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.
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	31/01/2023 16:10 (SGT)
Reported by	Both
Date of Accident	30/01/2023 15:45 (SGT)
Exact Location of Accident	Pasir Panjang Rd, Singapore
Additional Location Information	LAMP POST NUMBER:131
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB1262C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TANG FANGFANG
NRIC No	SXXXX801Z
Email Address	xu.ruiting.ray@gmail.com
Mobile Phone No	(Phone) +65-91062345
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Passat
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22009299

DRIVER

Name of Driver	XU RUITING
NRIC No	SXXXX747C
Date Of Birth	31/07/1998
Occupation	Indoor

Date Of Driving Pass	28/09/2020
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82180836
Alt. Phone Number	-
Email Address	xu.ruiting.ray@gmail.com
Address	9 LEEDON HEIGHTS #34-22
Address complement	-
Postcode	267954
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 Property
Weather Conditions	Raining
Road Surface	Wet

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)	2
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	FRIEND
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230131/2069

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	LAMP POST
No. Of Passenger (Including Driver)	-

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

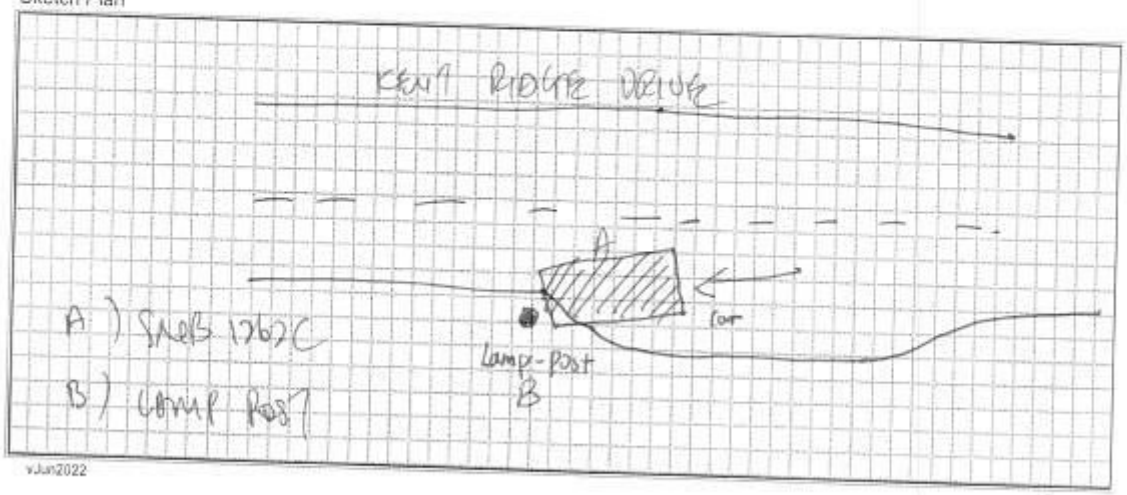
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

31/01/2023
Policyholder's Signature / Date & Time

31.01.2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

31/01/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

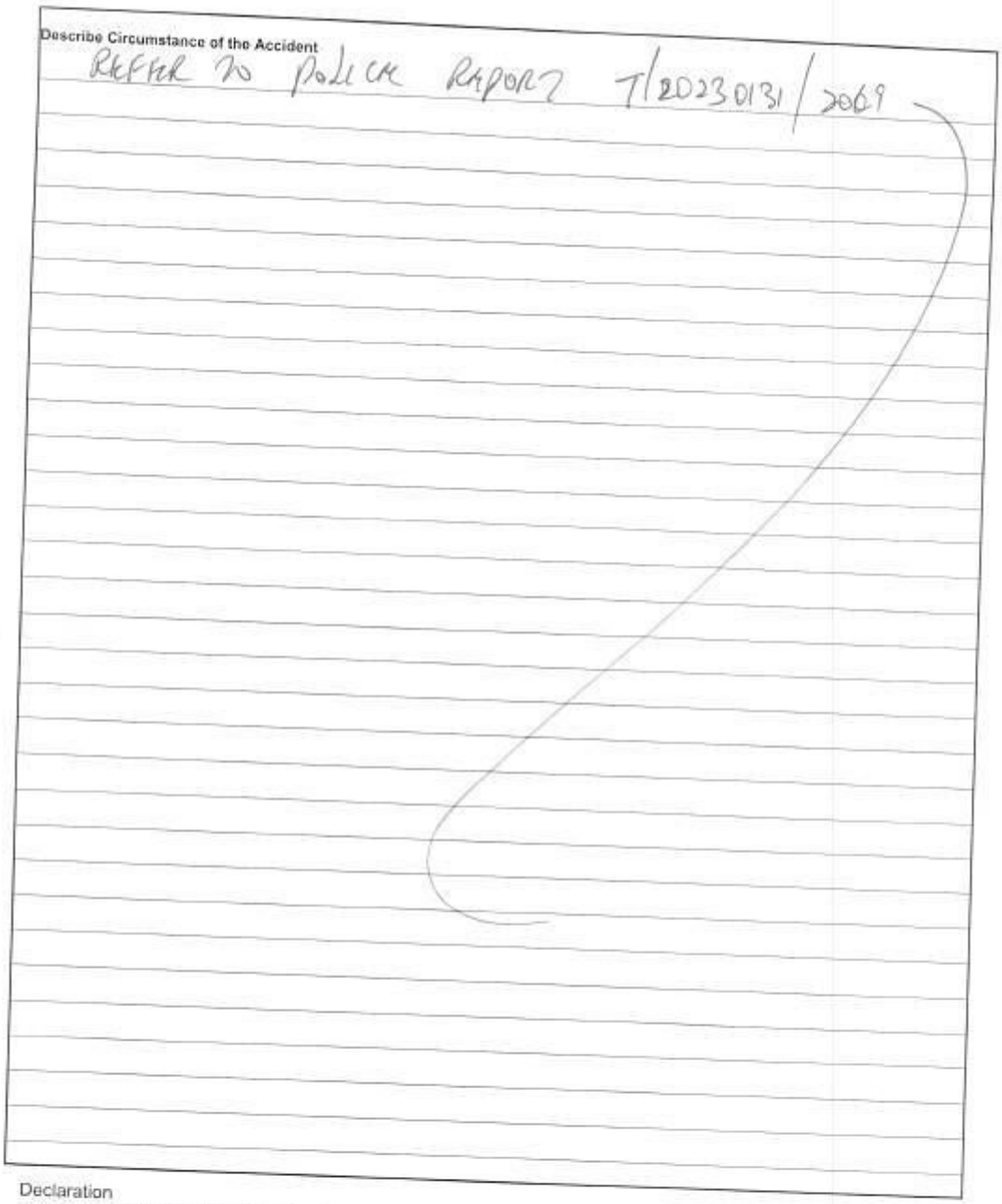
Sketch Plan



vJun2022

Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20230131/2069



Declaration

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

31/01/2023
Policyholder's Signature / Date & Time

31/01/2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

31/01/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11


VOLKSWAGEN AG
WVWZZZ3CZME114600
2080 kg
3915 kg
1 - 1090 kg
2 - 1040 kg
Typ 3C
CZPB 6807
1510511

IMAGES #13

IMAGES #14

SINGAPORE POLICE FORCE

T/20230131/2069

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20230131/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
31/01/2023 14:57		63

Informant's Particulars

Name of Informant: XU RUITING			Address: 9 LEEDON HEIGHTS #34-22 SINGAPORE 267954	
ID Type / ID No.: NRIC NO / S9875747C			Contact No.: Home/Office:	Mobile: 82180836
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 24	Date of Birth: 31/07/1998	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name: National University Of Singapore
Occupation: Student			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 30/01/2023 15:45	Type of Location: Bustop 16021
Location: PASIR PANJANG ROAD Lamp Post Number: 131				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Lamp Post				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNB1262C	Car	VOLKSWAGON		Silver	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB1262C		DMPG22009299		

SINGAPORE POLICE FORCE

T/20230131/2069

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20230131/2069

CONTINUATION OF REPORT

Brief Details.

On the 30/01/2023 at about 1520hrs, I was from my workplace at Clarke Quay and was heading to my school at National University Of Singapore with my friend. At about 1545hrs, I wanted to alight my friend and stop near the Bustop 16021. I could not manage to stop on time and hit onto the lamp post 131. The lamp post was slightly dented and my car left front bumper was slightly damage. There was no injuries.

My insurance company: Ergo Insurance Pte Ltd
Insurance policy Number: DMPG22009299
Insurance Expiry Date: 29/07/2023

SINGAPORE POLICE FORCE

T/20230131/2069

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20230131/2069

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report: E / SGT 2 MUHAMMAD RIDHWAN BIN JUMADI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/01/2023 14:57
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

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: SN08231V0002 Vehicle Registration No: SMB1262C

Name (as shown in NRIC): XU RUITING NRIC/FIN/Passport No: SXXXX7477C

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: 87180886

Email Address: _____

Date of Accident: 30/01/2023 Time of Accident: 15:45

Place of Accident: PASIR PANJANG ROAD COMPORT 131

Insurance Company: ERGO

(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:

INSURED NAME TO TANG FANGFANG

Policyholder / Actual Driver's Signature
Date:

31/01/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

v3oct2022