING THE TRAFFIC FLOW TURNING RIGHT SUDDENLY VEHICLE B (SBS3436H) WAS ON MY LEFT TURNING RIGHT AS WELL AND WENT ONTO MY LANE. VEHICLE B RIGHT REAR PORTION SWIPE VEHICLE A FRONT LEFT PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

Declaration

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



Policyholder's Signature / Date &
Time 04/10/2022 1345HRS

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

FLASH ACCIDENT
REPORTING OFFICER

FRO NAZREEN



Witnessed by Reporting Centre
Personnel