

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	22/08/2024 14:24 (SGT)
Reported by	Actual Driver
Date of Accident	22/08/2024 10:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG STEVENS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL8831D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KNT MOVERS (S) PTE LTD
Company Reg No	201131424E
Email Address	ACCOUNTS@KNTMOVERS.COM
Mobile Phone No	(Phone) +65-86681394
Alternative Phone No	(Office) +65-81853932

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NISSAN / NV100 DX GL PKG
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	Goods vehicle
Transmission	Auto
CC	658
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG24007977

DRIVER

Name of Driver	KELVIN CHENG CHUAN KAI
NRIC No	S8327659B
Date Of Birth	09/09/1983
Occupation	Outdoor
Driving Pass Date	03/03/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86681394
Alt. Phone Number	-
Email Address	KELVIN090983@HOTMAIL.COM
Address	BLK 234B SUMANG LANE 06-297 SINGAPORE 822234
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT 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	VIDEO WITH INSURED

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA60B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNM3848S
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

IMPORTANT NOTICE

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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.



Policyholder's Signature / Date & Time

[Signature] 22/08/24 12.56pm

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



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

Sketch Plan

Handwritten sketch plan details:

- A: GBL 8831 D
- B: SHA 60 B
- C: SNM 38488

Diagram showing three vehicles labeled B, A, and C in boxes, with arrows indicating movement or position.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



22/08/24 12.55pm

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



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



















































**SINGAPORE
POLICE FORCE**



E/20240822/7041

1 of 2

POLICE REPORT (NP299)

Report No. E/20240822/7041

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 22/08/2024 16:20		Vide Report No.		Station Diary No.	
Name Of Informant Kelvin Cheng Chuan Kai		Address 234B Sumang walk ##06-297 SINGAPORE 822234			
ID Type / ID No. NRIC NO / S8327659B		Contact No. Home/Office: Mobile: 91270183			
Nationality SINGAPORE CITIZEN		Email Address kelvin090983@hotmail.com			
Occupation Sales supervisor		Sex Male	Age 40	Date of Birth 09/09/1983	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 22/08/2024 10:15 - 22/08/2024 10:30		Location Of Incident 60 STEVENS ROAD SINGAPORE 257854			

Brief details.

I had an accident this morning at around 10.15am along Stevens road. While driving, a white car suddenly Jam brake and I followed. My vehicle stopped. A yellow ComfortDelGro taxi (SHA60B) hit me from my rear and caused my vehicle to surged forward due to the impact. And I was involved in a chain collision.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2024 16:20
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20240822/7041

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20240822/7041

Subjects Involved			
Victim			
Person Name	Kelvin Cheng Chuan Kai		
ID Type	NRIC NO	ID No	S8327659B
Gender	Male	Age	40
Race	Chinese	Language	English
Occupation	Sales supervisor	Address	234B Sumang walk ##06-297 SINGAPORE 822234
Mobile No	91270183	Is Informant A Victim?	Yes
Person Name	Kelvin Cheng Chuan Kai (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2024 16:20
Officer In-Charge Of Case:	Classification Of Case:



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: SK0N248MM007 Vehicle Registration No: GBL8831D
 Name (as shown in NRIC): KELVIN CHENG CHUAN KAI NRIC/FIN/Passport No: S8327659B
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: BLK 234B SUMANG LANE 06-297 Singapore (833)734
 Contact (Tel): 86601394 Mobile No.: _____
 Email Address: KELVIN090983@HOTMAIL.COM
 Date of Accident: 22/08/2024 Time of Accident: 10:15
 Place of Accident: ALONG STEVENS ROAD
 Insurance Company: EREO 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:

Injured in the Accident - Yes

Policyholder / Actual Driver's Signature
 Date: _____



Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: _____



22/8/2024

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	: DMCG24007977		
Vehicle Registration Number	: GBL8631D		
Cover Type	: Comprehensive	24-Hour Helpline: 6100 1620	
Product Name	: COMMERCIAL VEHICLE		
Name of Policyholder/Insured	: KNT MOVERS (S) PTE LTD		
Commencement Date of Insurance	: 30/06/2024		
Expiry Date of Insurance	: 29/06/2025		
Excess	: EXCESS: (SECTION I).....	SS	500.00
	ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).	SS	300.00
	EXCESS: WINDSCREEN COVER/VEH BELOW 10 TONS).	SS	100.00
	YOUNG&INEXP DRIVERS(SECTION I)	SS	3,000.00
Finance Company/Hire Purchase Owner	: TAN CHONG CREDIT PTE LTD		

***Persons or Classes of Persons entitled to drive:**

1. The Policyholder
2. 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 in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover :

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle
- 3) Rental/ Leasing unless otherwise stated

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).

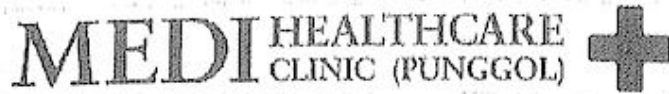
For and on behalf of ERGO Insurance Pte. Ltd.
 Approved Insurer

Jonas Boltz

Authorized Signature

A000523	ACR INSURANCE AGENCY	Contact Number: 66462745
Vehicle Chassis Number : DR17V586401, Vehicle Engine/Motor Number : R06A3132550		CP1, 31/05/2024 20:12

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



Medi Healthcare Clinic (Punggol)
Blk 218 Sumang Walk, #01-02 Singapore 820218
Tel: 6444 8748 Fax: 6444 8749

MEDICAL CERTIFICATE

MC No:
17243080691145808

NAME: KELVIN CHENG CHUAN KAI @ ZHONG QUANKAI

NRIC: S8327659B

This is to certify that the above patient name is Unfit for Duty for a period of 3 day
from 22-08-2024 to 24-08-2024 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

Dr Zhang Weisheng
MCR M16195J
MBBS (London)

Dr. Zhang Weisheng

22-08-2024

Issued By

Signature

Date

MEDI HEALTHCARE CLINIC (PUNGGOL)

Medi Healthcare Clinic (Punggol)
Blk 218 Sumang Walk #01-02 Singapore 820218
Tel: 64448748

TAX INVOICE

Provider : Dr. Zhang Weisheng

Invoice No. MH030625
Invoice Date: 22-08-2024

KELVIN CHENG CHUAN KAI @ ZHONG QUANKAI (S8327659B)
234B SUMANG LANE, #06-297, SINGAPORE, 822234

Ref ID: 00889

Item Name	Quantity	UOM	Unit Price	DISC	Total Price
CONSULTATION	1	EA	\$20.00		\$20.00
KEFENTECH [Ketoprofen] 30mg Plaster	1	PKTS	\$10.00		\$10.00
OMEPRazole 20MG	10	TABS	\$1.20		\$12.00
STEMETIL [PROCHLORPERAZINE] 5MG	10	TABS	\$1.20		\$12.00
SYNFLEX [NAPROXEN] 275MG	20	TABS	\$0.80		\$16.00
Subtotal:					\$70.00
9% GST:					\$6.30
Total:					\$76.30
Amount Paid:					\$76.30

Receipt No.	Payment Date	Paid Amount	Payment Mode	Company	Status
RT046446	22-08-2024	\$76.30	MASTER		Completed

All cheques should be crossed & made payable to
"MEDI HEALTHCARE CLINIC (PUNGGOL) PTE. LTD"
This invoice is computer generated.
No signature is required.