NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date : 13 MAR 2023

Time :

By Fax :

TO :
FIRST CAPITAL INSURANCE LTD

Accident involving Your insured vehicle No. GBH5079A with
My vehicle No SKP940Y on 11/3/23 along BRADDELL ROAD

1. I, the owner of Vehicle No. SKP940Y intend to make a 3rd party claim against your insured.

2. My Vehicle is now at the workshop **Guan Motor Works** Tel : 6453 6111 and is available for your inspection before repairs are carried out.

3 Please acknowledge receipt of this Notification by return fax to 6453 8292 and reply within 2 days whether you wish to inspect the vehicle or waive inspection.

Signature
Name : DONNY YEO
NRIC : S8118234H

CK TEO & CO
Advocates & Solicitors
101A Upper Cross Street #08-17
People's Park Centre Singapore 058358
Tel : 6535 4788 Fax : 6535 4245

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 10 Mar 2023 / 17:15:00)

Vehicle Insurance Details

Vehicle No.:

GBH5079A

Make Description/Model:

CITROEN / BERLINGO L2 1.6 BLUEHDI S&S ETG6

Insurance Company Name:

MS FIRST CAPITAL INSURANCE LIMITED

Business Transaction Reference No.:

20230313094139714983

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print

SF0F233B0003 / FALCON-AIR AUTO SERVICES PTE LTD [575721]
ENTRY DATE & TIME: 11/03/2023 13:00 (SGT)
SUBMITTED BY: Florence Loh
VERSION: 1 (11/03/2023 13:00 (SGT))

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	11/03/2023 13:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/03/2023 17:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL ROAD TOWARDS CTE (CITY) L/P 108
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP940Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DONNY YEO GUOWEN
NRIC No	SXXXX238H
Email Address	donnyeo81@gmail.com
Mobile Phone No	(Phone) +65-90101049
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ESTIMA AERAS
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	2362

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG23001676

DRIVER

Name of Driver	DONNY YEO GUOWEN
NRIC No	SXXXX238H
Date Of Birth	23/06/1981
Occupation	Indoor

Date Of Driving Pass	06/04/2001
Driving experience	21 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90101049
Alt. Phone Number	-
Email Address	donnyeo81@gmail.com
Address	BLK 671B EDGEFIELD PLAINS #13-521
Address complement	-
Postcode	822671
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

REFER TO SKETCH PLAN.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - GUAN MOTOR

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	GBH5079A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	-
Contact Number	(Phone) +65-98337469
Address	-
Address *complement*	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 thereafter.

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) accessing, 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

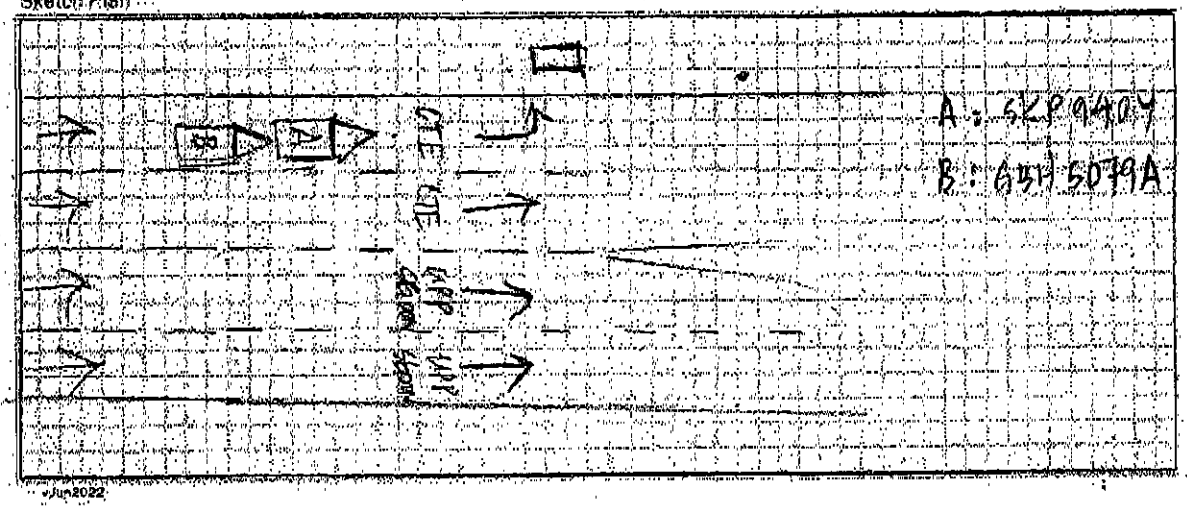
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

11/03/2023
Policyholder's Signature / Date & Time

11/03/2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

SIN MING AUTO SERVICES PTE LTD
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



v.Jun2022

SKETCH PLAN #2

Describe Circumstance of the Accident

On 10 march 2023, @ aroun 17:15 hrs, I was driving my vehicle (SKP 9404) along Braddell Road toward CTE (CITY) on the lane 4 of a 4 lanes road.
when suddenly I felt an impact at the rear of my vehicle
I stopped my vehicle near Lamp post 108 and realised that vehicle - GBH 5078A had rear-ended my vehicle.
Driver informed that he was not able to break in time.
We proceed to exchange particular and he informed me his company will contact me about the claims.
~~I~~ yesterday
on the same day @ 18:15 hrs, I made report to him on the insurance claim and he advised me to make a insurance report as advise by him.

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

11/03/23
Policyholder's Signature / Date & Time

11/03/23
Driver's Signature (if driver is not the policyholder) / Date & Time

SIN MING
Witnessed by Reporting Centre Personnel (Name as in NRIC/FIN card)

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