

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	20/06/2023 20:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/06/2023 18:25 (SGT)
Exact Location of Accident	115 Airport Cargo Rd, Singapore 819466
Additional Location Information	115 AIRPORT CARGO ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNL7788K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RYAN TJONG WEN HAO
NRIC No	SXXXX789B
Email Address	Rteejong@gmail.com
Mobile Phone No	(Phone) +65-91132298
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1 SDRIVE16 MSPT ALED
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1499

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG23006805

DRIVER

Name of Driver	RYAN TJONG WEN HAO
NRIC No	SXXXX789B
Date Of Birth	26/08/1998
Occupation	Indoor

Date Of Driving Pass	24/03/2018
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91132298
Alt. Phone Number	-
Email Address	Rteejong@gmail.com
Address	Elizabeth Heights, 57 Cairnhill Road
Address complement	#10-05
Postcode	229668
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 - Major/Minor Rd
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 19/6/2023 AT ABOUT 1825HOURS, I WAS DRIVING MY VEHICLE FROM 115 AIRPORT CARGO ROAD TOWARDS MAIN ROAD. AFTER I CHECKED THE ROAD WAS CLEAR, THEN I STARTED TO TURN LEFT INTO THE MAIN ROAD. SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B REVERSING HIS VEHICLE AND COLLIDED ONTO LEFT SIDE OF MY VEHICLE.

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	YP2161A
Vehicle Manufacturer	UDTrucks
Vehicle Model	MKB8ELN5AA
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	ZHAO ZHENGUANG
NRIC No	GXXXX250N
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

ACCIDENT

15 AIRPORT CARGO ROAD

A: 蘇志傑
B: 尹志光

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Wong Jun Keat
Witnessed by Reporting Centre Personnel

A 10V MADE IN TAIWAN

Describe Circumstances of the Accident

ON 19/6/2023 AT ABOUT 1825HOURS, I WAS DRIVING MY VEHICLE FROM 115 AIRPORT CARGO ROAD TOWARDS MAIN ROAD. AFTER I CHECKED THE ROAD WAS CLEAR, THEN I STARTED TO TURN LEFT INTO THE MAIN ROAD. SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B REVERSING HIS VEHICLE AND COLLIDED ONTO LEFT SIDE OF MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 20/6/2023

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

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel



























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: SA1D236K000C Vehicle Registration No: SNL7788K
 Name (as shown in NRIC): RYAN TJONG WEN HAO NRIC/FIN/Passport No: SXXXX789B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 91132298
 Email Address: _____
 Date of Accident: 19/06/2023 Time of Accident: 18:25
 Place of Accident: 115 AIRPORT CARGO 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:

- 1. AMEND OWN DAMAGE CLAIM.
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name: MEERA
 NRIC/FIN No.:
 Date: 04/07/2023