

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 | 01/04/2023 11:48 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 31/03/2023 18:20 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SNA3263S |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | GOH ZHI JUN , MARCUS |
| NRIC No | SXXXX688H |
| Email Address | marcus.gohzj@gmail.com |
| Mobile Phone No | (Phone) +65-96608435 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-------------|
| Manufacturer | Nissan |
| Model | Note |
| 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? | Yes |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1198 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | ERGO Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | DMG22006527 |

DRIVER

| | |
|----------------------|----------------------|
| Name of Driver | GOH ZHI JUN , MARCUS |
| NRIC No | SXXXX688H |
| Date Of Birth | 16/03/1986 |
| Occupation | Indoor |

| | |
|--|------------------------|
| Date Of Driving Pass | 18/12/2006 |
| Driving experience | 16 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96608435 |
| Alt. Phone Number | - |
| Email Address | marcus.gohzj@gmail.com |
| Address | 123 SIMEI ST 1 #01-414 |
| Address complement | - |
| Postcode | 520123 |
| 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 | Collided into Property |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 1 |
| 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 | UNKNOWN |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|--------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Bedok Division Headquarters |
| Police Station Phone No | (Phone) +65-18002440000 |
| Alt. Police Station Phone No | (Fax) +65-64443009 |
| Police Station Address | 30 Bedok North Road Singapore 469676 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

ON 31 MARCH 2023 AT ABOUT 1820HRS I WAS DRIVING VEHICLE A SNA3263S ALONG PIE TOWARDS TUAS AND WANTED TO EXIT TO SIMEI ROAD WITH ONE PASSENGER. AS I WAS EXITING, I EXPERIENCED A SUDDEN BOUT OF CONSTANT AND HARD COUGH, CAUSING ME TO LOSE CONSCIOUSNESS FOR A MOMENT. THE NEXT MOMENT I REALISE I HAD HIT THE SIDE BARRIER OF THE ROAD. NO OTHER VEHICLES WERE INVOLVED. NO INJURIES SUSTAINED ON THE SPOT. ONLY ABRASIONS FOR MY SON AND ME. TRAFFIC POLICE ASSESS NO DAMAGE AND NO INVESTIGATION WILL BE CARRIED OUT. SUBSEQUENTLY, I WAS ASSISTED BY EMAS TO TOW CAR TO CARPARK AT 9006 TAMPINES.

AS PER POLICE REPORT No.G/20230401/7016

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 WALL
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category NA / Unknown
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident CONCRETE WALL
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person GOH ZHI JUN , MARCUS
 Gender Male
 Phone No (Phone) +65-96608435
 Address 123 SIMEI ST 1 #01-414
 Address Complement -
 Post Code 520123
 Approximate Age Years Old 37
 Injuries Sustained ABRASION
 4DAYS MC
 Injured person in which vehicle? SNA3263S
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person SON
 Gender Male
 Phone No -
 Address 123 SIMEI ST 1 #01-414
 Address Complement -
 Post Code 520123
 Approximate Age Years Old -
 Injuries Sustained ABRASION
 SNA3263S
 Injured person in which vehicle? SNA3263S
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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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.

FLASH ACCIDENT
REPORTING OFFICER
FRO BALAJI

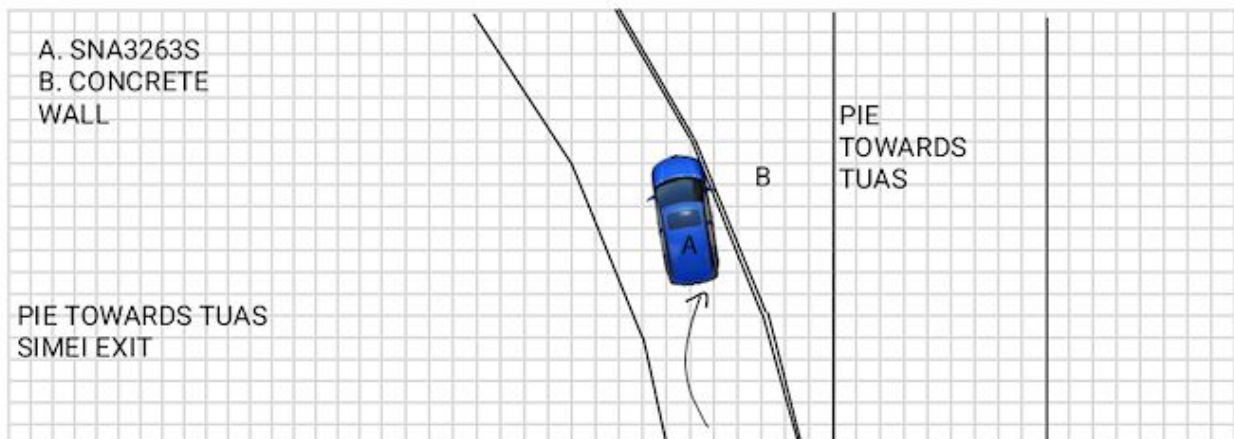
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

31 MARCH 2025HRS



Describe Circumstances of the Accident

ON 31 MARCH 2023 AT ABOUT 1820HRS I WAS DRIVING VEHICLE A SNA3263S ALONG PIE TOWARDS TUAS AND WANTED TO EXIT TO SIMEI ROAD WITH ONE PASSENGER. AS I WAS EXITING, I EXPERIENCED A SUDDEN BOUT OF CONSTANT AND HARD COUGH, CAUSING ME TO LOSE CONSCIOUSNESS FOR A MOMENT. THE NEXT MOMENT I REALISE I HAD HIT THE SIDE BARRIER OF THE ROAD. NO OTHER VEHICLES WERE INVOLVED. NO INJURIES SUSTAINED ON THE SPOT. ONLY ABRASIONS FOR MY SON AND ME. TRAFFIC POLICE ASSESS NO DAMAGE AND NO INVESTIGATION WILL BE CARRIED OUT. SUBSEQUENTLY, I WAS ASSISTED BY EMAS TO TOW CAR TO CARPARK AT 9006 TAMPINES.

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

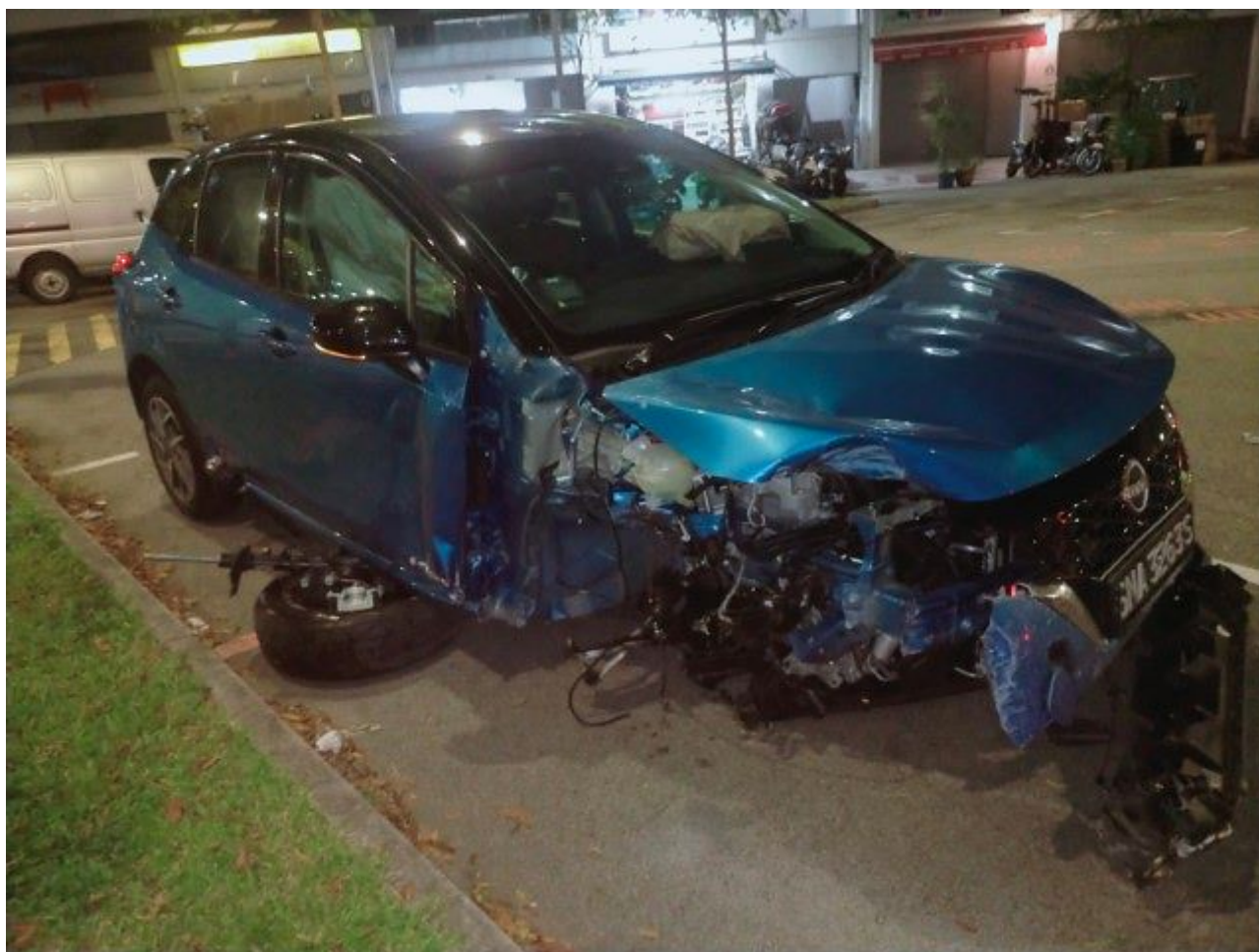
31 MARCH 2023

FLASH ACCIDENT
REPORTING OFFICER

FRO BALAJI



Witnessed by Reporting Centre Personnel





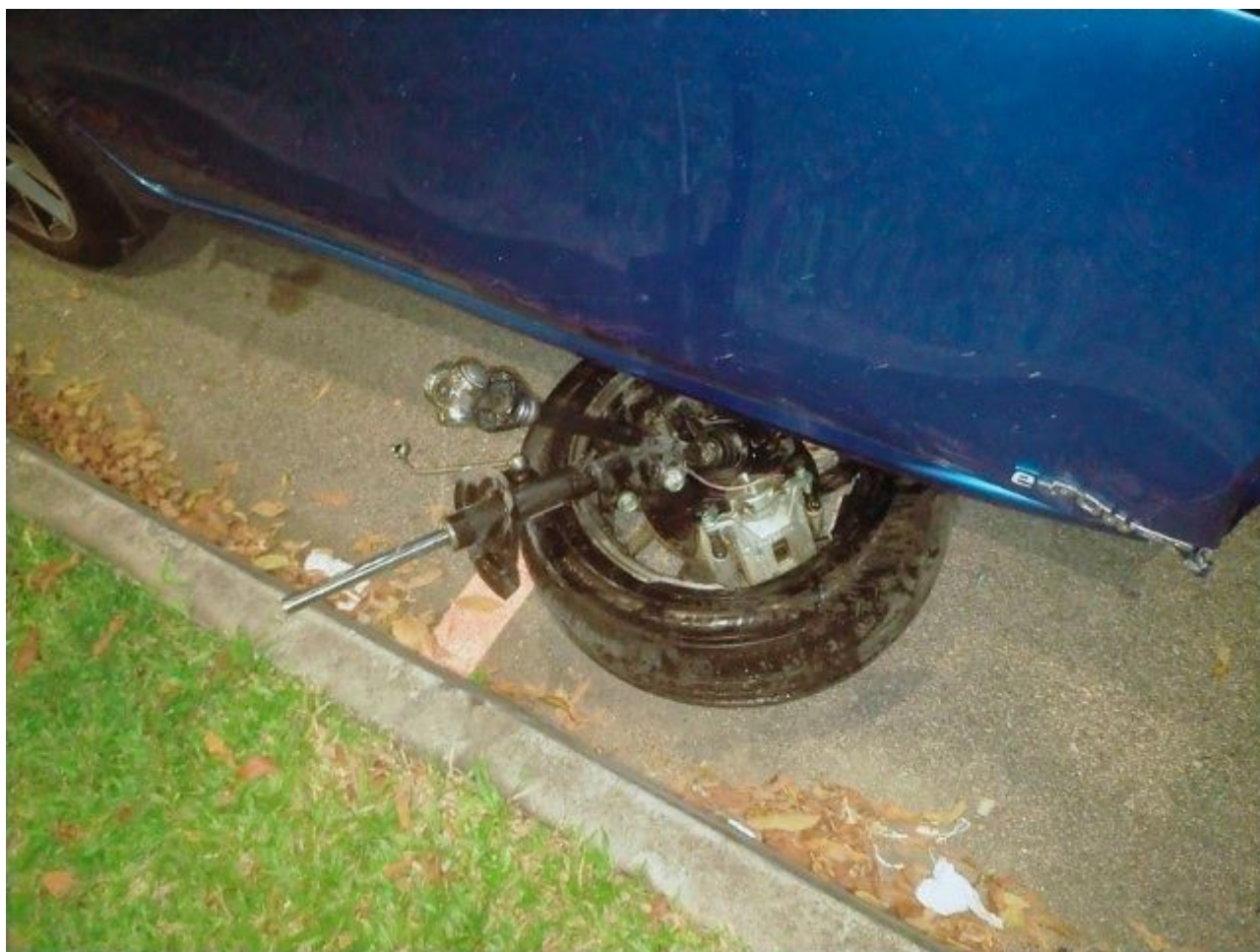


















Report No. G/20230401/7016

| | | | | |
|--|--|-----------|-----------------------------|-------------------|
| Date/Time Report Made 01/04/2023 10:38 | Vide Report No. | | | Station Diary No. |
| Name Of Informant GOH ZHI JUN, MARCUS | Address 123 SIMEI STREET 1 #01-414 SINGAPORE 520123 | | | |
| ID Type / ID No. NRIC NO / S8607688H | Contact No. Home/Office: Mobile: 96608435 | | | |
| Nationality SINGAPORE CITIZEN | Email Address MARCUS.GOHZJ@GMAIL.COM | | | |
| Occupation Other services managers | Sex Male | Age 37 | Date of Birth 16/03/1986 | Race Chinese |
| Institution/School Name | Language English | | | |
| Date/Time Of Incident 31/03/2023 18:15 - 31/03/2023 18:20 | Location Of Incident 123 SIMEI STREET 1 #01-414 SINGAPORE 520123 | | | |

| | |
|--|---|
| 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: 01/04/2023 10:38 |
| Officer In-Charge Of Case: | Classification Of Case: |



**SINGAPORE
POLICE FORCE**



G/20230401/7016

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230401/7016

investigation. He advised me to exchange contact with the contractor of the barricade in case the contractor would want to claim against me. I then proceeded to exchange the contact.

An ambulance subsequently came and both my son and I were assessed by the medic officers to suffer abrasions and would not necessarily need to be conveyed to hospital immediately. I then decided not to be conveyed to the hospital and was advised that I could consult a private clinic thereafter.

My car was subsequently towed away from the scene of accident and an insurance report had been lodged with my motor insurer, Ergo Insurance. I was advised by the insurer that I would need to lodge a police report for proper insurance claim procedure in the event that I was given at least 3 days of medical leave.

Hence, after seeing a doctor on 1 April 2023 at 0900hrs, I was given medication for my abrasions and muscle strain. I was then prescribed with a 4-day MC until 4 April 2023. Thereafter, I proceeded to lodge this Police report.

That is all.

| | |
|--|--|
| 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: 01/04/2023 10:38 |
| Officer In-Charge Of Case: | Classification Of Case: |



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: SJ0G2341000H Vehicle Registration No: SNA3263S
 Name (as shown in NRIC): GOH ZHI JUN, MARCUS NRIC/FIN/Passport No: SXXXX688H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 98808435
 Email Address: _____
 Date of Accident: 31/03/2023 Time of Accident: 18:20
 Place of Accident: PIE, 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:

ATTACHED POLICE REPORT

 Policyholder / Driver's Signature
 Date:

Siti

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 01.04.2023

GIARMC Addendum Form