

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 23/12/2022 17:13 (SGT)
Reported by Both
Date of Accident 23/12/2022 10:00 (SGT)
Exact Location of Accident 1 Kaki Bukit Ave 6, #02-03, Singapore 417883
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY4484K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NAZRULHELMI BIN ABDUL WAHID
NRIC No S7901936D
Email Address NAZRUL@A-SAT.SG
Mobile Phone No (Phone) +65-87759295
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Tiguan
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 1984

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number DMPG22011447

DRIVER

Name of Driver TANG SI HONG
Passport No/FIN G6808804L
Date Of Birth 06/04/1991
Occupation Indoor

Date Of Driving Pass	14/12/2022
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-82682833
Alt. Phone Number	-
Email Address	HONG_0406@HOTMAIL.COM
Address	7 SENGKANG EAST AVE #03-21
Address complement	-
Postcode	544741
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 23/12/2022 MORNING AROUND 10.00AM, I DRIVING VEHICLE SJY4484K IN AUTOBAY KKAI BUKIT ALONG THE ROAD INFRONT OF WORKSHOP. SUDDENLY VEHICLE PC3154P CAME OUT FROM A WORKSHOP AND WAS HAPPEN A COLLISION WITH THE VEHICLE.

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	PC3154P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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")

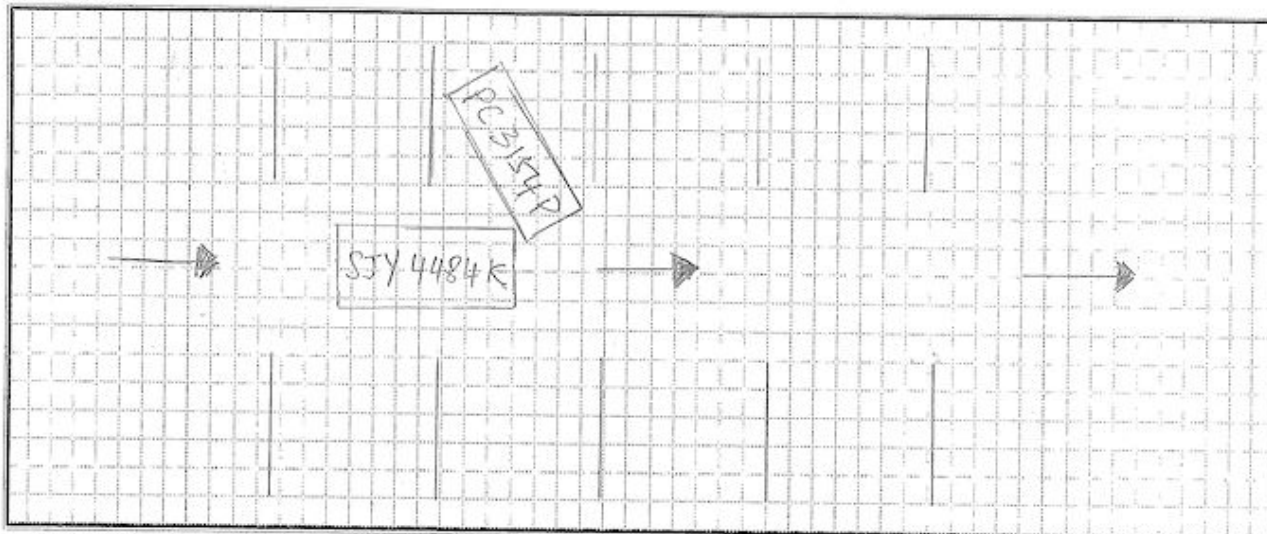
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 15/11/2022


Driver's Signature (if driver is not the policyholder) / Date & Time 23/12/2022 1800hrs

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

Sketch Plan

A -
B -

Describe Circumstance of the Accident


ON 23/12/2022 MORNING AROUND 10.00 AM ; I DRIVING VEHICLE
~~STY 4484~~ IN AUTOBAY KAKI BUKIT ALONG THE ROAD
 IN FRONT WORKSHOP. SUDDENLY VEHICLE PC 3154P CAME OUT
 FROM A WORKSHOP. AND WAS HAPPEN A COLLISION WITH THE
 VEHICLE.

Declaration

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

 1500 HRS
 23/12/2022

Policyholder's Signature / Date & Time

 1500 HRS
 23/12/2022

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

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

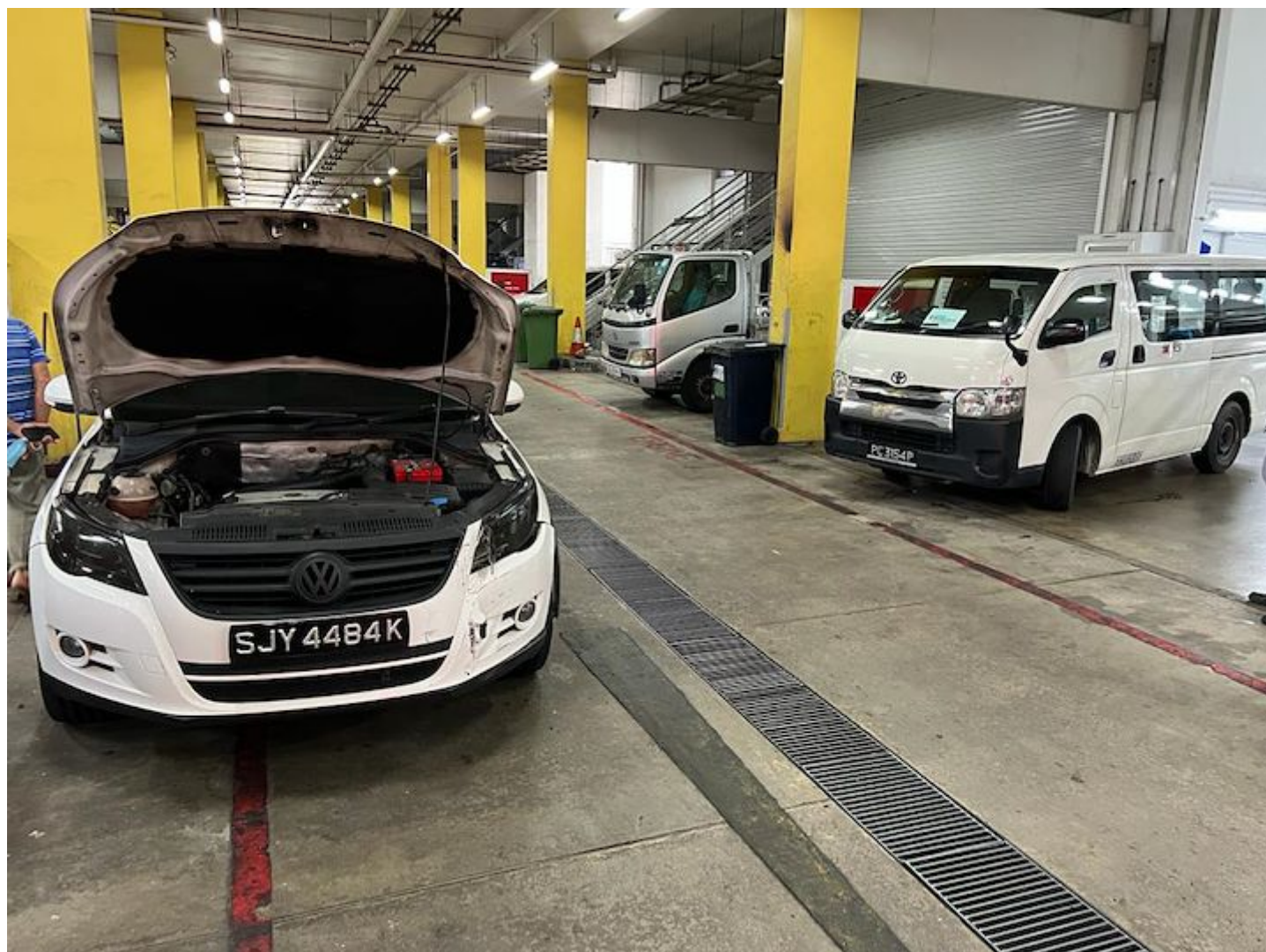
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS2X22CN000G Vehicle Registration No: SJY4484K
 Name (as shown in NRIC): TANG SI HONG NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 23/12/2022 Time of Accident: 10.00
 Place of Accident: KAKI BUKIT AUTOBAY
 Insurance Company: _____

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

NAZRUL@A-SAT.SG
HONG_0406@HOTMAIL.COM

 Policyholder / Driver's Signature
 Date:

YING

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

ERGO**Endorsement****Policy No. DMPG22011447****Motor Private Car****Policyholder's Details**

Insured Name NAZRULHELM BIN ABDUL WAHID
 Address 751 YISHUN STREET 72, 02-170,, SINGAPORE 760751

Policy Details

Client Code	PTY100837163	Type of Cover	Superior Comprehensive
Intermediary / Producer Code	A100053	Transaction Type	Endorsement
Date of Issue	17/08/2022	Endorsement No	001
Policy Period	17/08/2022 To 16/08/2023	Effective Date of Endorsement	17/08/2022

Billing Details

Gross Premium	SGD	0.00
Prevailing GST	SGD	0.00
Total Premium Payable (inclusive of GST)	SGD	0.00

Coverage Details

Vehicle No.	Make/ Model	Year of Registration	Body Type	Engine Capacity/ Power Rating	Chassis No	Engine/Motor No.
SJY4484K	VOLKSWAGEN TIGUAN 2.0 SUV 1984 CC	2010	SUV	1984	WVGZZZ5NZBW007528	CCZ076021

Details of Endorsement

The Period of Insurance of this policy is amended as follows:
 17/08/2022 to 16/08/2023

Signed for and on behalf of the Company

*Karl-Heinz Jung*_____
Authorised Signatory

Date of Issue: 17/08/2022 17:37
 User ID : 37112242