

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	16/06/2023 11:03 (SGT)
Reported by	Actual Driver
Date of Accident	15/06/2023 16:57 (SGT)
Exact Location of Accident	211 Bedok Central, Singapore
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5878X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MEAT COLLECTIVE SINGAPORE PTE LTD
Company Reg No	2XXXXX674H
Email Address	enquiries@meatcollective.com.sg
Mobile Phone No	(Phone) +65-93210072
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22008565

DRIVER

Name of Driver	TAN SHENG RONG (CHEN SHENGRONG)
NRIC No	SXXXX366G
Date Of Birth	29/04/1976
Occupation	Outdoor

Date Of Driving Pass	11/07/1996
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86080063
Alt. Phone Number	-
Email Address	enquiries@meatcollective.com.sg
Address	BLK 805 CHAI CHEE ROAD #04-630
Address complement	-
Postcode	460805
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	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)	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	YP4440G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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The following information is provided for your information only. It is not intended to be a legal document and should not be relied upon for legal purposes. The information is provided for your information only and should not be relied upon for legal purposes.

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The information provided in this document is for your information only. It is not intended to be a legal document and should not be relied upon for legal purposes. The information is provided for your information only and should not be relied upon for legal purposes.

Personal and/or Personal Data Processing (GDPR)

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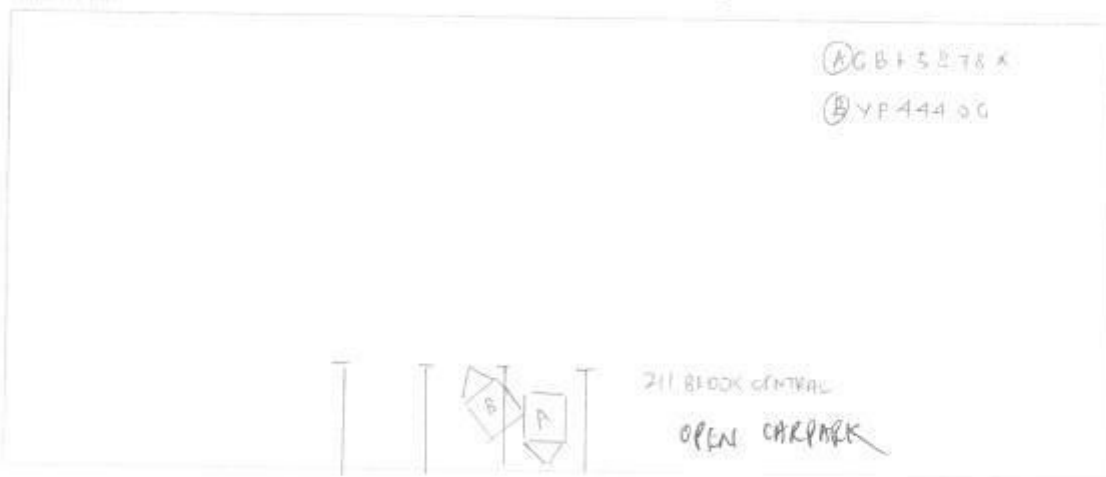
The information provided in this document is for your information only. It is not intended to be a legal document and should not be relied upon for legal purposes. The information is provided for your information only and should not be relied upon for legal purposes.



[Signature]

[Signature]
16/06/2023

Sketch Plan



Statement of [Name] (if any)

MY VEHICLE WAS PARKED AT 211 BENTON CENTRAL. I WAS INSIDE
THE VEHICLE WAITING FOR LOADING AND UNLOADING.
SUDDENLY, I FELT AN IMPACT. I ALIGHTED AND FOUND DAMAGES
ON THE REAR RIGHT PORTION OF MY VEHICLE. VEHICLE B HAD REVERSED
AND COLLIDED INTO MY VEHICLE.

Declaration

I hereby declare that the above is a true and correct statement of the facts of the accident.



[Signature]

[Signature]
16/06/2023























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: SN08236G0001 Vehicle Registration No: C1B4 5878X
 Name (as shown in NRIC): Tan Pheng Boon NRIC/FIN/Passport No: Sxxxx3664
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 96880663
 Email Address: _____
 Date of Accident: 15/06/2023 Time of Accident: 16:57
 Place of Accident: 211 PSKOOT CIRCLE OFFICE CARPARK
 Insurance Company: ERL

(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:

To remove unknown photo one SAS

Policyholder / Actual Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

11 Jun 2023