

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	06/03/2023 15:30 (SGT)
Reported by	Driver
Date of Accident	03/03/2023 09:33 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG TOWN HALL ROAD BEFORE TEBAN GARDENS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB9273T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG JUN REN
NRIC No	SXXXX636D
Email Address	kelly_huiting@hotmail.com
Mobile Phone No	(Phone) +65-92385180
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Rx200t
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22012172

DRIVER

Name of Driver	GAY HUI TING KELLY
NRIC No	SXXXX399I
Date Of Birth	07/05/1985
Occupation	Indoor

Date Of Driving Pass	30/07/2012
Driving experience	10 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92385180
Alt. Phone Number	-
Email Address	kelly_huiting@hotmail.com
Address	34 SEGAR ROPAD #09-25
Address complement	-
Postcode	677723
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	DRIZZLING
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	APON ANDUL LATIF
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT, REF NO: J/20230303/7065

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	XE5557S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUTHURAKKAPPAN SRI RAMKUMAR
Passport No/FIN	GXXXX467W
Contact Number	(Phone) +65-85953341
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GAY HUI TING KELLY
Gender	Female
Phone No	(Phone) +65-92385180
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNB9273T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

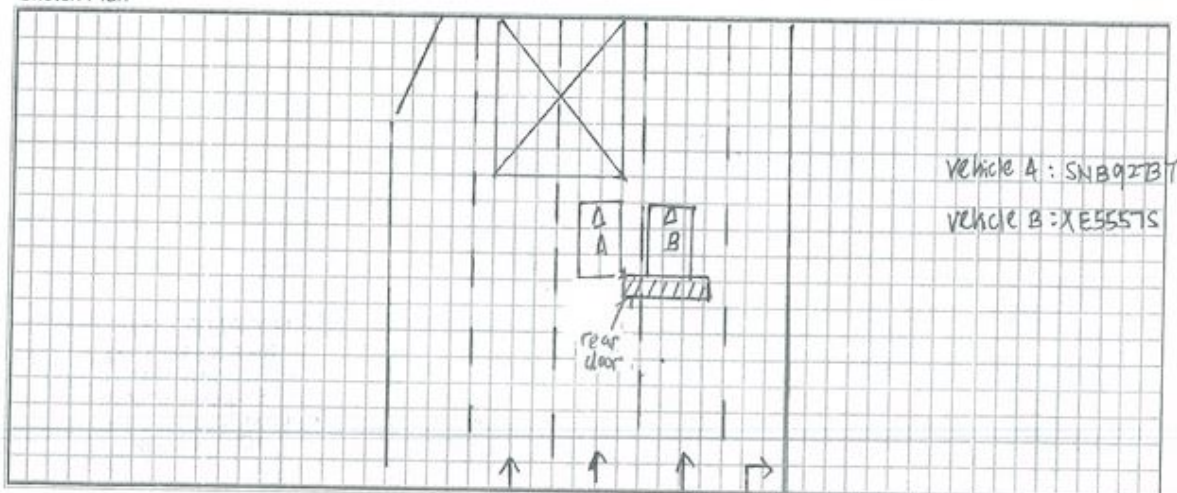
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.


Policyholder's Signature / Date & Time


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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
Witnessed by Reporting and the Person
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On stated date and time, my vehicle was stationary stopped as waiting traffic light turn green. Vehicle BCX55575 which was travelling on 2nd lane, his vehicle rear door hit onto my stationary vehicle rear portion. His vehicle rear door did not lock properly.

Declaration

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



Policyholder's Signature / Date & Time



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

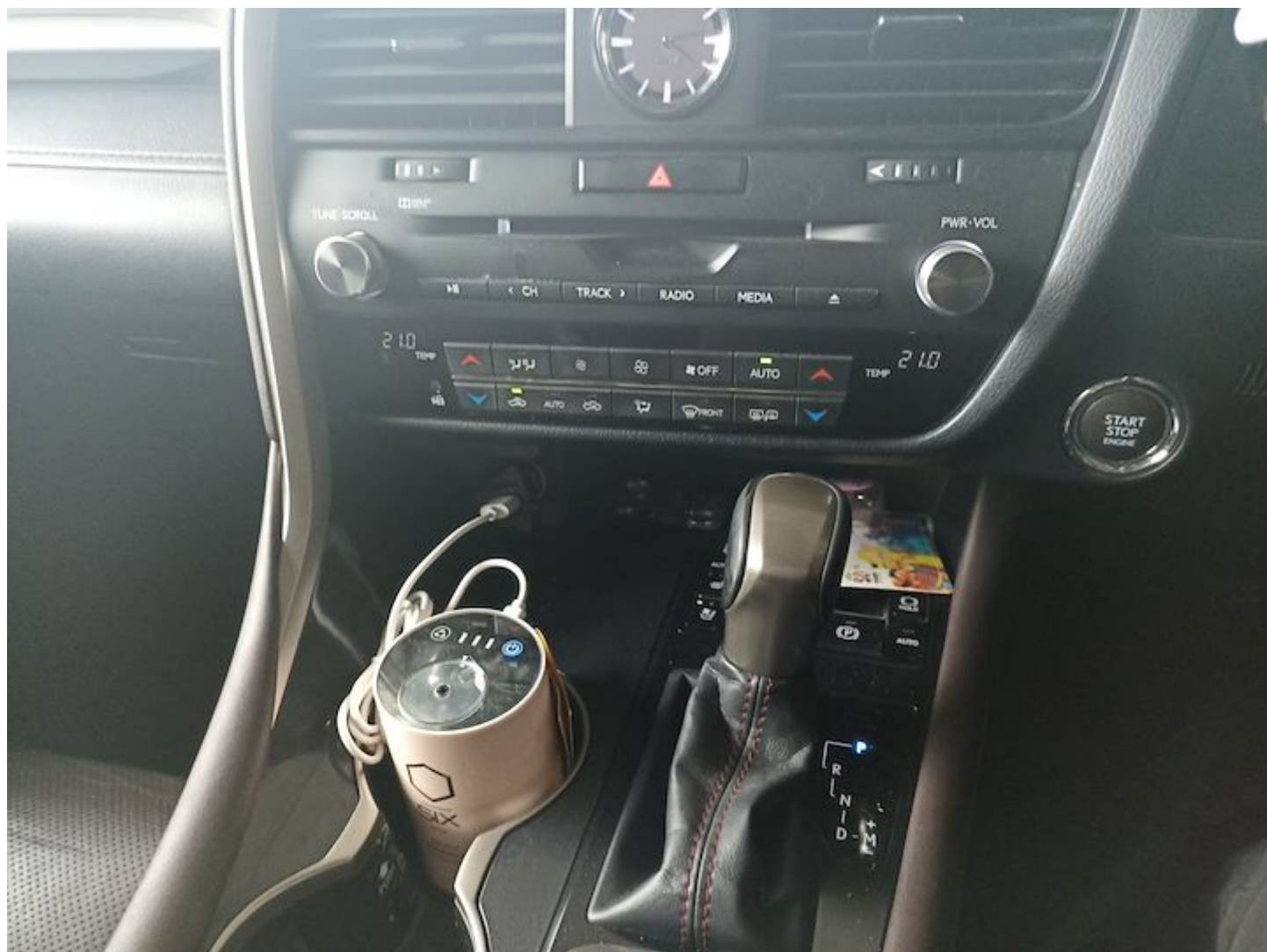
CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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





















**SINGAPORE
POLICE FORCE**



J/20230303/7065

1 of 2

POLICE REPORT (NP299)

Report No. J/20230303/7065

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 03/03/2023 18:48	Vide Report No.	Station Diary No.
Name Of Informant GAY HUI TING KELLY	Address 34 SEGAR ROAD #09-25 SINGAPORE 677723	
ID Type / ID No. NRIC NO / S8514399I	Contact No. Home/Office:	Mobile: 92385180
Nationality SINGAPORE CITIZEN	Email Address KELLY_HUITING@HOTMAIL.COM	
Occupation Administration manager	Sex Female	Age 37
Institution/School Name	Date of Birth 07/05/1985	Race Chinese
Date/Time Of Incident 03/03/2023 09:32	Location Of Incident JURONG TOWN HALL ROAD before teban gardens road	

Brief details.

my vehicle snb9273t was stationery at lane 3 waiting for the traffic light to turn green , suddenly a open top container vehicle number xe5557s from lane 2 pass by, when the door of the open top container was not close properly and its swing and hit the back of my vehicle causing damage to my vehicle and also from the impact its cause my right neck & shoulder to hurt ..

Subjects Involved	
Suspect	
Person Name	muthurakkappan

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: 03/03/2023 18:48
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Bukit Panjang NPC Kiosk 1



**SINGAPORE
POLICE FORCE**



J/20230303/7065

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230303/7065

ID Type	FIN NO	ID No	G5067467W
Gender	Male	Age	33
Race	Indian	Language	English
Occupation	driver	Address	33 JURONG WEST STREET 41 #04-57 THE LAKESHORE SINGAPORE 649413
Mobile No	85953341	Relation To Informant	a stranger
Victim			
Person Name	GAY HUI TING KELLY		
ID Type	NRIC NO	ID No	S8514399I
Gender	Female	Age	37
Race	Chinese	Language	English
Occupation	Administration manager	Address	34 SEGAR ROAD #09-25 SINGAPORE 677723
Mobile No	92385180	Is Informant A Victim?	Yes
Person Name	GAY HUI TING KELLY (Informant)		

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: 03/03/2023 18:48
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Bukit Panjang NPC Kiosk 1