



## 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	31/10/2022 13:03 (SGT)
Reported by	Both
Date of Accident	29/10/2022 19:35 (SGT)
Exact Location of Accident	Amoy St, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2422S
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD SHAFE BIN MOHAMAD YUSUF
NRIC No	S7804783F
Email Address	shafe.yusuf@changiairport.com
Mobile Phone No	(Phone) +65-97729520
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
Variant	AUTO
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	1991

#### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22011732

#### DRIVER

Name of Driver	MOHAMAD SHAFE BIN MOHAMAD YUSUF
NRIC No	S7804783F
Date Of Birth	17/02/1978
Occupation	Indoor



Date Of Driving Pass	23/07/1996
Driving experience	26 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97729520
Alt. Phone Number	-
Email Address	shafe.yusuf@changiairport.com
Address	BLK 270 PASIR RIS STREET 21 #02-450
Address complement	-
Postcode	510270
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	Collided into Parked Vehicle
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)	4
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	VICKY YUANNA BINTE MOHD ALI
Gender	Female

#### PASSENGER 2

Name	SON
Gender	Male

#### PASSENGER 3

Name	SON
Gender	Male

#### 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

#### PLEASE REFER TO SKETCH

#### 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	SGD3068G
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GAN MAY MAY BERNADINE
NRIC No	S7436126I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	VICKY YUANNA BINTE MOHD ALI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLM2422S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

**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 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.**
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

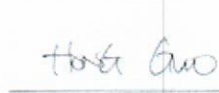
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")

(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

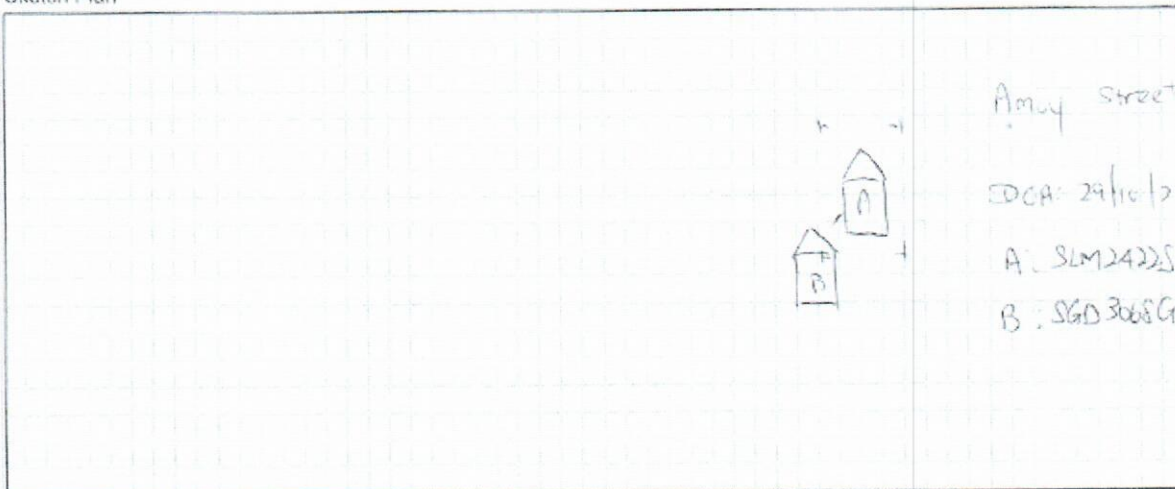
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Amoy Street

DCA: 29/10/22

A: SLM2422S

B: SGD3068G



## Describe Circumstance of the Accident


At around 07:40 PM, I parked my car stationary along Amoy St carpark and off the engine. My son opened the rear LHS door (ajar slightly) so that the cabin light remains 'ON' for my wife (seated front passenger) can see the dosage amount for her Insulin jab. About 1 minute later, just after she had pulled out the injection needle, we felt a violent shake and heard a loud bang and realised that Veh B drove past and had hit the rear LHS door.


Veh B driver admitted that she was driving too close to the right side of the road and had hit the opened door causing damages to both vehicles. The next morning, my wife woke up with a sore neck & shoulder so she went to Terminal 3 RMC (Raffles Medical Group) for treatment and got 2 days MC.

## 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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)