# **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 witholding 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.

- 4. The issue and acceptance 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 16/01/2023 17:32 (SGT) Reported by Driver Date of Accident 13/01/2023 13:16 (SGT) Exact Location of Accident Balestier Rd, Singapore Additional Location Information TOWARDS CTE DIRECTION Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YL6624B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KIAN LEE SENG CHAIRS & TABLES RENTAL PTE LTD Company Reg No 2XXXXX964G Email Address mail@kls.com.sg Mobile Phone No (Phone) +65-62788911 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Isuzu Model NPR71L 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

No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 4570

**INSURANCE COMPANY** 

Name of Insurance Company ERGO Insurance Pte. Ltd. Policy Number / Cover Note Number DMCG22012177

DRIVER

Name of Driver YEO CHIONG ENG NRIC No SXXXX800Z Date Of Birth 21/03/1959 Occupation Outdoor

Date Of Driving Pass 14/05/1981 Driving experience 41 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96605241 Alt. Phone Number Email Address mail@kls.com.sg Address BLK 443 TAMPINES STREET 43 #02-43 Address complement Postcode 524443 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 **WORKER** Gender PASSENGER 2 Name **WORKER** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

Was there any video captured by Car Camera?

Vehicle Registration Number Vehicle Manufacturer	SLR2037U
	Toyota
	Vios
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

- Please report <u>correctly</u> 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 mo or possassed 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")

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

mation may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents yms), which may be sited outside of Singapore, for one or more of the above Purposes.

KIAN LEE SENG CHAIRS & TABLES RENTAL PTE. LTD.

Policyholder's Signature / Date & Time

ANG ZHEN WEI

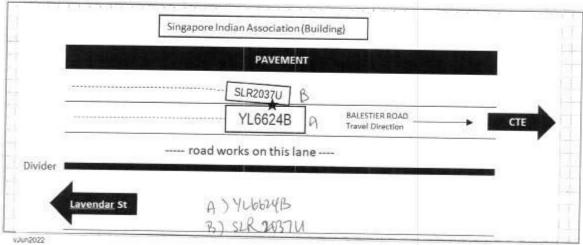
Yeo Chiong Eng 16 JAN 2023 / 1050H

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

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

Sketch Plan

ABLES RENTA



escribe Circumstance of the Accident	
Incident Date/Time: 13 JAN 2023, at about 13:16HSite: along Balestier Road towards CTI	Edirection, at the vicinity of
Singapore Indian Association Building.	an except, he one wanter of
YL6624B was travelling on lane 2 from the centre divider, along Balestier Road.	
SLR2037U was travelling on lane 3 from the centre divider, along Balestier Road.	
Road works is ongoing on lane 1 from the centre divider, along Balestier Road.	
YL6624B was going straight, keeping within lane 2 when it was knocked into by SLR20370	U at the nort side (nassenger
side) of YL6624B. The entire incident was recorded by the onboard camera of YL6624B al	nd the screen capture is
enclosed with this statement.	
Declaration	
We declare the foregoing particulars are true in every respect.	
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ANG ZHEN WEI	/11
AN LEE SENG CHAIRS & TABLES RENTAL PTE, LTD. Yeo Chiong Eng	un 16/01/xx
16 JAN 2023 / 1050H Calicyholder's Signature (if driver is not the policyholder) With	0101100
/ Date & Time.	ssed by Reporting Centre Personnel ne as in NRIC/ID card)
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