

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	10/03/2023 14:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/03/2023 06:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	AFTER ANG MO KIO AVENUE 1 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4881Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JESBINDAR KAUR
NRIC No	SXXXX958D
Email Address	jesbindarkaur@hotmail.com
Mobile Phone No	(Phone) +65-96987541
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1332

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG23000140

DRIVER

Name of Driver	JESBINDAR KAUR
NRIC No	SXXXX958D
Date Of Birth	08/05/1957
Occupation	Indoor

Date Of Driving Pass	28/04/1979
Driving experience	43 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96987541
Alt. Phone Number	-
Email Address	jesbindarkaur@hotmail.com
Address	22 ST. GEORGE'S ROAD #22-182
Address complement	-
Postcode	321022
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 08/03/2023 AT AROUND 0640HRS, I WAS DRIVING VEHICLE A (SMR4881Z) ALONG CTE(SLE) EXPRESSWAY. UPON SLOWING DOWN DUE TO VEHICLE BREAKDOWN AHEAD, VEHICLE B (SJY2953L) COLLIDED ONTO THE REAR RIGHT PORTION OF VEHICLE A.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY2953L
Vehicle Manufacturer	Volkswagen
Vehicle Model	Golf
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private hire
Name of Driver	CHUA GENG ZE
NRIC No	SXXXX968A
Contact Number	(Phone) +65-96981159
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**

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 **08/03/2023 2030HRS**

Sketch Plan

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

**FLASH ACCIDENT
REPORTING OFFICER**
FRO SUFIYAN



Witnessed by Reporting Centre
Personnel

<p>A - SMR4881Z B - SJY2953L</p> <p>CTE(SLE)</p>	
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Describe Circumstances of the Accident

ON 08/03/2023 AT AROUND 0640HRS, I WAS DRIVING VEHICLE A (SMR4881Z) ALONG CTE(SLE) EXPRESSWAY. UPON SLOWING DOWN DUE TO VEHICLE BREAKDOWN AHEAD, VEHICLE B (SJY2953L) COLLIDED ONTO THE REAR RIGHT PORTION OF VEHICLE A.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

Declaration

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



Policyholder's Signature / Date &
Time

08/03/2023 2030HRS

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

FLASH ACCIDENT
REPORTING OFFICER

FRO SUFIYAN



Witnessed by Reporting Centre
Personnel





















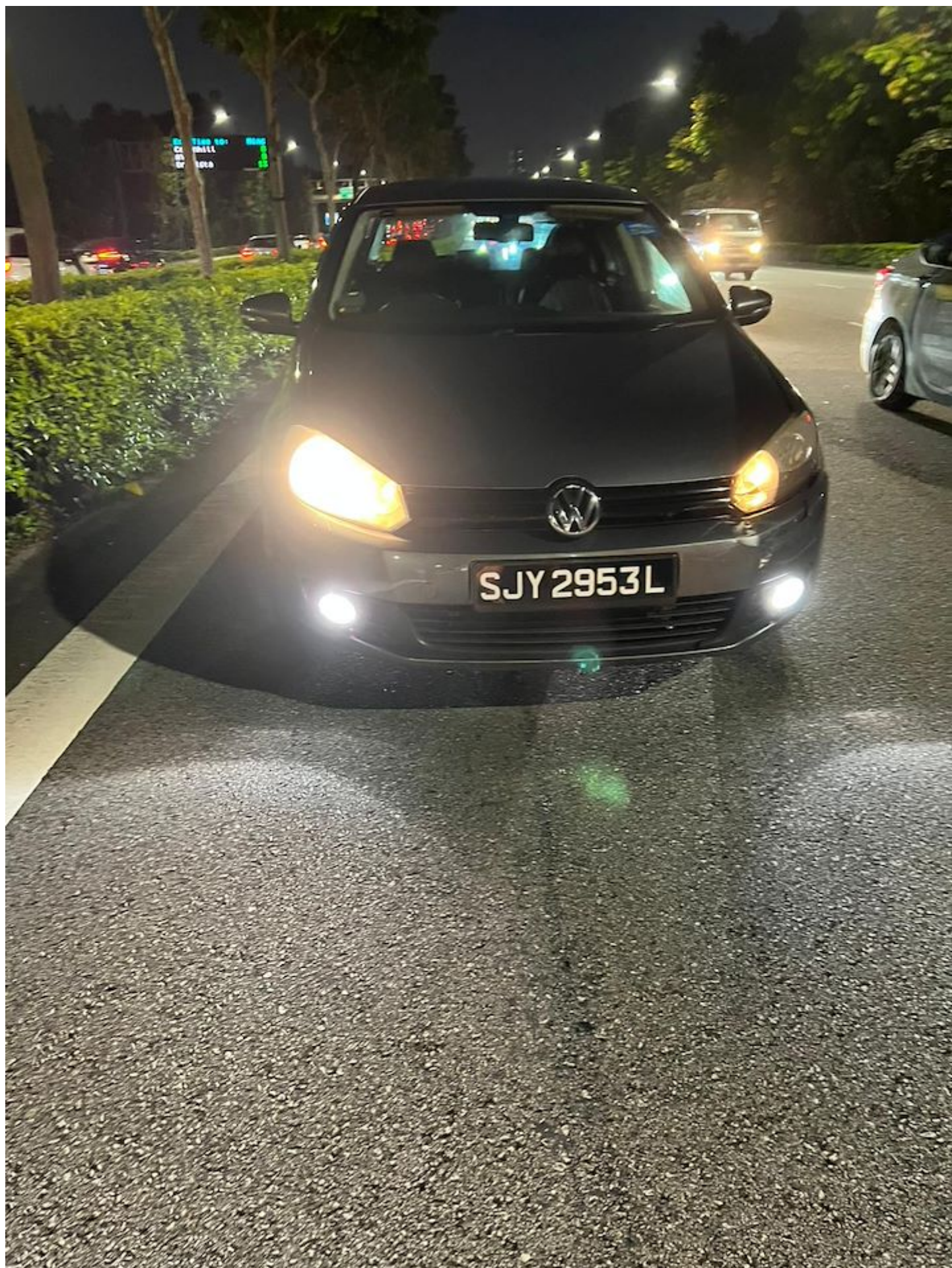
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G233A000Y Vehicle Registration No: SMR4881Z
 Name (as shown in NRIC): JESBINDAR KAU NRIC/FIN/Passport No: SXXXX958D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 08/03/2023 Time of Accident: 06:40
 Place of Accident: CTE, Singapore
 Insurance Company: ERGO Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE CLAIM STATUS

 Policyholder / Driver's Signature
 Date:

Siti
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 11.03.2023

GIARMC Addendum Form

