SW0B221P0001 / Woon Meng Motor Pte Ltd [659578] ENTRY DATE & TIME: 25/01/2022 13:12 (SGT) SUBMITTED BY: Heng Sew Sow VERSION: 1 (25/01/2022 13:12 (SGT))

1



# 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 Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 25/01/2022 13:12 (SGT) Date of Accident 24/01/2022 16:00 (SGT) **Exact Location of Accident** KPE, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YP523C

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Sin Lian Fa Pte Ltd Company Reg No 202030888H **Email Address** 85856854@qq.com Mobile Phone No (Phone) +65-96185032

Alternative Phone No +65-96185032

#### VEHICLE PARTICULARS

Manufacturer Isuzu Model NPR75UH5A 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 - Reporting only Vehicle Category Commercial vehicle Transmission Auto

CC 5193

# **INSURANCE COMPANY**

Cover Note Number

Name of Insurance Company ERGO Insurance Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy Policy Number DMCG21001716

DRIVER

Name of Driver Yu Wen Yan Passport No/FIN G2632303M

Date Of Birth 02/01/1979 Occupation Outdoor Date Of Driving Pass 15/03/2019 Driving experience 2 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96185032 Alt. Phone Number **Email Address** 85856854@gg.com Address Blk 43 Teban Gardens #08-393 Address complement Postcode 600043 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 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? 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) No soliciting/offering accident claims assistance? PASSENGER 1 Name Faizue A. Gaffor Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

Refer to police report no.: T/20220125/7007.

#### ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC1522Z
Vehicle Manufacturer -



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Government
Name of Driver	-
Contact Number	ž.
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

- 1. Please report correctly the details of the accident to speed up the claims process.
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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 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 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

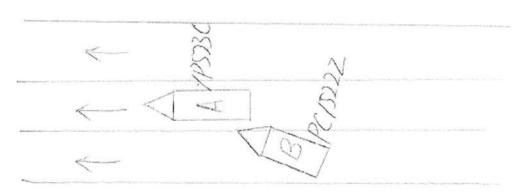


Policyholder's Signatore / Date &

Driver's Signature (If priver is not the p

Witnessed by Reporting

Sketch Plan



Please note that you might be able to submit an Own Damage claim under your own policy within 14 days.

( ) Claim Own Damage (OD) ( ) Claim Third Party (TP) ( ) Reporting Only ( ) Claim OD/TP at other workshop

Describe Circumstances of the Accident

On-24 Jan 2022 at around 3.55pm	
1	
Pefer to police report no. 7/20220125/7007.	
	4
Declaration	
IWe declare the foregoing particulars are true in every respect.	Λ
	/ )
on Fa	11

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

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20220125/7007

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

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: 25/01/2022 12:06
Officer In Charge Of Case: TP / TPIB / YIP YEW SENG NELSON Contact No.: 65476182	Classification Of Case:
This report is lodged at Bukit Batok NPP Kiosk 1	





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

Report No. T/20220125/7007

CONTINUATION OF REPORT

### Brief Details.

while i'm going straight after entering KPE about 1.5km before KPE tunnel toward city, vehicle number PC1522Z knock on to my vehicle left-rear side.





Police Station Of Origin:

Details of Vehicle Insurance

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 4

Report No. T/20220125/7007

#### CONTINUATION OF REPORT

Vehicle No.	Ins	and the same of th		nce No	Effective	Expiry Date
YP523C	Erg	90	DMCG	21001716	26/01/2021	26/01/2022
Details of P	erso	n Involved				
Any Pedestri	ian Ir	nvolved: No				
No. of Pedes	strian	s Injured: NIL	Use of Pe	edestrian Cros	sing: NA	
Passenger						
Name		WONG WENG KUIN	ID No.	SXXXX119	C	
Related Veh	icle	PC1522Z (Van)	Contact No	NIL		
Hospital/Clin	ic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date		NIL	Date	NIL	•	
No. of Days	grant	ted Medical Leave NIL	Degree o	f NIL		
Driver						on as a line
Name		YU WENYAN		ID No. G2632303M		M
Related Vehi	icle	YP523C (Lorry)		Contact No. 96185032		
Hospital/Clin	ic	NIL		Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: 13/04/2026	
Date		NIL	Date	NIL	-	
No. of Days	grant	ed Medical Leave   NIL	Degree o			
Passenger						
Name		MOHAMED FAIZUE BIN ABD	UL GAFFOR	ID No.	S687341H	
Related Vehi	icle	YP523C (Lorry)	10 miles (10 mil	Contact No.	87565351	
Hospital/Clin	ic	NIL		Class of Driving Licence & Expiry	Driving Date of Expi	
Date		NIL	Date	NIL	•	
No. of Days	orant	ed Medical Leave NIL	Degree o	f NIL		





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

Report No. T/20220125/7007

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2022 12:06		Vide Report No.:	Station Diary No.:			
Informa	nt's Partice	ulars				
Name of Informant: YU WENYAN			Address: 43 TEBAN GARDENS ROAD #08-393 SINGAPORE 600043			
ID Type FIN NO	/ ID No.: / G2632303	ВМ	Contact No.: Home/Office:	Mobile: 96185032		
Nationali CHINES			Email: 85856854@QQ.COM			
Sex: Male	Age: 43	Date of Birth: 02/01/1979	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupati Lorry driv			Driving Licence Informat Class: 2B,3,4	Date of Expiry: 13/04/2026		

General Infor	mation of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 24/01/2022 15:50	Type of Location Straight Road	
Location:					
KPE					
Weather: Clear		Road Surface:		Road Speed Limit:	
Cicai		Dry		60 Km/h	
Traffic Flow: One Way		Dry Traffic Control:			

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
PC1522Z	Van	NISSAN		White	Slightly Damaged	1
YP523C	Lorry	ISUZU		Yellow	Slightly Damaged	1