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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> by the <u>Policyholder and/or the Actual Driver</u>

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

5. Information provided must be as truthful and accurate as possible. Any which instepresentation of miscoling or miscoling of miscoling or miscolin

### 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 Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

### INSURANCE COMPANY

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

### DRIVER

CC

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

1998

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		
OTHER IN ORIGINATION		
No. of the state of the second section of the	N-	
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		
Original language acca in the classification		
DETAILS OF DOLLOF ACTION		
DETAILS OF POLICE ACTION		
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?	No	
If yes, against whom?	<del>-</del>	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
AT ASSIMENT(S)		
And a resident about a position la for attachment?	Vac	
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
		STREET, STREET,

## 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

### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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 Actual Driver

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

PE NHAR 1881 KIS TOWARDS WH

A) SL5 7979X

B) SLC 633 Y

UNKNOWN CAR

5 4 23

Describe Circumstance of the Accident					
PRIVING ALONG TPE NEAR PASIR RIS, VEHICLE IN FRONT OF					
ME JAMMED BRAICES 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					
HEAYY.					
VEHICLE E WAS A TAXI SHA 118819					
VEHICLE B WAS HONDA VEZEL SLC63317					
Vender D OVAL FORDER VICE D DOCKSON					

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)

2

# AGCIDENT'STATEMENT

ACCIDENT DATE: (4, 1+, 23) (DD/MM/YYYY), TIME: (18, 00) (HIRMM)
TOT OLDS' PACKE RIS TOWARDS PIE
LOCATION: TPE NEAK PASIK RIS TOWARDS PIE
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DINOUNATE COM AIT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)
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F)TYPE: (SACOON / COUPE / MIT / VAIL / COMMEDIA) / MOIOROYCLE)
GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (XES/NO)  1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (XES/NO)
II ARE YOU CLAIMING UNDER TOOL OF THE
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONE) FEMALE
2. INSURED / POLICY HOLDER SEN [MALE / LUMALE] 92266633
DINRIC/FIN/PASSPORT: S7936041D CONTACT: 48569320 120
DINRIC/FIN/PASSPORTI SCINC #11-35 SSI8155
* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER
SILL A PRIVATE I TOTAL THE LEGISTE
Who of parronger DRIVER LOWHSIEN TERN JOSEPH , MALE / EEMATE ,
(Including driver,) GINAME: LOWHSTEN TELOW STORY: ST932988 F CONTACT: 90272211  DINRIC/FIN/PASSPORY: ST932988 F CONTACT: 90272211
( ) GIADDRESS: 35 PASIR RIS LINIC #11-35 SSISIS
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d) DATE OF BIRTH: ( 7) 1) 79 (DD/MM/YYYY)
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**ERGO** 

### 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

Excess

EXCESS: (SECTION I).....

ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)...

ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) EXCESS: WINDSCREEN

YOUNG & INEXP DRIVERS (SECTION I)

24-Hour Helpline: 6100 1620

700.00

500.00 300.00 100.00

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		7 PC1, 03/10/2022	14:38