

[illegible]

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	05/04/2023 12:43 (SGT)
Reported by	Actual Driver
Date of Accident	04/04/2023 18:00 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	NEAR PASIR RIS TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ7979K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN WAN SIN
NRIC No	SXXXX041D
Email Address	josephlow9@hotmail.com
Mobile Phone No	(Phone) +65-92266633
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1998

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22013901

DRIVER

Name of Driver	LOW HSIEN TERN, JOSEPH (LIU XIANTENG, JOSEPH)
NRIC No	SXXXX988F
Date Of Birth	07/11/1979
Occupation	Indoor

Date Of Driving Pass	15/03/1999
Driving experience	24 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90272211
Alt. Phone Number	-
Email Address	josephlow9@hotmail.com
Address	35 PASIR RIS LINK #11-35
Address complement	-
Postcode	518155
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 SKETCH PLAN

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	SLC6331Y
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

THE NARRATIVE REPORT TOWARDS R/R

D	X	E	A	X	B	X	C	←
								←
								←
A) SLJ 7979K								←
B) SLC 6331Y								←
C) UNKNOWN CAR								←

Describe Circumstance of the Accident

DRIVING ALONG TPE NEAR PASIR RIS, VEHICLE IN FRONT OF ME JAMMED BRAKES AND CAUSED A CHAIN ACCIDENT. I AVOIDED AND DID NOT HIT THE CAR IN FRONT OF ME BUT THE CAR BEHIND ME HIT ME.

I AM IN VEHICLE (A) AS PER SKETCH AND VEHICLE B COLLIDED INTO MY REAR.

TIME IS ABOUT 6:00 PM AND TRAFFIC WAS RATHER HEAVY.

VEHICLE E WAS A TAXI SHA1188K

VEHICLE B WAS HONDA VEZEL SL63317

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 4 / 23) (DD/MM/YYYY), TIME: (18.00) (HH:MM)

LOCATION: TPE NEAR PASIR RIS TOWARDS PIE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLJ7979K
 b) INSURANCE COMPANY: ER&O
 c) POLICY NUMBER: DMPG22013901
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HARRIER M GRADE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TAN WAN SEN (MALE / FEMALE) FEMALE
 b) NRIC/FIN/PASSPORT: S7936041D CONTACT: 98569320 92266633
 c) ADDRESS: 35 PASIR RIS LINC #11-35 SS18155

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
()

- DRIVER
 a) NAME: LOW HSIEH TERN JOSEPH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7932988F CONTACT: 90272211
 c) ADDRESS: 35 PASIR RIS LINC #11-35 SS18155

* d) DATE OF BIRTH: (7 / 11 / 79) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/9/05

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: SLC6331Y MODEL: HONDA VEZEL
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT: 98569320

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: UNKNOWN CAR MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

email: josephlow9@hotmail.com
 VIDEO

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMPG22013901
Vehicle Registration Number : SLJ7979K
Cover Type : Superior Comprehensive
Policy Type : Private Car
Name of Policyholder/Insured : TAN WAN SIN
Commencement Date of Insurance : 30/10/2022
Expiry Date of Insurance : 29/10/2023



24-Hour Helpline: 6100 1620

Excess	:	EXCESS: (SECTION I).....	S\$	700.00
		ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)...	S\$	500.00
		ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I)	S\$	300.00
		EXCESS: WINDSCREEN	S\$	100.00
		YOUNG & INEXP DRIVERS (SECTION I)	S\$	3,000.00

Finance Company/Hire Purchase Owner :

*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. JOSEPH LOW
3. LOW LOH LIAN
4. Any Person who is driving on the Policyholder's order or permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

* Limitations as to Use:

- 1) Use only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 3) Use for any purpose in connection with the Motor Trade

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (*).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of **ERGO Insurance Pte. Ltd.**
Approved Insurer

Karl-Heinz Jung

Authorized Signature

A100013	SGDRIVERS PTE LTD	Contact Number: 64662009
Vehicle Chassis Number : JTEZB3GH60J004980, Vehicle Engine/Motor Number : 8ARZ166657		PC1, 03/10/2022 14:38