

# 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 ..... 10/07/2023 11:38 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 08/07/2023 18:02 (SGT)  
Exact Location of Accident ..... E Coast Park Service Rd, East Coast Park, Singapore  
Additional Location Information ..... JUMBO SEAFOOD @ EAST COAST CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF8254B

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LE INTERIOR DESIGN  
Company Reg No ..... 5XXXX394M  
Email Address ..... lbs.alan@gmail.com  
Mobile Phone No ..... (Phone) +65-98581552  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Vito  
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 ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... ERGO Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCG22009658

### DRIVER

Name of Driver ..... LIM BOON SENG  
NRIC No ..... SXXXX568G  
Date Of Birth ..... 02/11/1968  
Occupation ..... Outdoor

Date Of Driving Pass .....	18/08/1989
Driving experience .....	33 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98581552
Alt. Phone Number .....	-
Email Address .....	lbs.alan@gmail.com
Address .....	BLK 155 RIVERVALE CRESCENT #07-135
Address complement .....	-
Postcode .....	540155
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 .....	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

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 .....	SMQ3624L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) ..... -

SKETCH PLAN

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- This Form must be completed by the Police Officer and/or the Accident Officer.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or non-disclosure of material facts may affect insurance companies to revoke policy issued.
- The name and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.**
- This report will be forwarded by the motorist to the GIA Roadside Management Centre established by the General Insurance Association of Singapore (GIA) for handling and finalisation of this report will be a three-month liability upon application by interested parties.
- By the completion of this report to the insurance, you hereby consent to the extracting of this report at the motorist and to agree if the report being made available elsewhere.

**Consent under the Personal Data Protection Act (PDPA)**

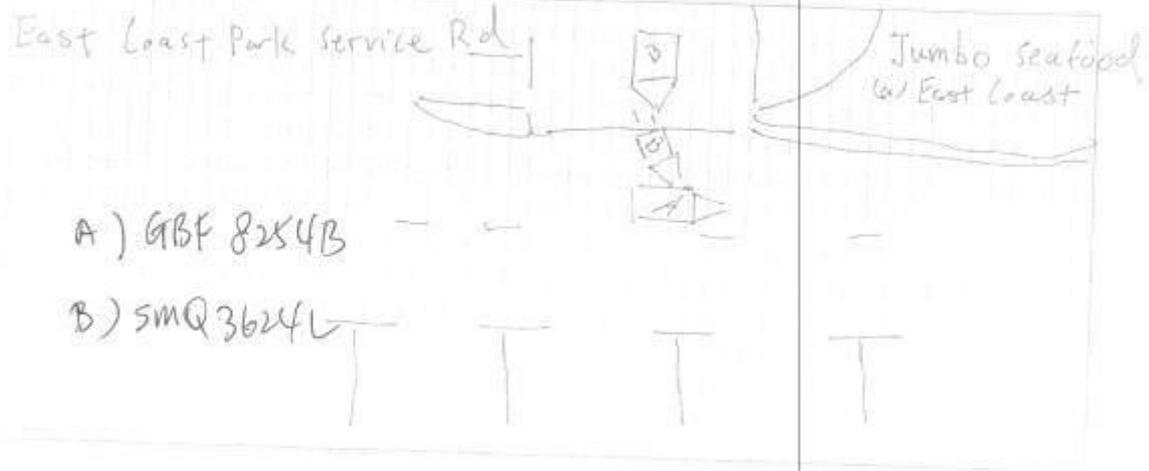
I understand, acknowledge, agree and consent that:

- My name, my work and the General Insurance Association of Singapore (GIA) include consent to collect, use, transfer and/or process my personal data (which information set out in this form) and any other personal information provided by me or processed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all persons (including but not limited to the insurers) who have insured vehicles involved in the accident (all insurance and/or licensed vehicles) involved in the accident and to such persons referred to as the "Insurers", the Insurers' Insurers' Agents, the Ministry of Transport of Singapore and all relevant government agencies/authorities (such as the police), for the purposes of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any subsequent investigation relating to the claims;
  - investigating the accident under my claim;
  - carrying out and/or dealing with my claims in or in respect to my accident by me;
  - administering my claim including the making of correspondence, statements, reports or notices to me, when such involve disclosure of certain personal data about me to being about delivery of the same as well as on the external cover of envelopes/mail packages; and/or
  - complying with applicable law in administering, processing, handling and/or dealing with my claims.
- I do hereby the "Purposes";
- all Insurers who have insured vehicles involved in this accident and the Insurers' Insurers' Agents, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents, including their Insurers' Agents, which may be used outside of Singapore, for one or more of the above Purposes.

   10/07/2023

Sketch Plan

East Coast Park Service Rd | Jumbo Seafood @ East Coast



A) GBF 8254B

B) SMQ 3624L

Describe Circumstances of the Accident

I was driving at East Coast Park Service Rd. straight in my lane suddenly I felt a impact from my left so I stopped and alighted I saw vehicle B3 coming out from car park which have a stop line in front and he never stop and give way to me collided onto my left portion of my vehicle.



*[Handwritten signature]*

*[Handwritten signature]*  
10/07/2023



















