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 witholding 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	16/05/2023 12:58 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/05/2023 15:15 (SGT)
Exact Location of Accident	11 Namly Hill, Singapore 267275
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2076H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PANG HEE AIK
NRIC No	SXXXX064E
Email Address	samuelpang@hotmail.com
Mobile Phone No	(Phone) +65-92766464
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Orlando
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	1362

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG23004209

DRIVER

Name of Driver	PANG HEE AIK
NRIC No	SXXXX064E
Date Of Birth	03/05/1974
Occupation	Indoor

Date Of Driving Pass	05/01/1994
Driving experience	29 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92766464
Alt. Phone Number	-
Email Address	samuelpang@hotmail.com
Address	62 ELIAS ROAD #07-05
Address complement	-
Postcode	519939
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	YM3877C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MURUGAN MURALI
Passport No/FIN	GXXXX730L

Contact Number	(Phone) +65-83033795
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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

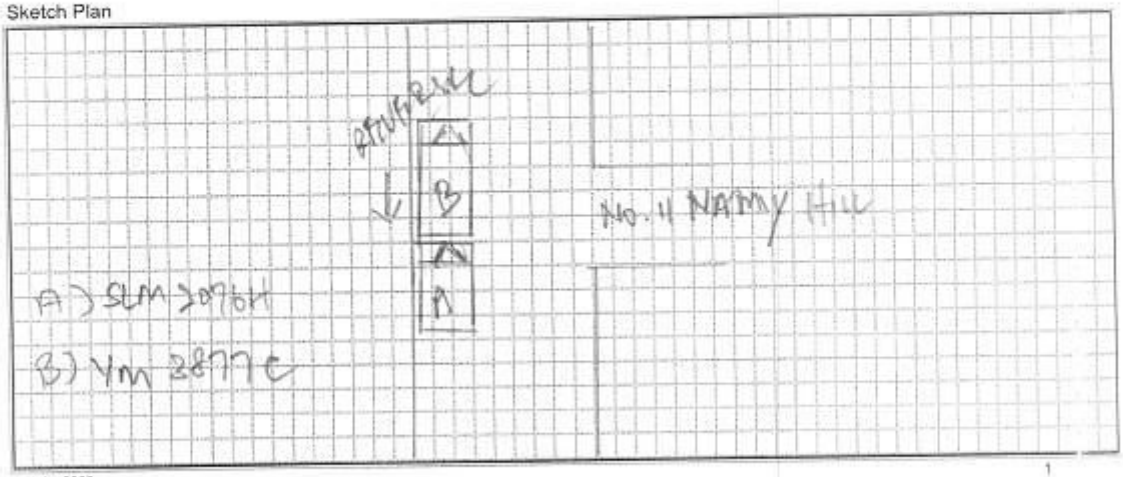
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

S. 16/05/23 12:05Hrs
Policyholder's Signature / Date & Time

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

16/05/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



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Describe Circumstance of the Accident

My vehicle (SLM2076H) parked along 11 Namly Hill, outside the private house.
There was a lorry (YM3877C) parked in front of my vehicle.
At about 1515 Hrs, lorry driver (Murali, Fin No. G8497730L) reversed the lorry and hit my vehicle front side.

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

16/05/23 12:05 Hrs
Policyholder's Signature / Date & Time

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

16/05/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

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IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

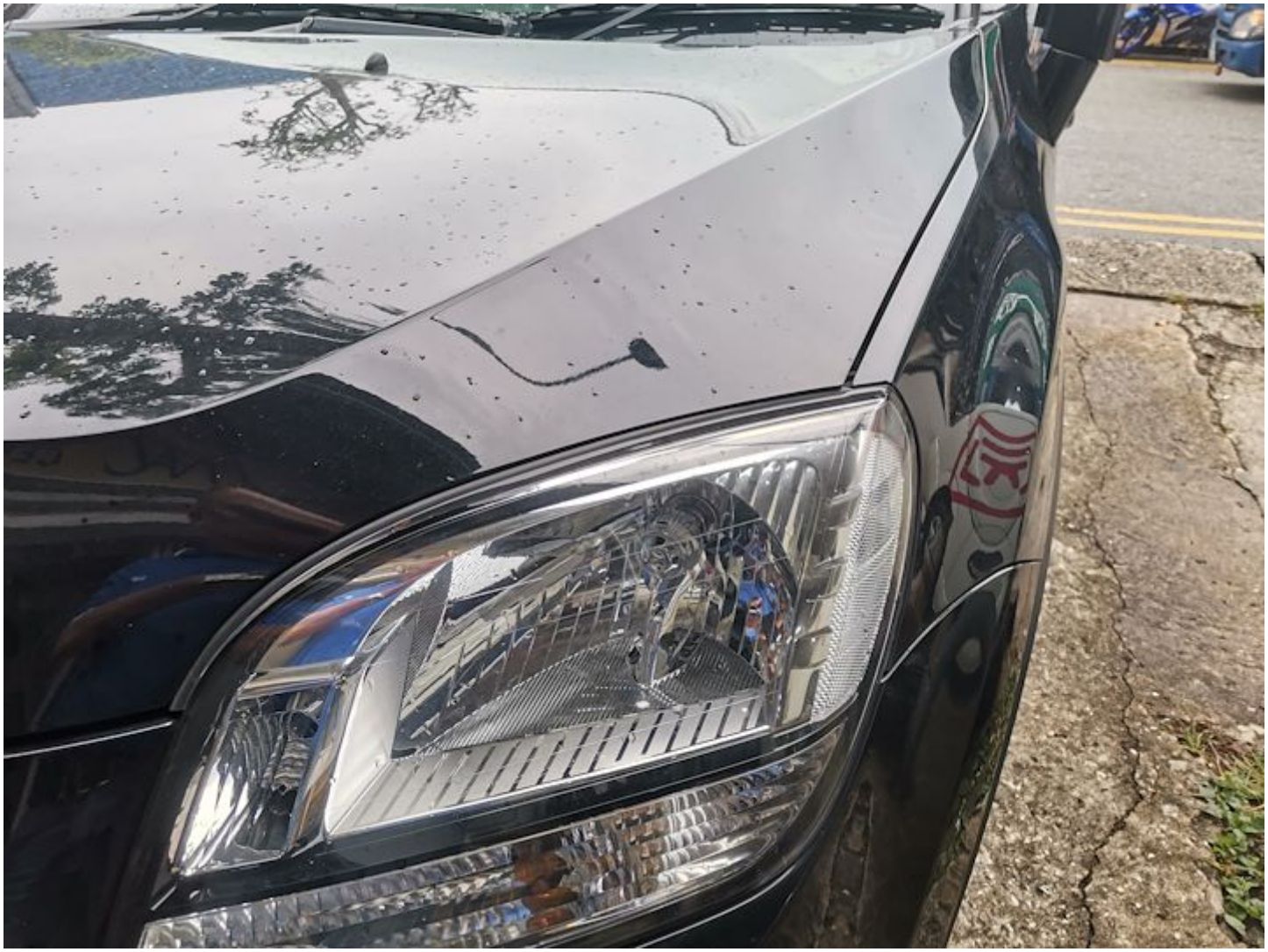
IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11



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IMAGES #13

IMAGES #14

IMAGES #15

IMAGES #16


GM KOREA COMPANY
GAWR
1220KG
GAWR
1190KG
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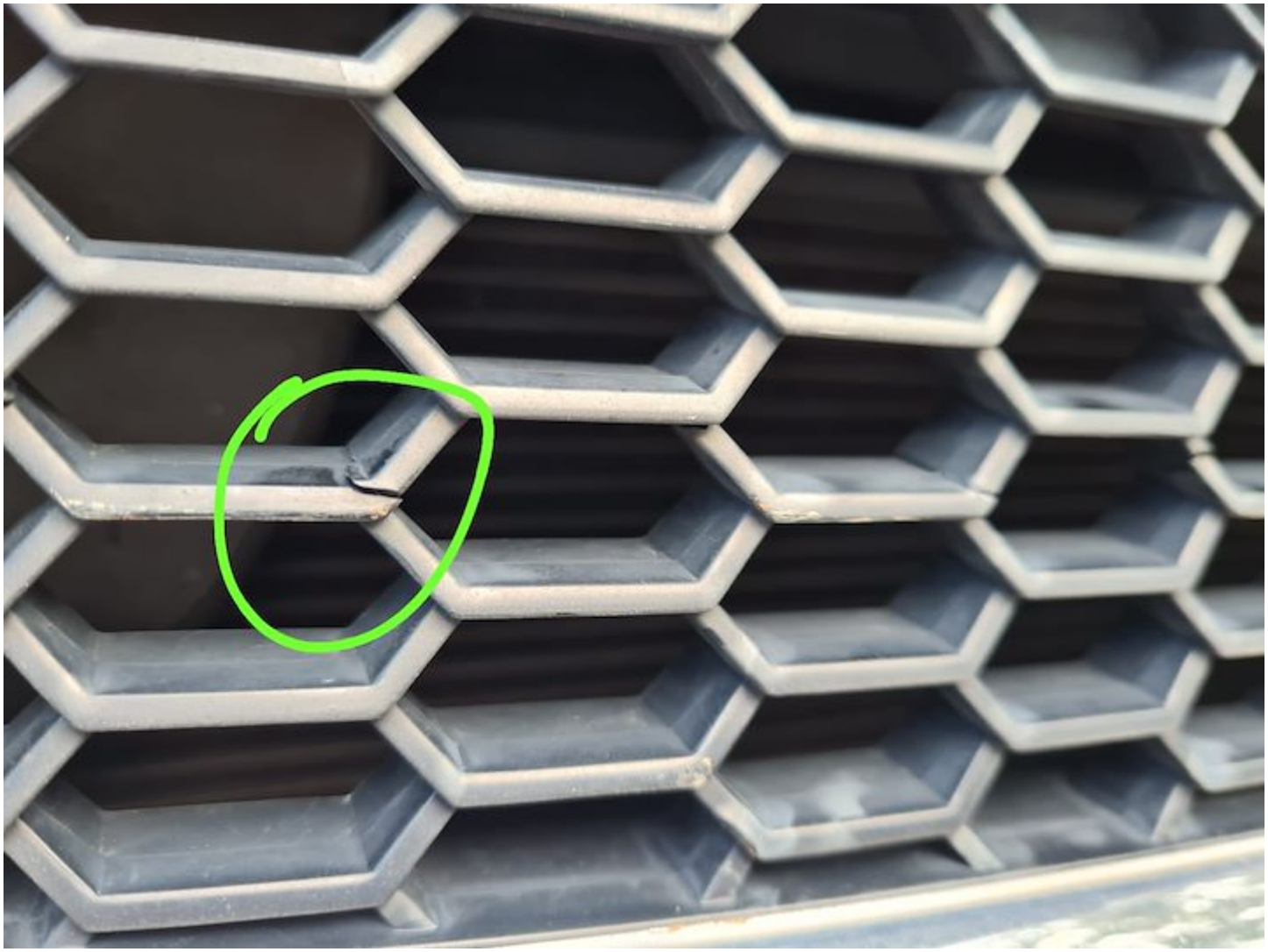
I17

IMAGES #17

IMAGES #18



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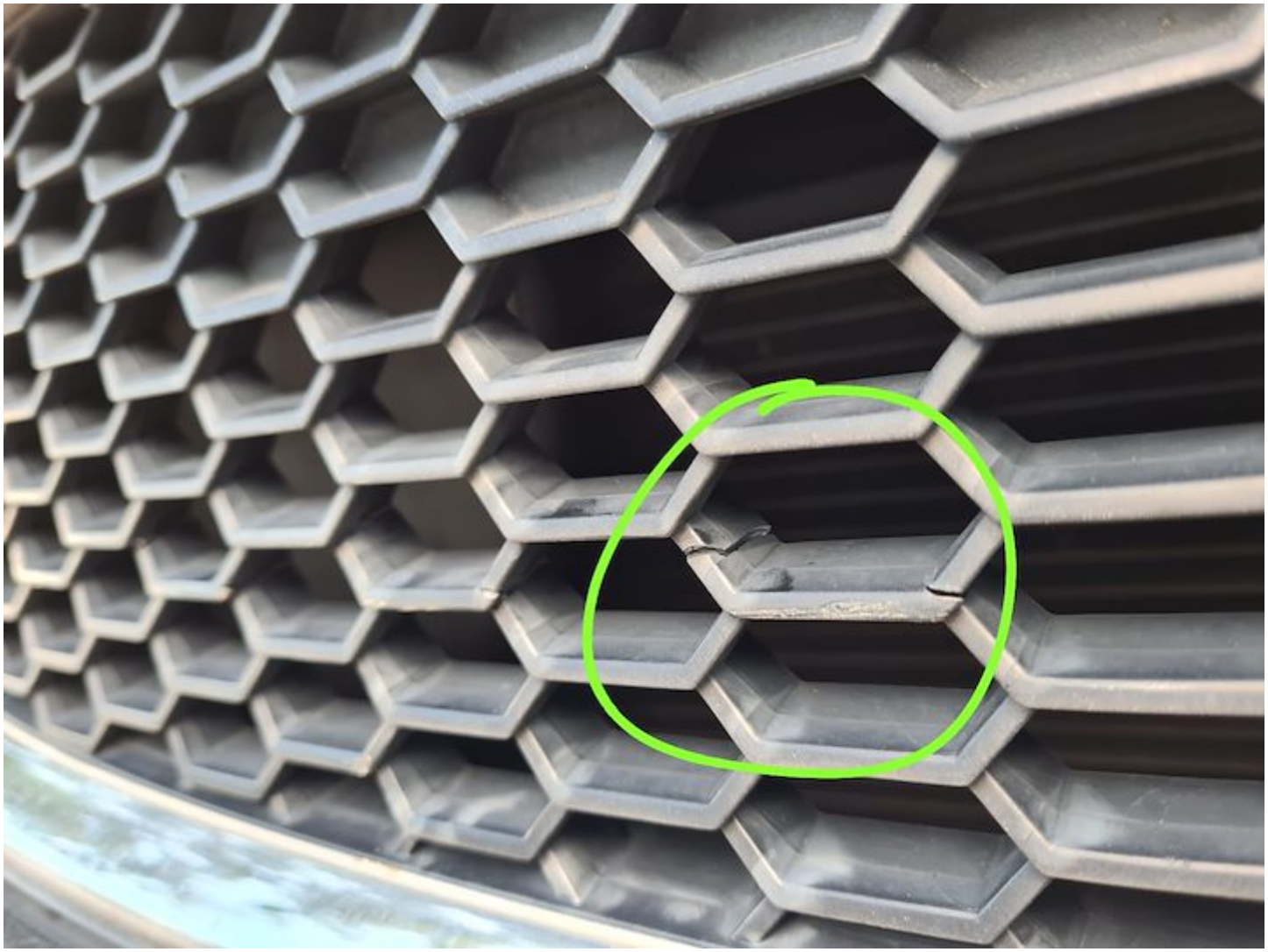
IMAGES #20



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IMAGES #23

IMAGES #24

IMAGES #25

IMAGES #26

GENERAL INSURANCE ASSOCIATION
RECORD 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: SN08235G0001 Vehicle Registration No: SLM2076H

Name (as shown in NRIC): Pang Hee Aik NRIC/FIN/Passport No: S7414064E

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: 62 Elias Road #07-05 Singapore 519939 Singapore ( )

Contact (Tel): Mobile No.: 92766464

Email Address: samuelpang@hotmail.com

Date of Accident: 15/05/2023 Time of Accident: 15.15 Hrs

Place of Accident: 11 Namly Hill Singapore 267275

Insurance Company: ERGO

(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:

Initially, the driver (Murugan Murali FIN No G8497730L) who hit my car want to have private settlement. But now Murali has changed and wanted me to claim his company (Kok Keong Landscape Pte Ltd) vehicle insurance (vehicle no YM3877C). Please amend the accident report for me to claim against 3rd party insurance (vehicle no YM3877C)

EMAIL ADDRESS TO SAMUELPANG@HOTMAIL.COM

Policyholder / Actual Driver's Signature
Date: 25/05/23

29/05/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

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