

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	05/01/2023 11:05 (SGT)
Reported by	Driver
Date of Accident	04/01/2023 07:50 (SGT)
Exact Location of Accident	Eunos Technolink, Singapore
Additional Location Information	OPEN SPACE CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ4077S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VIMBOX MOVERS PTE LTD
Company Reg No	2XXXXX496N
Email Address	jeff.huang@vinboxmovers.sg
Mobile Phone No	(Phone) +65-85879128
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22011022

DRIVER

Name of Driver	NG GUO WEI
Passport No/FIN	GXXXX501N
Date Of Birth	27/11/1998
Occupation	Outdoor

Date Of Driving Pass	26/03/2019
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85879128
Alt. Phone Number	-
Email Address	jeff.huang@vinboxmovers.sg
Address	BLK 42 CHAI CHEE STREET #08-64
Address complement	-
Postcode	461042
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	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

PLEASE REFER TO SKETCH PLAN

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	SJK3816S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

1. This Form is to be completed by the driver of the vehicle involved in the accident.
2. This Form is to be completed by the driver of the vehicle involved in the accident.
3. It is essential that you be truthful and as accurate as possible. Any false information provided is a criminal offence and may result in prosecution, a fine, a prison sentence or a driving ban.
4. The driver of the vehicle involved in the accident is liable for the provision of false information or for not providing accurate information.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
 - a. The driver of the vehicle involved in the accident is liable for the provision of false information or for not providing accurate information.
 - b. The driver of the vehicle involved in the accident is liable for the provision of false information or for not providing accurate information.
 - c. The driver of the vehicle involved in the accident is liable for the provision of false information or for not providing accurate information.
6. **Consent under the Personal Data Protection Act (PDPA)**
 - a. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - b. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - c. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - d. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - e. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - f. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - g. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - h. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - i. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - j. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - k. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - l. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - m. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - n. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - o. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - p. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - q. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - r. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - s. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - t. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - u. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - v. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - w. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - x. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - y. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.
 - z. I hereby consent to the collection, use and disclosure of my personal data for the purpose of processing my claim and for the purpose of processing my claim.



[Signature]

[Signature] 05/01/2023

Sketch Plan

<p>EUNOR TECHLINK OPEN CARPARK.</p>	<p>(A) YQ40735</p> <p>(B) SJK38165</p>
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Declaration of the declarant

I WAS LEAVING THE PARKING LOT AT EVANOS TECHLINK :
 AS I WAS LEAVING, I DID NOT NOTICE THERE WAS A
 AS A RESULT,
 VEHICLE PARKED BESIDE ME MY VEHICLE COLLIDED
 ONTO HIS VEHICLE. AS THERE WAS NOBODY IN THE
 VEHICLE, I LEFT A NOTE WITH MY CONTACT DETAILS ON
 IT.

Declaration



[Signature]

[Signature] 05/01/2023

















