

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	21/03/2023 11:15 (SGT)
Reported by	Driver
Date of Accident	20/03/2023 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BAYFRONT AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1146P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHARMAINE SARAH SOH
NRIC No	SXXXX470F
Email Address	darryll_seow@hotmail.com
Mobile Phone No	(Phone) +65-91283193
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	318i
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22017279

DRIVER

Name of Driver	SEOW ZHIQIANG , DARRYLL
NRIC No	SXXXX509C
Date Of Birth	11/10/1988
Occupation	Indoor

Date Of Driving Pass	22/01/2013
Driving experience	10 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96927419
Alt. Phone Number	-
Email Address	darryll_seow@hotmail.com
Address	APT BLK 658C PUNGGOL EAST
Address complement	# 14-725
Postcode	823658
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	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

PLEASE REFER TO THE ATTACHED STATEMENT

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	SMC4862H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90042059

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

IMPORTANT NOTICE

SKETCH PLAN

1. Please ~~fill in~~ provide correctly the details of the accident to speed up the claims process.
2. This ~~report~~ must be completed by the Policyholder and/or the Actual Driver.
3. Inform ~~the~~ 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 ~~issuance~~ issuance and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any ~~report~~ 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 ~~issuance~~ issuance 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~~ being made available aforesaid.

8. ~~Consent~~ Consent under the Personal Data Protection Act (PDPA)

I understand ~~and~~ and know, agree and consent that:

(a) My insurer ~~and~~ and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or ~~process~~ process any personal data/personal information set out in this [form] and any other personal information provided by me or possessed ~~by~~ by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have ~~insured~~ insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively ~~referred~~ referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government ~~agency/authority~~ agency/authority (such as the police), for the purpose(s) of:

i) processing ~~and~~ and handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

ii) investigating ~~the~~ the accident and/or my claims;

iii) carrying ~~out~~ out and/or dealing with my instructions or responding to any enquiries by me;

iv) administering ~~my~~ my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of ~~my~~ my personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); ~~or~~ or

v) complying ~~with~~ with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")

b) all insurer ~~(s)~~ (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

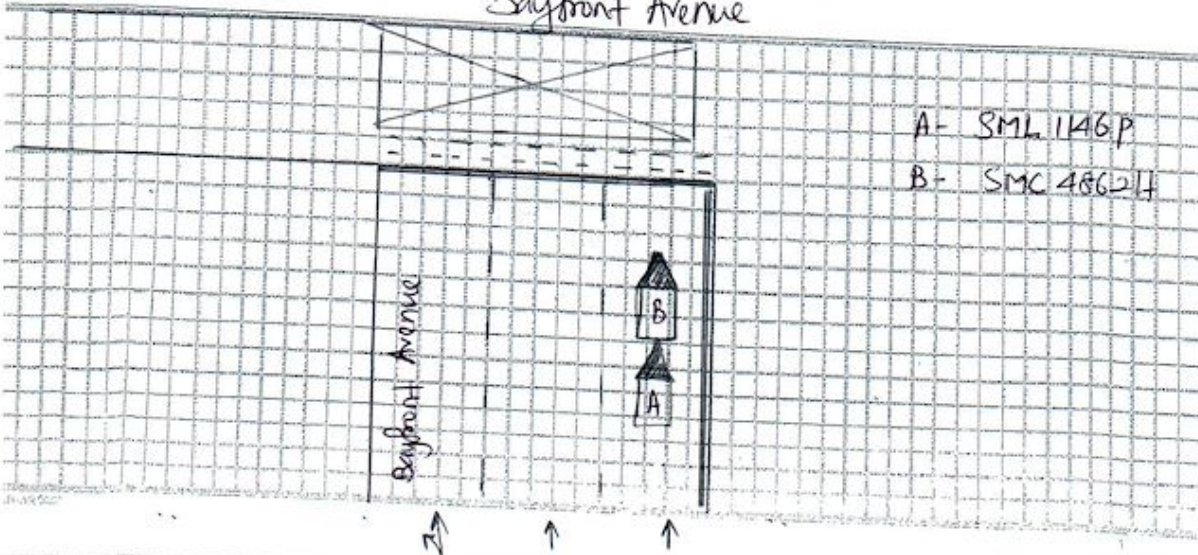
c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents including the ~~ir~~ ir lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time
20/7/23

[Signature]
Actual Driver's Signature (If driver is not the policyholder) / Date & Time
20/7/23

[Signature] 21/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Description of the Accident

I was at highway due traffic light.
Front car was moving off, I let off
my foot from the brake, the front car
e-brake and my car didn't stop in time
when that happened the first car in front
already left.

Declaration

We declare the foregoing particulars are true in every respect.

R 24/3/23
on behalf
Policyholder's Signature / Date & Time

R 24/3/23
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

gmmul 21/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRCC card)

3022















