

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 29/08/2024 16:31 (SGT)
Reported by Actual Driver
Date of Accident 28/08/2024 15:50 (SGT)
Exact Location of Accident 6 Holland CI, Block 6, Singapore 271006
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ6799D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHIA KHIM LEE FOOD INDUSTRIES PTE LTD
Company Reg No 199005968Z
Email Address jackson.tan@cklfi.com.sg
Mobile Phone No (Phone) +65-96195129
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NJR88AUE4A AMT
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 Auto
CC 2999
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 DMCG24006054

DRIVER

Name of Driver	ZHANG HAIHANG
Passport No/FIN	G7762394P
Date Of Birth	21/01/1982
Occupation	Outdoor
Driving Pass Date	27/09/2018
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90684501
Alt. Phone Number	-
Email Address	jackson.tan@cklfi.com.sg
Address	119 DEFU LANE 10
Address complement	-
Postcode	539230
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?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

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	YQ9662U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHANMUGAM SANKAR
Passport No/FIN	G6566198K
Contact Number	(Phone) +65-91037931
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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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

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

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

Sketch Plan

Vehicle	Registration Number
A	YQ 6799 D
B	YQ 9662 U

BLK 6 Holland c/afe
Car Park Lot →

Describe Circumstance of the Accident:

Refer To Police Report

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

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

[Signature]

















ISUZU MOTORS LTD. JAPAN

V.I.N. JAANJR88EN7100024

M.D. NKR5SE AC/CC

ENGINE LND/4JZ1 RR AXLE G73

TRANS. Y6N FINAL GNA

TIRE CXR 2G0

B. COLOR/TRIM 729/160

OPTION

C60 EX9 FF0 JCQ K44 N12

RPS RS2 RS6 SAY 25W 6WD

6YE 8NS









**SINGAPORE
POLICE FORCE**



T/20240829/2046

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3
Report No. T/20240829/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2024 15:13	Vide Report No.: D/20240828/0077	Station Diary No.: 98
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Informant's Particulars

Name of Informant: ZHANG HAIHANG			Address: APT BLK 615 ELIAS ROAD #14-108 SINGAPORE 510615		
ID Type / ID No.: FIN NO / G7762394P			Contact No.: Home/Office: Mobile: 90684501		
Nationality: CHINESE			Email:		
Sex: Male	Age: 42	Date of Birth: 21/01/1982	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 28/08/2024 15:50	Type of Location: Car Park
Location: HOLLAND CLOSE				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
YQ6799D	Lorry	ISUZU	NJR88AUE4 A AMT		Slightly Damaged	0
YQ9662U	Lorry	HINO	XZU710R 14FT WID CAB 5T MT		Slightly Damaged	0

Details of Person Involved

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



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Tel No: 1800-2689999

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Report No. T/20240829/2046

CONTINUATION OF REPORT

Driver			
Name	ZHANG HAIHANG		ID No. G7762394P
Related Vehicle	YQ6799D (Lorry)		Contact No. 90684501
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of NIL
Driver			
Name	SHANMUGAM SANKAR		ID No. G6566198K
Related Vehicle	YQ9662U (Lorry)		Contact No. 91037931
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

Brief Details.

On 28/08/2024 at 1550hrs, I was at Blk 6 Holland Close and was driving out V1) YQ6799D from the carpark lot. After which, while I was driving out, another lorry V2) YQ9662U had reversed and collided into the rear part of my lorry. I only realized that the lorry had collided into my lorry after I felt an impact from the rear.

I then alighted and make a check. I had also took photo of the accident scene and exchanged particulars. The driver of the other lorry to settle the matter privately. However, he changed his mind and decided to call for police.

Police came and a case card was issued to me.

From the accident, the damages I observed on my lorry is right side of my rear cargo-box was dented inwards.



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T/20240829/2046

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700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20240829/2046

CONTINUATION OF REPORT

Signature of Officer Recording The
J /
SGT 2 CHEW WEI XIANG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476414

Signature Of Informant:

Date/Time:
29/08/2024 15:13

Classification Of Case: