

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	21/04/2023 18:10 (SGT)
Reported by	Actual Driver
Date of Accident	21/04/2023 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AIRPORT BLVD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA5118C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AMD SERVICES PTE LTD
Company Reg No	2XXXXX818E
Email Address	lmxmichelle@gmail.com
Mobile Phone No	(Phone) +65-92276150
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22005418

DRIVER

Name of Driver	CHEONG TING FONG (ZHANG TINGFENG)
NRIC No	SXXXX282J
Date Of Birth	19/12/1988
Occupation	Indoor

Date Of Driving Pass	10/07/2007
Driving experience	15 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92276150
Alt. Phone Number	-
Email Address	lmxmichelle@gmail.com
Address	APT BLK 164C RIVERVALE CRESCENT
Address complement	# 10-276
Postcode	543164
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
Weather Conditions	DRIZZLING
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	LEE MEIXUAN MICHELLE
Gender	Female

PASSENGER 2

Name	TAN HWEE LOO
Gender	Female

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	SML7606P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	POON CHOI PENG
Contact Number	(Phone) +65-82188574
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE MEIXUAN MICHELLE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MUSCLE ACHE
Injured person in which vehicle?	SMA5118C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAN HWEE LOO
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MUSCLE ACHE
Injured person in which vehicle?	SMA5118C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This ~~report~~ 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.
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B. 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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

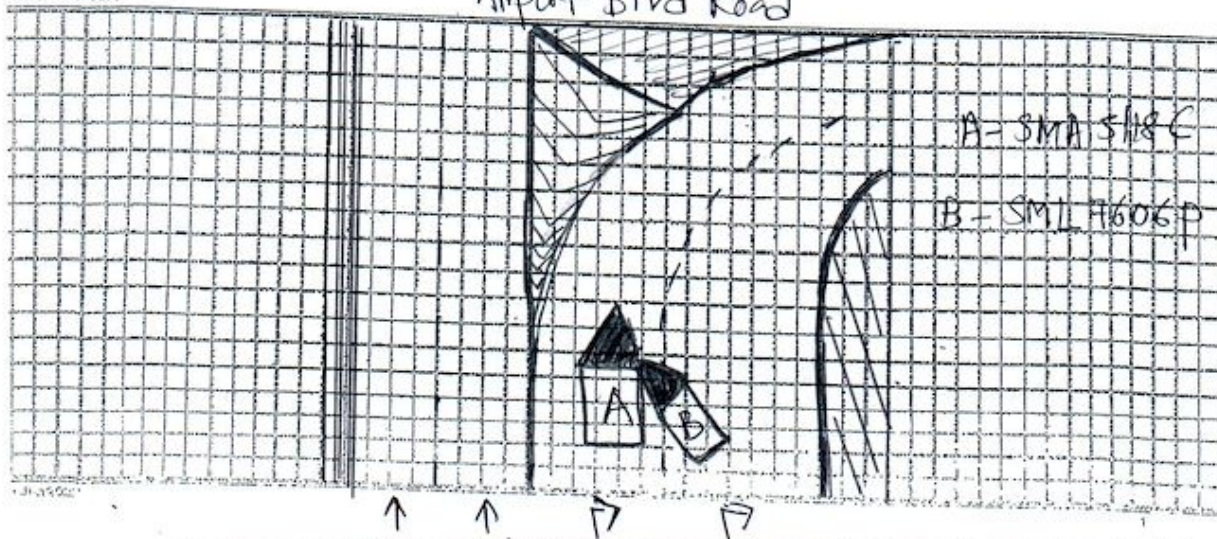


Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident

We are driving along airport boulevard road towards terminal 2.

We were driving in our lane. A vehicle "SMZ 7606P" drove into our lane and collided ~~with~~ ^{into} our vehicle "SMA5118C".

After the collision, our vehicle "SMA5118C" swerve to the left into the chevron marking and come to a stop.

Time of incident is approx 9am.

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)























ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: SN09234L000D Vehicle Registration No: SMA5118C
 Name (as shown in NRIC): CHEONG TING FONG NRIC/FIN/Passport No: S8851282J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: APT BLK 164C RIVERVALE CRESCENT #10-276 Singapore (543164)
 Contact (Tel): - Mobile No.: 92276160
 Email Address: LMXMICHELLE@GMAIL.COM
 Date of Accident: 21/04/2023 Time of Accident: 0900HRS
 Place of Accident: AIRPORT BLVD ROAD
 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:

Additional Information: update of passenger & injured person detail

Passenger 1 / Injured Person

Name : LEE MEIXUAN MICHELLE

Passenger 2 / Injured Person

Name : TAN HWEE LOD

Policyholder / Driver's Signature
Date: 27/4/2023

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



AMD SERVICES PTE LTD
60 Airport Boulevard, #37-14, S819643
Tel/Fax : +65 9021 5883
email : LEE@amdscvs.com
Co. Reg No. 201105818E GST Reg No. 201105818E

Title: Letter of Authorisation for use of vehicle (SMA5118C)

Dear Sir/Mdm,

The following personnel had been authorised by the company ; AMD SERVICES PTE LTD, UEN 201105818E, to drive our vehicle, SMA5118C.

Name: Cheong Ting Fong
Fin No: S8851282J



Manager
LEE MEIXUAN MICHELLE
AMD SERVICES PTE LTD

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