

☐ Scene Pic  
☐ Auth Letter

☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident 11/11/22 Time (24 HRS) 0815 Location of Accident Along Tampines Ave 1

### OWNER/ POLICY HOLDER (VEHICLE A) CLIENT INFORMATION

Vehicle Registration Number SMA 451 Y  
Name of Policyholder TEO KOK MIN, JOHN  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company) S8737422Z  
Address 81 Tampines Ave 1 #09-17 S528685  
Address  
Contact Number Tel: Hp: 9664 6518  
Email Address jr3amer@yahoo.com

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model HONDA JAZZ 1.8cc TP (claim)  
Type of Vehicle  
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks: Third Party Claim  
Vehicle category ☐ Private Hire ☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company Ergo  
Type of Policy ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
Fleet Policy ☐ Yes ☒ No  
Policy Number DMPG22005862

### DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver  
NRIC/ FIN/ Passport  
Date of Birth 23-11-1987  
Occupation  
Driving Pass Date 14-06-2006  
Gender ☒ Male ☐ Female  
Contact Number Tel: Hp:  
Address  
Address  
Email Address jr3amer@yahoo.com

Was driver an employee of the Insured's Company?  
If No, relationship of Driver with the Insured.

☐ Yes ☒ No  
Owner 2 (including Driver)

Please state Passenger Names:

Name: Valerie Teo Gender: Female  
~~Name:~~ Gender: Female  
~~Name:~~ Gender: Female

Vehicle Number of Driver's Own Vehicle (if applicable)  
Insurance of Driver's Own Vehicle (if applicable)

Ergo

### GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions ☒ Clear ☐ Raining ☐ Others:  
Road Surface ☐ Wet ☒ Dry ☐ Others:

### OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car) ☒ No ☐ Yes  
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes Ambulance ( No )  
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes  
Was there any video captured? (in-car camera in YOUR CAR) ☐ No ☒ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes  
If Yes, please state which police station.  
Was notice of intended Prosecution given? ☒ No ☐ Yes  
If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER

SMA 451 Y

**DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)**

**Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION**

Vehicle Registration Number SHB 5616 K

Make/ Model/ Others

Vehicle category

☐

Private

☐

Commercial

☐

Motorcycle

Name of Driver

NRIC/ FIN/ Passport

Contact Number

**Other Vehicle or Property 2 (VEHICLE C)**

Vehicle Registration Number SLR 9063 Y

Make/ Model/ Others

Vehicle category

☐

Private

☐

Commercial

☐

Motorcycle

Name of Driver

NRIC/ FIN/ Passport

Contact Number

**DETAILS OF WITNESS**

Name

Phone / Email Address

**DETAILS OF INJURED PERSON 1**

Name

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to hospital by ambulance?

☐

Yes

☐

No

**DETAILS OF INJURED PERSON 2**

Name

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to Hospital by Ambulance?

☐

Yes

☐

No

**Declaration**

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder  
(Company Chop if applicable)

Date & Time



Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time



## SKETCH PLAN

### IMPORTANT NOTICE

1. Rease 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. The report will be forwarded by the insurers of the GIA Records IManagement 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 (POPA)**

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

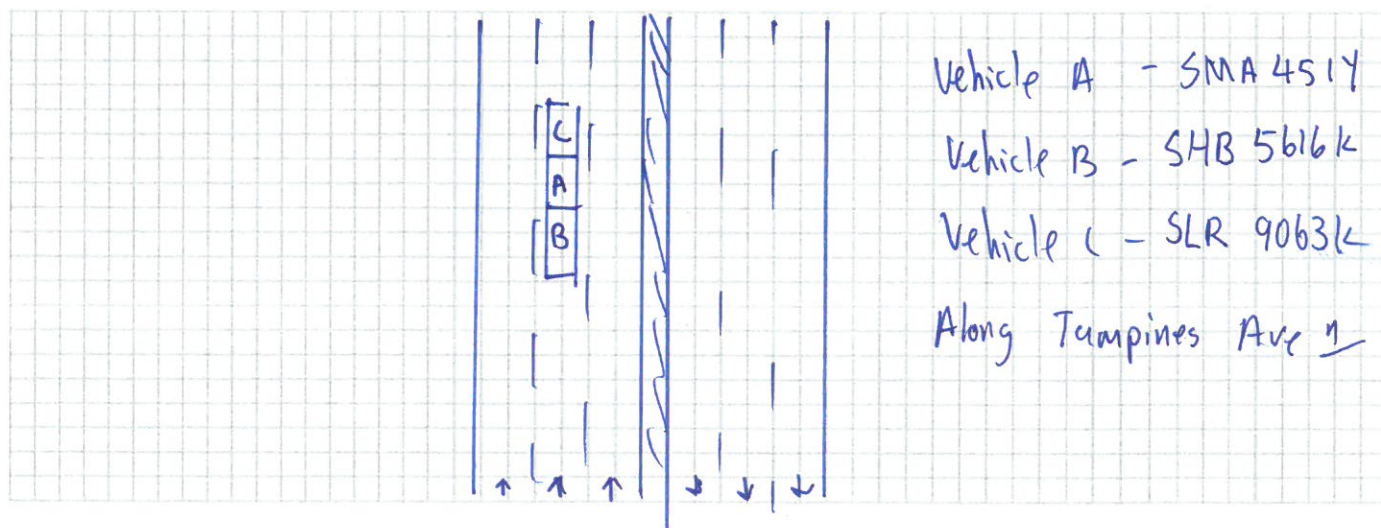
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



**Describe Circumstances of the Accident**


On the stated date and time. I was traveling straight on my designated lane on the stated location. As the vehicle in front of mine slow down and stop as such I follow suit. Suddenly I felt a huge impact coming from the rear portion of my vehicle. The impact was so huge it causes my vehicle to propel forward and collided onto the front vehicle. After the collision I got down my vehicle and realised I was in a three car collision.

**Declaration**

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