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.

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 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 06/02/2023 13:31 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 05/02/2023 09:25 (SGT) Exact Location of Accident 811 Tampines Ave 4, Block 811, Singapore 520811 Additional Location Information **CAR PARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mazda

Vehicle Registration Number SLU4055M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YANG YANTING NRIC No SXXXX771F Email Address ytyang09@gmail.com Mobile Phone No (Phone) +65-96314773 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 3 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

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

CC 1496

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Policy Number / Cover Note Number DMPG22014909

DRIVER

Name of Driver YANG YANTING NRIC No SXXXX771F Date Of Birth 09/09/1981 Occupation Indoor

Date Of Driving Pass 21/07/2003 Driving experience 19 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-96314773 Alt. Phone Number Email Address ytyang09@gmail.com Address BLK 810 TAMPINES AVENUE 4 #10-173 Address complement Postcode 520810 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Chain Collision 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? Yes 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name WONG KUM FONG, IVY Gender PASSENGER 2 Name **HELPER** Gender Female PASSENGER 3 Name SON Gender Male PASSENGER 4 Name **DAUGHTER** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

Was notice of intended Prosecution given?

If yes, against whom?

Police Station Address

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20230206/7028

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

Reasons for not uploading a video of the accident WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC7697K Vehicle Manufacturer Toyota Vehicle Model Prius Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver MOHAMMAD ISA BIN AZIZ Contact Number (Phone) +65-98146890 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

YANG YANTING

INJURED 1

Name of injured person

J I	17110 17111110
Gender	Male
Phone No	(Phone) +65-96314773
Address	<u>-</u>
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLU4055M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

INJUITED 2	
Name of injured person Gender Phone No Address	WONG KUM FONG, IVY Female (Phone) +65-97874970
Address Complement Post Code	-
Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	- SLIGHT INJURY SLU4055M
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Yes No

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any will disrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GM Records Management Centre established by the General Insurance Association
 of Singapore (GM) 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.
- II. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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 analor 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' law yerslaw 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' law yers/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 GA to their third party service providers or agents (including their law yers/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 (# driver is not the postyholder) / Date & Time

Winessed by Reporting Centre Personnel

Sketch Plan

BLK EIL TAMPINES AVE (739) PARKING B

A-SLUADSIM B-SLCABAK

Describe Circumstan	es of the Acc	ident	02.0	1 n 77	ASC D		
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Declaration							
We declare the foregoing par	ticulars are true in	every respect					
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olicyholder's Signature / Date	& Driver's S	V		olicyholder) / Da	to wife	W NO	WINDY
ime	& Time	a manage and	or so mad tried t	Assymoider) / Da	te Votne Perso	ssed by Reporti nnel	ng Centre































Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20230206/7028

REPORT OF A TRAFFIC ACCIDENT

06/02/2023 12:15		Vide Report No.:	Station Diary No.:
nt's Partic	ulars		
	- N	Address: 810 TAMPINES AVENUE 4 #	10-173 SINGAPORE 520810
	71F	Contact No.: Home/Office:	Mobile: 96314773
Nationality: SINGAPORE CITIZEN		Email: YTYANG09@GMAIL.COM	
Age: 41	Date of Birth: 09/09/1981	Type of Informant:	
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 3	Date of Expiry:
	23 12:15 Int's Partic Informant: ANTING ID No.: 0 / S81287 ty: ORE CITIZ Age: 41	23 12:15 Int's Particulars Informant: ANTING ID No.: 0 / S8128771F ty: ORE CITIZEN Age: Date of Birth: 41 09/09/1981	23 12:15 Int's Particulars Informant: ANTING ANTING ANTING ID No.: D / S8128771F ANTING Contact No.: Home/Office: Email: YTYANG09@GMAIL.COM Age: Age: Date of Birth: 41 09/09/1981 Type of Informant: Vehicle Owner Language: English On: Driving Licence Information:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2023 09:25	Type of Location Car Park
TAMPINES A	VENUE 4			
Weather; Clear		Road Surface: Dry	Ro	pad Speed Limit:
	low: Traffic Control:			
Traffic Flow: Two Way				affic Volume:

Details of V	ehicle Invo	lved	MOREST LAND	Charles and		
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLC7697K	Car					0
SLU4055M	Car	MAZDA		White		5

Details of V	ehicle Insurance	Siller State of the second		
	Insurance Company	Insurance No	Effective	Expiry Date
SLU4055M		Dmpg22014909	30/11/2022	29/11/2023
				20/11/202





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230206/7028

CONTINUATION OF REPORT

Details of Perso	n Involved	BEN I		700	-	terroria de proceso de
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	edestriar	n Cross	sina: NA
Passenger		order 1				
Name	WONG KUM FONG, IVY			ID No		S8334347H
Related Vehicle	SLU4055M (Car)			Conta	ect No.	97874970
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: 3 Date of Expiry: NIL
Date	05/02/2023		Date	-	NIL	
No. of Days gran	ys granted Medical Leave 03 Degre			of	Sligh	t
Vehicle Owner	Maria Barre	21000	DECEMBER OF THE PERSON NAMED IN		1 1000	
Name	YANG YANTING			ID No	Ų.	S8128771F
Related Vehicle	SLU4055M (Car)			Conta	ct No.	96314773
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: 3 Date of Expiry: NIL
Date	05/02/2023		Date		NIL	
No. of Days gran	ted Medical Leave	03	Degree o	of	Slight	

Brief Details.

I NRIC S8128771F driver of SLU4055M was driving along the straight road of carpark code T37 at Tampines Ave 4 blk 811. And driver SLC7697K drive out his vehicle from his parking lot and collided on the left side of my moving vehicle. During the event there were 3 adults and 2 children in my vehicle. Attached video from my car cam





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Informant is not able to provide sketch

Sketch Plan

3 of 3 Report No. T/20230206/7028

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2023 12:15
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:

NP168