

## 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 .....	21/10/2024 11:42 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	18/10/2024 13:00 (SGT)
Exact Location of Accident .....	122A Tengah Dr, Plantation Grove, Singapore 691122
Additional Location Information .....	CARPARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YP8507Y
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	MES LOGISTICS PTE. LTD
Company Reg No .....	199806384Z
Email Address .....	amy.low@mesgroup.com.sg
Mobile Phone No .....	(Phone) +65-87977235
Alternative Phone No .....	(Office) +65-88016843

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Canter
Variant .....	FEB71ER3SDEN
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2998
Vehicle Fuel .....	Diesel
First Registration Date .....	-
Chassis no .....	FEB71EA25056
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	DMFG23016012

#### DRIVER

Name of Driver .....	MUHAMMAD JIHAD BIN MUHAMMAD EDDY
NRIC No .....	T0043211Z
Date Of Birth .....	06/12/2000
Occupation .....	Outdoor
Driving Pass Date .....	16/12/2022
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	1 YEAR AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87977235
Alt. Phone Number .....	-
Email Address .....	amy.low@mesgroup.com.sg
Address .....	APT BLK 309 BUKIT BATOK STREET 31 #02-161
Address complement .....	-
Postcode .....	650309
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 - Head to Rear
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) .....	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 .....	AH MENG
Gender .....	Male

#### 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 18/10/2024 AT ABOUT 1300HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER YP8507Y ENROUTE FROM AFTER DROPPING OFF DELIVERIES AT 122A TENGAH DR TO BACK TO BASE AT MES LOGISTICS FOR WORK PURPOSES. I WANTED TO MAKE A 3 POINT TURN TO EXIT 122A TENGAH DR CARPARK. WHILE REVERSING, I WAS AVOIDING A STATIONARY VAN PARKED DIRECTLY BEHIND ME, AT THE SAME TIME VEHICLE (B) BEARING REGISTRATION GBG3391R ALSO WAS REVERSING THE OTHER DIRECTION, CAUSING THE REAR OF OUR VEHICLE TO COLLIDE. NOBODY WAS INJURED.

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBG3391R
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	HIACE 3.0 M
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	YEO MENG LEE
NRIC No .....	S7032379F
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**

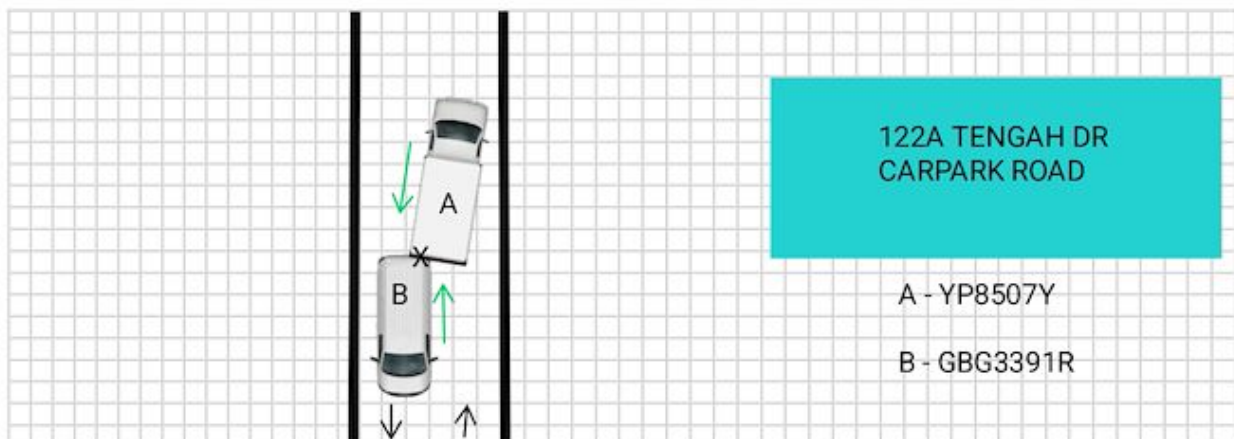
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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 sited outside of Singapore, for one or more of the above Purposes.




Policyholder's Signature / Date &amp; Time

 Driver's Signature (If driver is not the policyholder) / Date & Time  
 18/10/2024 1800HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Declaration



JUN RONG

Witnessed by Reporting Centre  
Personnel

 Accident report **SJ0G24AL000H**

























