

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	28/06/2023 10:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/06/2023 19:20 (SGT)
Exact Location of Accident	Woodlands Ave 7, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ3167P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LEONG JERN CHEE (LIANG RENQI)
Company Reg No	S7305472I
Email Address	fvc69@hotmail.com
Mobile Phone No	(Phone) +65-98429090
Alternative Phone No	+65-97974654

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1317

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22015544

DRIVER

Name of Driver	LEONG JERN CHEE (LIANG RENQI)
Company Reg No	S7305472I
Date Of Birth	06/02/1973
Occupation	Indoor

Date Of Driving Pass	18/09/1992
Driving experience	30 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98429090
Alt. Phone Number	+65-97974654
Email Address	fvc69@hotmail.com
Address	15 SEMBAWANG CRESCENT #05-28
Address complement	SKYPARK RESIDENCE
Postcode	757060
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	Collision - Head to Rear
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

ON 27/06/2023 AT AROUND 1920HRS I WAS DRIVING VEHICLE A(SMQ3167P) ALONG WOODLANDS AVENUE 7 I DRIVE STRAIGHT ON MIDDLE LANE I APPROACHED THE TRAFFIC LIGHT JUNCTION, I WAS STATIONARY POSITION WHILE WAITING THE LIGHT TURNED GREEN, SUDDENLY THIS CAME VEHICLE B(GBF7367R) FAILED TO BREAK ON TIME SO COLLIDED VEHICLE A REAR BUMPER PORTION AND NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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	GBF7367R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle


Name of Driver	ONG LIAN HAI
NRIC No	S1505269D
Contact Number	(Phone) +65-98070991
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

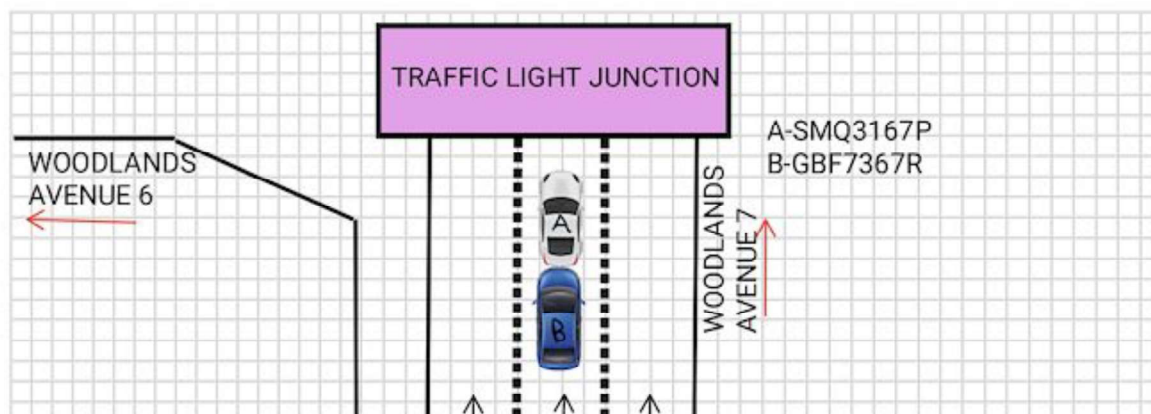
1. Please correctly report the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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


 Driver's Signature (if driver is not the policyholder) / Date & Time
 27062023 2155HRS


 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 27/06/2023 AT AROUND 1920HRS I WAS DRIVING VEHICLE A(SMQ3167P) ALONG WOODLANDS AVENUE 7 I DRIVE STRAIGHT ON MIDDLE LANE I APPROACHED THE TRAFFIC LIGHT JUNCTION, I WAS STATIONARY POSITION WHILE WAITING THE LIGHT TURNED GREEN, SUDDENLY THIS CAME VEHICLE B(GBF7367R) FAILED TO BREAK ON TIME SO COLLIDED VEHICLE A REAR BUMPER PORTION AND NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



Driver's Signature (If driver is not the policyholder) / Date
& Time 27062023 2155HRS



Witnessed by Reporting Centre
Personnel

































