

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 First Submission	19/08/2024 19:03 (SGT)
Reported by	Actual Driver
Date of Accident	19/08/2024 10:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Yishun Industrial Park A to Yishun Avenue 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF6017R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Too Kim Thor
NRIC No	S6937130B
Email Address	nigel_chang_yc@outlook.sg
Mobile Phone No	(Phone) +65-97724123
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	STEPWAGON 2.0 A
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23P00142800

DRIVER

Name of Driver	Chang Yancong
NRIC No	S9733089A
Date Of Birth	28/09/1997
Occupation	Indoor
Driving Pass Date	08/09/2020
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97724123
Alt. Phone Number	-
Email Address	nigel_chang_yc@outlook.sg
Address	418 Woodlands Street 41 #11-117 S730418
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	Side Swipe
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	Jocelyn Too Wen Yan
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to attached

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	File with owner

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD2398J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Jocelyn Too Wen Yan
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNF6017R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	Chang Yancong
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNF6017R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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.

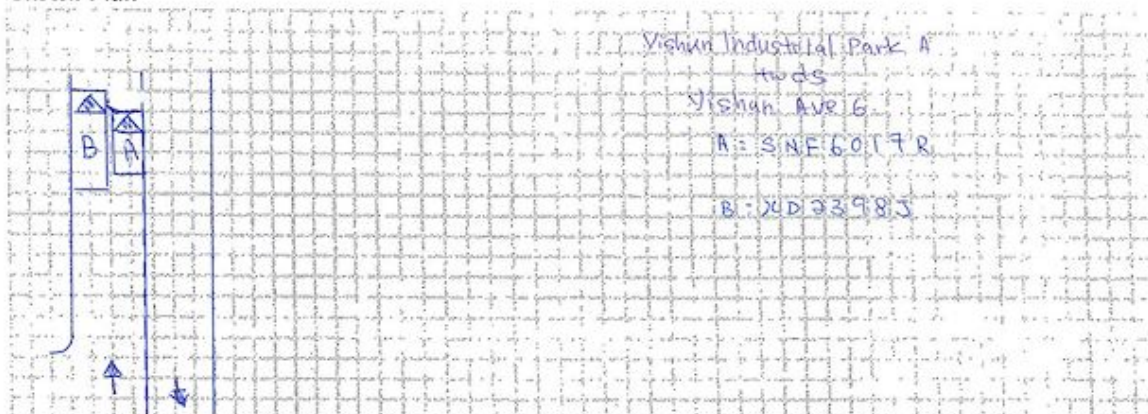
15/9/2024
1800hrs.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



I was driving along Vishun Industrial Park A tads Vishun Ave 6 on 19.08.2024
at about 10:26am

Lorry B was parked on the side of the road, and Vehicle A was going straight
Lorry B suddenly opened the driver's door without checking whether there were any
cars driving behind; causing Vehicle A had no time to dodge and collided with
the driver's door of Lorry B. Therefore, the front left side of vehicle A
was damaged and the glass on the rear left side was shattered

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

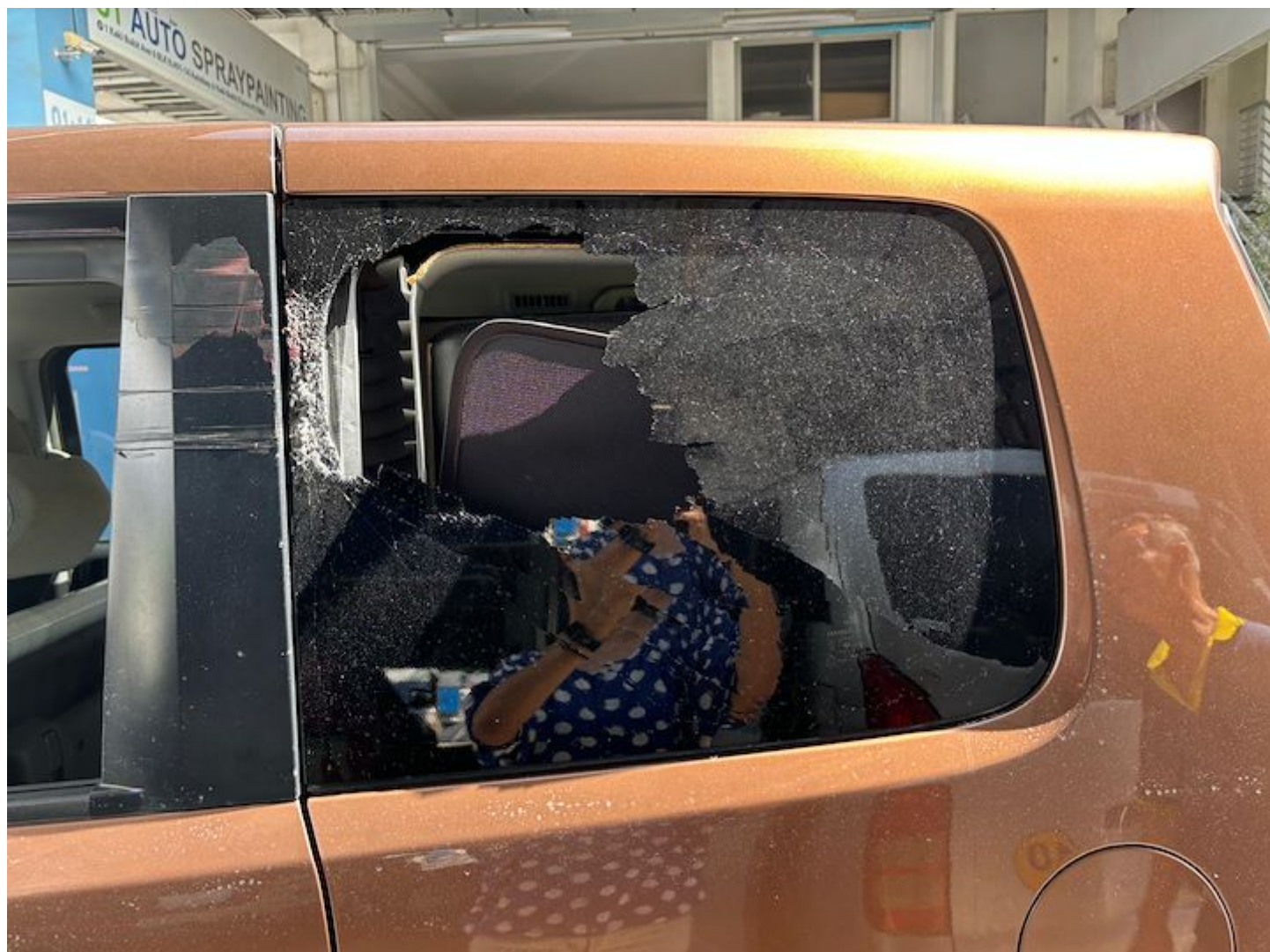
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel





















**SINGAPORE
POLICE FORCE**



T/20240820/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20240820/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2024 09:56		Vide Report No.: L/20240819/7084		Station Diary No.:
Informant's Particulars				
Name of Informant: CHANG YAN CONG		Address: 418 WOODLANDS STREET 41 #11-117 SINGAPORE 730418		
ID Type / ID No.: NRIC NO / S9733089A		Contact No.: Home/Office: Mobile: 97724123		
Nationality: SINGAPORE CITIZEN		Email: nigel_chang_yc@outlook.sg		
Sex: Male	Age: 26	Date of Birth: 28/09/1997	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Supply and distribution/Logistics/Warehousing manager		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/08/2024 10:25	Type of Location: Straight Road
Location: YISHUN INDUSTRIAL PARK A				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNF6017R	Motor car					1
XD2396J	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240820/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20240820/7017

CONTINUATION OF REPORT

Driver			
Name	CHANG YAN CONG	ID No.	S9733089A
Related Vehicle	SNF6017R (Motor car)	Contact No.	97724123
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	JOCELYN TOO WEN YAN	ID No.	SXXXX391G
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

I, Chang Yan Cong (Sxxxx089A), was driving SNF6017R along YISHUN INDUSTRIAL PARK A twds YISHUN AVE 6, approximately 50m before signaling to enter 513 YISHU INDUSTRIAL PARK A building, when a stationary parked XD2398J suddenly opened it's driver door.

The sudden opening of it's door caused SNF6017R's passenger side to sustain significant damages, including broken side windows, dented passenger door and injuries to my passenger, Ms Jocelyn Too Wen Yan (SXXXX391G).

XD2398J's driver, Mr Seresh Kumar Paramasivan, employed by TRANSFIELD LOGISTICS PTE LTD, had verbally admitted to the TP on-site that he did not see SNF6017R approaching prior to opening it's cabin door.

Ms Jocelyn is 28 weeks pregnant, ambulance was dialed and she was then conveyed to KHOO TECK PUAT HOSPITAL by the ambulance after on-site examination, She was then given 3 days MC.

I, Chang Yan Cong, had sustain injuries to my head and lower back, hence given 3 days MC by OUR FAMILY PHYSICIAN CLINIC & SURGERY.

Mr Suresh was not injured during the accident, as examined by the ambulance on-site clearing him of any possible injuries.

A dash-cam footage was send via Whatsapp to IO Daniel Kwok, accident number L#44.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20240820/7017

3 of 3

Report No. T/20240820/7017

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
KWOK WEI JIE, DANIEL
Contact No.: 89220186

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
20/08/2024 09:56

Classification Of Case:

GENERAL
INSURANCE
ASSOCIATION

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: _____ Vehicle Registration No: SHE 6012 R
 Name (as shown in NRIC): Chang Yan Cong NRIC/FIN/Passport No: S 92330899
 (Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 418 Woodlands Street 41 #11-112 Singapore (330418)
 Contact (Tel): _____ Mobile No.: 9792 4123
 Email Address: ngel_chang_qc@outlook.sg
 Date of Accident: 17.08.2024 Time of Accident: 10:26 am
 Place of Accident: Vishnu Industrial Park A twide Vishnu Ave 6
 Insurance Company: ECICS

(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:

Upload Police Report : T/20240820/2012

[Signature]
 Policyholder/Driver's Signature
 Date: _____

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

3:22
4G 43

cdn.fbsbx.com
Done

CERTIFICATE OF INSURANCE
Motor Vehicles Third Party Risk Compensation Act Chapter 150
Motor Vehicles Third Party Risk and Compensation Rules 1990
Road Transport Act 1999 (Malaysia)
Motor Vehicles Third Party Risk Rules 1990 (Malaysia)

M230
THIRDPARTY: EEE & THIRTI
Report

CERTIFICATE NO	MFC12F00142600	Class No	RG2104070
Agency Name	ASMR (SINGAPORE) PTE. LTD.	Expiry No	K20A240522
Agency Code	B2000888		
1. Index Mark and Registration Number of Vehicle	SMG117R		
2. Name of Policyholder	TOOKIM THOR		
3. Period of Insurance (with Dates inclusive)	08 July 2021 to 22 November 2021		
4. Details of Classes of Risks covered by the policy	<p>a) The Insured Vehicle and any named driver(s) licensed under the Insurance Act 1996 (Malaysia) and any other person(s) as stated in the policy to drive it with the permission(s) of the Insured.</p> <p>b) The Insured Vehicle is operating in accordance with the provisions of the Road Transport Act 1999 (Malaysia) and the Motor Vehicles Third Party Risk and Compensation Rules 1990 (Malaysia).</p>		
5. Limitations and use	<p>The Insured Vehicle is not to be used for any purpose other than the purpose stated in the policy and the Insured is not to be held liable for any loss or damage to the Insured Vehicle or any other person(s) as stated in the policy.</p>		
6. Third Party Risk Company	TERRACE FINANCIAL SERVICES PTE. LTD.		
Signed for and on behalf of TFS Limited W. THIRDSI D. S. N. ADONIS			

Important Notice:

- Policyholders are hereby warned that it shall be unlawful for any person to use a vehicle or permit any other person to use any motor vehicle without a valid insurance under the Act.
- On the sale of a motor vehicle, Policyholders must surrender all insurance papers including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration must be made to the insurance company within 14 days of the loss or destruction of the Certificate of Insurance.
- The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- The Premium Receipt, Cover Warrant, or Premium Payment Warrant issued in the Policy must be completed with the correct details and there would be no liability under the Policy and Certificate of Insurance.