

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	10/02/2023 15:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/02/2023 10:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEWTON CIRCUS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ6726E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JERYL KOH BOON PING
NRIC No	S7338043Z
Email Address	jeryl_koh@hotmail.com
Mobile Phone No	(Phone) +65-91889260
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Legacy
Variant	2.5i-S CVT AWD SR
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2498

INSURANCE COMPANY

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

DRIVER

Name of Driver	JERYL KOH BOON PING
NRIC No	S7338043Z
Date Of Birth	25/10/1973
Occupation	Indoor

Date Of Driving Pass	27/01/2010
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91889260
Alt. Phone Number	-
Email Address	jeryl_koh@hotmail.com
Address	1 FERNVALE CLOSE #03-03
Address complement	-
Postcode	797485
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 to Rear
Weather Conditions	Clear
Road Surface	Dry

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)	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 10/02/2023 AT ABOUT 1050HRS AT NEWTON CIRCUS, I WAS TRAVELING STRAIGHT ON LANE 4 AT THE ABOVE MENTIONED LOCATION AND SUDDENLY, I HEARD A LOUD BANG AND FELT GREAT IMPACT. AFTER STOPPED AND ALIGHTED FROM MY VEHICLE (A). I THEN REALISED IT WAS VEHICLE (B) THAT TRAVELING ON MY RIGHT HAND SIDE (LANE 3) CUT INTO MY LANE, HENCE COLLIDED ON THE RIGHT HAND SIDE PORTION OF MY VEHICLE (A)

VEHICLE (A) : SLJ6726E
VEHICLE (B) : SNC2764J

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	SNC2764J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	-1
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

SWITCH PLAN

IMPORTANT NOTICE

- [illegible]

Manufacturer's Signature: Date & Time:

 Teacher's Signature (if there's no fee policy/contract, the
 school must)

presented by Recycling Centre Forward
(www.rcf.co.uk)

Sketch Plan

Estimating Consumption of the Activities

Refer to Attached

Declaration:
I/We declare the foregoing statement as true in every respect.

Subgrantee's Signature (Date & Time)

Source: *Journal of the Royal Statistical Society*, 1998, 161, 1, 1-16.

Abstracts by Topic: Health Potential