

## 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	21/07/2023 12:55 (SGT)
Reported by	Actual Driver
Date of Accident	20/07/2023 14:45 (SGT)
Exact Location of Accident	Upper Changi Rd, Singapore
Additional Location Information	TOWARDS BEDOK NORTH AVE 3
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU6168X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YEO MUI YONG
NRIC No	SXXXX831D
Email Address	KATHERINEYEO@KPMG.COM.SG
Mobile Phone No	(Phone) +65-84067127
Alternative Phone No	*

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1597

### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22010809

### DRIVER

Name of Driver	TAN CHENG HOCK
NRIC No	SXXXX861F
Date Of Birth	10/01/1966
Occupation	Indoor

Date Of Driving Pass	12/09/2007
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84067127
Alt. Phone Number	-
Email Address	KATHERINEYEO@KPMG.COM.SG
Address	270 PASIR RIS STREET 21 #03-444
Address complement	-
Postcode	510270
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
Road Surface	Wet

#### 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 20/07/2023 AROUND 1445HRS I WAS DRIVING VEHICLE A(SMU6168X) ALONG UPPER CHANGI ROAD TOWARDS BEDOK NORTH AVE 3 I WAS ON LANE 2, TRAVELLING STRAIGHT SUDDENLY THERE WAS THIS VEHICLE B (GBM162Z) FAILED TO BRAKE IN TIME AND REAR ENDED VEHICLE A. I WAS INJURED AND I SEEK MEDICAL ATTENTION.

#### 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	GBM162Z
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	LEE POH SENG
Contact Number	(Phone) +65-97459642
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	TAN CHENG HOCK
Gender	Male
Phone No	(Phone) +65-84067127
Address	270 PASIR RIS STREET 21 #03-444
Address Complement	-
Post Code	510270
Approximate Age Years Old	57
Injuries Sustained	INJURED
Injured person in which vehicle?	SMU6168X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

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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 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 based outside of Singapore, for one or more of the above Purposes

FLASH ACCIDENT  
REPORTING OFFICER  
FRQ VICKY

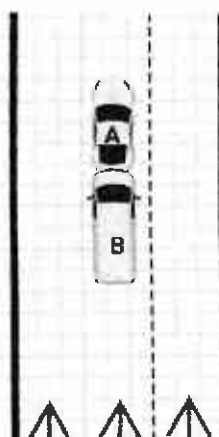
Policyholder's Signature / Date &  
Time

Sketch Plan

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

20072023 ---2330

Witnessed by Reporting Centre  
Personnel



UPPER CHANGI ROAD  
TOWARDS BEDOK NORTH AVE 3

A-SMU6168X  
B-GBM162Z

Describe Circumstances of the Accident

ON 20/07/2023 AROUND 1445HRS I WAS DRIVING VEHICLE A(SMU6168X) ALONG UPPER CHANGI ROAD TOWARDS BEDOK NORTH AVE 3 I WAS ON LANE 2, TRAVELLING STRAIGHT SUDDENLY THERE WAS THIS VEHICLE B (GBM162Z) FAILED TO BRAKE IN TIME AND REAR ENDED VEHICLE A. I WAS INJURED AND I SEEK MEDICAL ATTENTION.

Declaration

We declare the foregoing particulars are true in every respect



FLASH ACCIDENT  
REPORTING OFFICER  
FRO VICKY



Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time  
20072023 ---2330

Witnessed by Reporting Centre  
Personnel