

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 30/06/2023 12:59 (SGT)
Reported by Owner
Date of Accident 29/06/2023 11:25 (SGT)
Exact Location of Accident 3 Soon Lee St, Singapore 627606
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX7575G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner EWE CHUN JIE (YOU JUNJIE)
Passport No/FIN EXXXXXXX JIE
Email Address chunjie.ewe@gmail.com
Mobile Phone No (Phone) +65-91857575
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Suzuki
Model Swift
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1197

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number DMPG23005980

DRIVER

Name of Driver EWE CHUN JIE (YOU JUNJIE)
NRIC No SXXXX975H
Date Of Birth 20/11/1990
Occupation Indoor

Date Of Driving Pass	18/12/2009
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91857575
Alt. Phone Number	-
Email Address	chunjie.ewe@gmail.com
Address	BLK 539 BUKIT PANJANG ROAD # 17-845
Address complement	-
Postcode	670539
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collided into Parked Vehicle
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

ON 29/06/2023 AT ABOUT 1125HRS , MY VEHICLE A(SMX7575G) WAS STATIONARY AT 3 SOON LEE STREET BUILDING CP NEAR TO UNIT 01-31 . AND ENGINE WAS OFF DURING THE INCIDENT . AS SUCH , MY IN CAM WAS NOT RECORDING .

I RECEIVED A INFO FROM MY STAFF TO SAY THAT MY VEHICLE A WAS BEEN HIT BY VEHICLE B(YN7557U) .

PLEASE NOTE THAT THE DRIVER OF VEHICLE B ADMITTED FAULT AND I WANTED TO CLAIM THIRD PARTY AGAINST HIS INSURANCE . ONCE MY VEHICLE A IS REPAIRED AND DISCHARGED FROM CHAMPION MOTOR , I WILL WANT MY INSURER ERGO ,TO ASSIST TO FOLLOW UP WITH THE CLAIM AGAINST THE INSURANCE VEHICLE B . THE REASON WHY I CLAIM UNDER OWN DAMAGED IS BECAUSE CHAMPION MOTOR UNABLE CLAIM UNDER THIRD PARTY .

NOBODY WAS INJURED DURING THE INCIDENT.

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	YN7557U
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LOH CHEE WAI
NRIC No	SXXXX041F
Contact Number	-
Address	BLK 667A JURONG WEST STREET 65 #03-117
Address complement	-
Postcode	647667
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

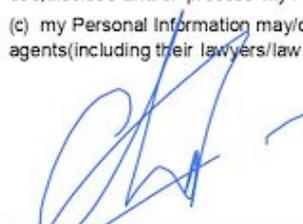
SKETCH PLAN

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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

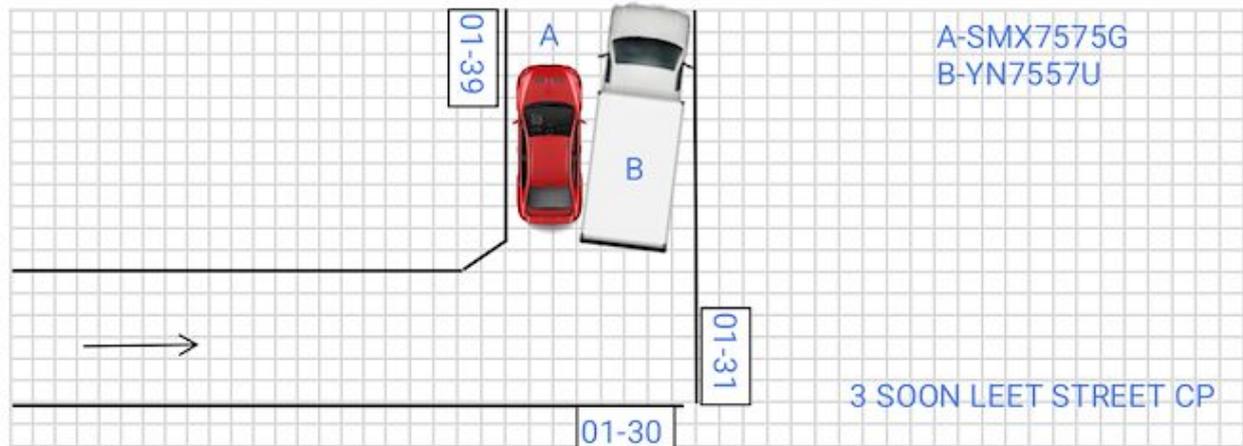
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Sketch Plan

29062023 1330HRS



Describe Circumstances of the Accident

ON 29/06/2023 AT ABOUT 1125HRS , MY VEHICLE A(SMX7575G) WAS STATIONARY AT 3 SOON LEE STREET BUILDING CP NEAR TO UNIT 01-31 . AND ENGINE WAS OFF DURING THE INCIDENT . AS SUCH , MY IN CAM WAS NOT RECORDING .

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NOBODY WAS INJURED DURING THE INCIDENT.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

29/06/2023 1330HRS

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

Witnessed by Reporting Centre Personnel























