

## 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 .....              | 03/07/2023 16:41 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 02/07/2023 20:50 (SGT)              |
| Exact Location of Accident .....      | Anchorvale Dr, Singapore            |
| Additional Location Information ..... | -                                   |
| Country/State of Loss .....           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SNC5454J |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                        |
|--------------------------------|------------------------|
| Is company? .....              | No                     |
| Name Of Registered Owner ..... | PIAK CHIN FONG         |
| NRIC No .....                  | S9217040C              |
| Email Address .....            | piakchinfong@gmail.com |
| Mobile Phone No .....          | (Phone) +65-97525388   |
| Alternative Phone No .....     | -                      |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Hyundai                   |
| Model .....  | Avante                    |
| 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 .....   | 1598                      |

#### INSURANCE COMPANY

|   |                          |
|---|--------------------------|
| Name of Insurance Company .....         | ERGO Insurance Pte. Ltd. |
| Policy Number / Cover Note Number ..... | DMPG22013961             |

#### DRIVER

|                      |                |
|----------------------|----------------|
| Name of Driver ..... | PIAK CHIN FONG |
| NRIC No .....        | S9217040C      |
| Date Of Birth .....  | 15/05/1992     |
| Occupation .....     | Indoor         |

|  |                                 |
|--|---------------------------------|
| Date Of Driving Pass .....   | 11/10/2010                      |
| Driving experience .....   | 12 YEARS AND 9 MONTHS           |
| Gender .....   | Male                            |
| Mobile Number .....  | (Phone) +65-97525388            |
| Alt. Phone Number .....  | -                               |
| Email Address .....  | piakchinfong@gmail.com          |
| Address .....  | 724 BEDOK RESERVOIR RD #12-5218 |
| Address complement .....   | -                               |
| Postcode .....   | -                               |
| 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 - Change/cross lane |
| 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? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| 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? .....  | Yes                                     |
| Police Station Name .....                       | Bedok North Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18002449999                 |
| Alt. Police Station Phone No .....              | (Fax) +65-62447258                      |
| Police Station Address .....                    | 30 Bedok North Road Singapore 469676    |
| Was notice of intended Prosecution given? ..... | No                                      |
| If yes, against whom? .....                     | -                                       |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT REF T/20230703/2015.

#### 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 ..... | SNL9292K |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |

|   |                    |
|---|--------------------|
| Vehicle Colour .....                          | -                  |
| Vehicle Category .....                        | Private car        |
| Name of Driver .....                          | WILLIAM NG WEE LUN |
| Contact Number .....                          | -                  |
| Address .....                                 | -                  |
| Address complement .....                      | -                  |
| Postcode .....                                | -                  |
| Insurance Company Name .....                  | -                  |
| Nature Of Damage .....                        | -                  |
| Details of property damaged in accident ..... | -                  |
| No. Of Passenger (Including Driver) .....     | -                  |

## INJURED PERSONS DETAILS

### INJURED 1

|   |                |
|---|----------------|
| Name of injured person .....                              | PIAK CHIN FONG |
| Gender .....  | -              |
| Phone No .....  | -              |
| Address .....   | -              |
| Address Complement .....                                  | -              |
| Post Code .....   | -              |
| Approximate Age Years Old .....                           | -              |
| Injuries Sustained .....                                  | -              |
| Injured person in which vehicle? .....                    | -              |
| Were seat belts worn? .....                               | -              |
| Was this injured conveyed to hospital by ambulance? ..... | -              |

**ERGO****Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMPG22013961  
 Vehicle Registration Number : SNC5454J  
 Cover Type : Superior Comprehensive  
 Policy Type : Private Car  
 Name of Policyholder/Insured : PIAK CHIN FONG  
 Commencement Date of Insurance : 18/10/2022  
 Expiry Date of Insurance : 17/10/2023

**FLASH**  
 Fast-Response Accident Reporting Hotline™

**24-Hour Helpline: 6100 1620**

Excess :  
 EXCESS: (SECTION I)..... S\$ 500.00  
 ADD'L EXCESS: UNNAMED DRIVERS (SECTION I).... S\$ 500.00  
 ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) S\$ 300.00  
 EXCESS: WINDSCREEN S\$ 100.00  
 YOUNG & INEXP DRIVERS (SECTION I) S\$ 3,000.00

Finance Company/Hire Purchase Owner : MAYBANK SINGAPORE LIMITED

\*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. JOEY LIM LI YIN
3. Any Person who is driving on the Policyholder's order or permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

\* Limitations as to Use:

- 1) Use only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 3) Use for any purpose in connection with the Motor Trade

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (\*).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of **ERGO Insurance Pte. Ltd.**  
 Approved Insurer

*Karl-Heinz Jung*

Authorized Signature

|  |              |                          |
|--|--------------|--------------------------|
| A000542  | INSURHUB LLP | Contact Number: 67478625 |
| Vehicle Chassis Number : KMHLN41ETNU257467, Vehicle Engine/Motor Number : G4FMMU106356 PC1, 04/10/2022 12:04 |              |                          |

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5  
 8 Temasek Boulevard #04-01 Suntec Tower Three Singapore 038988 Tel: +65 6829 9199 Fax: +65 6829 9248 www.ergo.com.sg

## Declaration

I/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

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

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

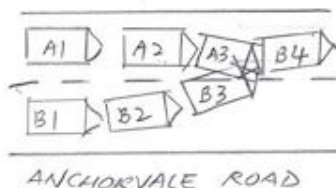


Policyholder's Signature / Date & Time



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

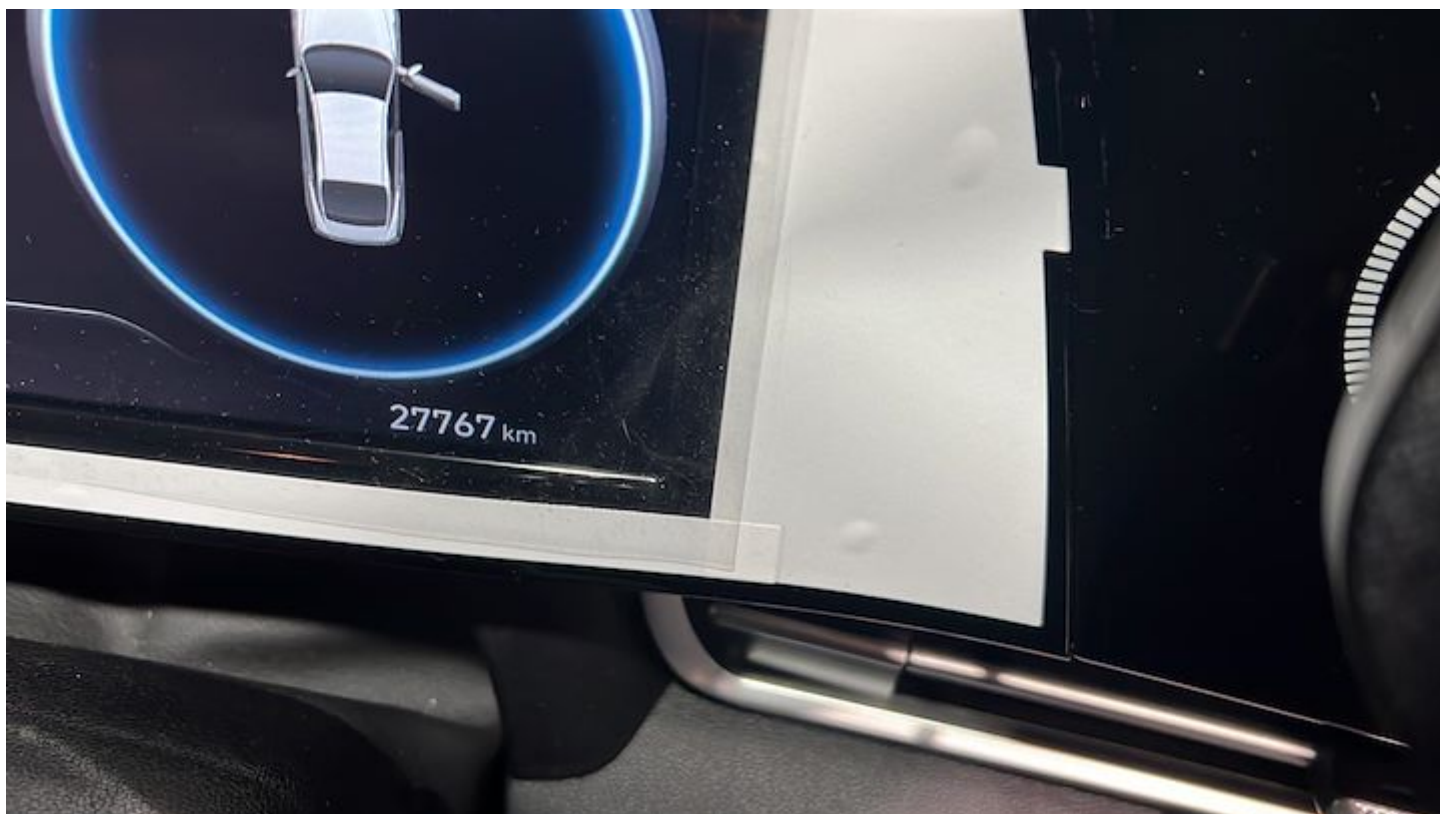
Witnessed by Reporting Centre Personnel

**Sketch Plan**

(A) SNC5454J

(B) SNL9292K























**SINGAPORE  
POLICE FORCE**



T/20230703/2015

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 3

Report No. T/20230703/2015

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /  
SGT 3 MOHAMMAD FADZLI BIN  
JAMALUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/07/2023 10:50

Officer In Charge Of Case:

TP / AEIT /  
SR STAFF SGT LEE GUANG HUI  
Contact No.: 65476204

Classification Of Case:

NP168





**SINGAPORE  
POLICE FORCE**



T/20230703/2015

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3

Report No. T/20230703/2015

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |                         |              |            |             |
|------------------------------|-------------------------|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company       | Insurance No | Effective  | Expiry Date |
| SNC5454J                     | SHC INSURANCE PTE. LTD. | DMPG22013961 | 18/10/2022 | 17/10/2023  |

| Details of Person Involved        |                                |                                |   |
|-----------------------------------|--------------------------------|--------------------------------|---|
| Any Pedestrian Involved: No       |                                |                                |   |
| No. of Pedestrians Injured: NIL   |                                | Use of Pedestrian Crossing: NA |   |
| Driver                            |                                |                                |   |
| Name                              | PIAK CHIN FONG                 |                                | ID No. S9217040C  |
| Related Vehicle                   | SNC5454J (Car)                 |                                | Contact No. 97525388  |
| Hospital/Clinic                   | LIFEPLUS MEDICAL GROUP (BEDOK) |                                | Class of Driving Licence & Expiry Date<br>Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 03/07/2023                     |                                | Date Discharge 03/07/2023   |
| No. of Days granted Medical Leave | 05                             | Degree of Injury               | Slight  |

**Brief Details.**

On 02/07/2023 @ 2050hrs, I was driving my car, SNC5454J, on the rightmost lane of Anchorvale Link as I wanted to turn right into Anchorvale Drive at the junction. There was a car in front of me, SNL9292K, also wanting to turn right into Anchorvale Drive. The traffic light was green in our favour and I followed suit to turn right behind the said car. The car went into lane 1 of Anchorvale Drive while I went to lane 2 after making the right turn. All of a sudden, the car, SNL9292K, made an abrupt lane change into my lane without signalling. I gave a tap of my horn to warn the driver however the said car, out of no reason jammed brake after entering lane 2, right in front of me. There was no obstacle in front of the said car that warrants the driver to jam brake. As the actions were too sudden, my car hit onto the rear portion of the car despite me braking hard and even swerving right to avoid collision.

At that moment, no one seems injured and thus I exchanged particulars with the driver and we decided to settle the matter via insurance claims. I did not get the full NRIC number of the driver. The driver is William Ng Wee Lun, S\*\*\*\*892E. We left after exchanging particulars. On 03/07/2023 I woke up and did not feel well and thus I went to see a doctor. I was given 5 days of medical leave.

I have an in-car camera installed in my car and it captured the incident. That's all.



**SINGAPORE  
POLICE FORCE**



T/20230703/2015

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No. T/20230703/2015

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                          |  |
|--|------------|------------------------------|---|--------------------------|--|
| Date/Time Report Made:<br>03/07/2023 10:50                 |            | Vide Report No.:             |   | Station Diary No.:<br>32 |  |
| <b>Informant's Particulars</b>                             |            |                              |   |                          |  |
| Name of Informant:<br>PIAK CHIN FONG                       |            |                              | Address:<br>APT BLK 724 BEDOK RESERVOIR ROAD #12-5218<br>SINGAPORE 470724 |                          |  |
| ID Type / ID No.:<br>NRIC NO / S9217040C                   |            |                              | Contact No.:<br>Home/Office: Mobile: 97525388                             |                          |  |
| Nationality:<br>SINGAPORE CITIZEN                          |            |                              | Email:<br>piakchinfong@gmail.com  |                          |  |
| Sex:<br>Male   | Age:<br>31 | Date of Birth:<br>15/05/1992 | Type of Informant:<br>Driver  |                          |  |
| Race:<br>Chinese   |            |                              | Language:<br>English  |                          |  |
| Occupation:<br>CYBER SECURITY INCIDENT<br>RESPONSE ANALYST |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:                  |                          |  |

|  |                  |                                    |   |  |
|--|------------------|------------------------------------|---|--|
| <b>General Information of the Accident</b>                   |                  |                                    |   |  |
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>02/07/2023 20:50 | Type of Location:<br>Straight Road     |
| Location:<br><br>ANCHORVALE DRIVE                            |                  |                                    |   |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |   |  |
| Traffic Flow:<br>Dual Carriage Way                           |                  | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Light               |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |   | Anyone conveyed by<br>ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |      |         |                                      |       |                     |                 |
|------------------------------------|------|---------|--------------------------------------|-------|---------------------|-----------------|
| Vehicle No.                        | Type | Make    | Model                                | Color | Condition           | No of Passenger |
| SNC5454J                           | Car  | HYUNDAI | CN7<br>AVANTE 1.6<br>DOHC CVT<br>S/R | Grey  | Slightly<br>Damaged | 0               |
| SNL9292K                           | Car  | TOYOTA  | COROLLA<br>ALTIS                     | Grey  | Slightly<br>Damaged | 2               |

| <b>Details of Vehicle Insurance</b> |                   |              |           |             |
|-------------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No.                         | Insurance Company | Insurance No | Effective | Expiry Date |