

# 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 ..... 08/02/2023 16:41 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 07/02/2023 13:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG TAMPINES STREET 11 (BLK 139)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD9692B

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SING HUAT MING ELECTRONICS PTE LTD  
Company Reg No ..... 2XXXXX428H  
Email Address ..... siowheetai@gmail.com  
Mobile Phone No ..... (Phone) +65-94579866  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
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 - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2982

### INSURANCE COMPANY

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

### DRIVER

Name of Driver ..... SIOW HEE TAI  
NRIC No ..... SXXXX165H  
Date Of Birth ..... 31/12/1959  
Occupation ..... Outdoor

|  |                                   |
|--|-----------------------------------|
| Date Of Driving Pass .....   | 04/01/1980                        |
| Driving experience .....   | 43 YEARS AND 1 MONTH              |
| Gender .....   | Male                              |
| Mobile Number .....  | (Phone) +65-94579866              |
| Alt. Phone Number .....  | -                                 |
| Email Address .....  | siowheetai@gmail.com              |
| Address .....  | BLK 418 TAMPINES STREET 41 #11-64 |
| Address complement .....   | -                                 |
| Postcode .....   | 520418                            |
| 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 .....   | Collision - Head on 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 .....   | 1   |
| 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 THE STATED DATE AND TIME, I WAS TRAVELING ALONG TAMPINES STREET 11. VEHICLE BEARING PLATE SKC219R DROVE OUT OF CARPARK BLK 101, FAILED TO STOP ON THE STOP LINE , MAKE A RIGHT TURN AND CAUSED THE COLLISION AND DAMAGED RO THE FRONT RIGHT HAND PORTION OF MY VEHICILE GBD9691Z

#### 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 ..... | SKC219R     |
| 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**

- Please report promptly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate and/or limit 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 Traffic Police Department for investigation.**
- 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 the report will for a fee be made available upon application by interested parties.
- 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.

**Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

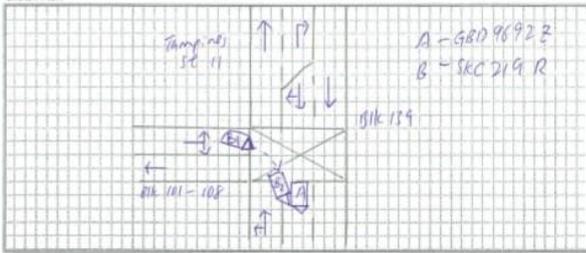
- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [Form] and any other personal information provided by me or generated by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) 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:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - investigating the accident and/or my claims;
  - carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - administering my claims (including the making 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 enveloped/boxed packages); and/or
  - complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- 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
- My Personal Information may/are 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 situated outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



1

---

**Describe Circumstance of the Accident**

On the stated date and time, I was travelling along Tampines St 11, vehicle bearing plate SKC 219 R drove out of my lane, failed to stop on the stop line, make a right turn and caused the collision and damaged to the front right hand portion of my vehicle GBD 9692 Z.

3/5

**Declaration**

We declare the foregoing information is true in every respect.

  
Policyholder's Signature / Date & Time

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

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

2

















**ERGO****Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1950  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMCG22009951  
 Vehicle Registration Number : GBD9692Z  
 Cover Type : Comprehensive  
 Policy Type : Commercial Vehicle (Pte Use)  
 Name of Policyholder/Insured : SING HUAT MING ELECTRONICS PTE LTD  
 Commencement Date of Insurance : 03/08/2022  
 Expiry Date of Insurance : 02/08/2023  
 Excess : EXCESS: (SECTION I) \_\_\_\_\_ SS 700.00  
 ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) SS 300.00  
 EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS) SS 100.00  
 YOUNG&INXP DRIVERS(SECTION I) SS 2,500.00

**FLASH**  
 Fast-Response Accident Reporting Hotline™

**24-Hour Helpline: 6100 1620**

Finance Company/Hire Purchase Owner :

\*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

\* Limitations as to Use:

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover :

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (\*).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of ERGO Insurance Pte. Ltd.  
 Approved Insurer

*Karl-Heinz Jung*

Authorized Signature

|  |                                |                          |
|--|--------------------------------|--------------------------|
| A000588  | JETTA INSURANCE AGENCY PTE LTD | Contact Number: 67791183 |
| Vehicle Chassis Number : JTFAT35Y60K204728, Vehicle Engine/Motor Number : 1KD2541086 |                                | CP1, 19/07/2022 14:46    |

ERGO Insurance Pte. Ltd, Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5  
 8 Temasek Boulevard #04-01 Suntec Tower Three Singapore 038988 Tel: +65 6829 9199 Fax: +65 6829 9248 www.ergo.com.sg