

## 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 .....	21/12/2024 22:28 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	21/12/2024 07:30 (SGT)
Exact Location of Accident .....	Pasir Ris Dr 8, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	XE9733Z
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Company Reg No .....	199904117E
Email Address .....	kinhoe.ng@ktcgroup.com.sg
Mobile Phone No .....	(Phone) +65-64874646
Alternative Phone No .....	(Office) +65-64874646

#### VEHICLE PARTICULARS

Manufacturer .....	Hino
Model .....	FS1EKKD 28 TON 6X4 MT
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	12913
Vehicle Fuel .....	Diesel
First Registration Date .....	-
Chassis no .....	JHDFS1EKKXXX10221
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	DMCG24014359

#### DRIVER

Name of Driver .....	WANG JIATAO
Passport No/FIN .....	G3137391W
Date Of Birth .....	06/01/1983
Occupation .....	Outdoor
Driving Pass Date .....	06/01/1983
Driving License Pass Class .....	4
Driving License Validity .....	Valid
Driving experience .....	41 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91850525
Alt. Phone Number .....	-
Email Address .....	kinhoe.ng@ktcgroup.com.sg
Address .....	118 UPPER SERAGOON ROAD #03-12
Address complement .....	-
Postcode .....	534785
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT.

#### 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 .....	SLV4394D
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	MAZDA3 SEDAN 1.5 AT EU6
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	FRONT AND REAR PORTION
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLM313L
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	NOAH HYBRID 1.8X CVT
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	REAR PORTION
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	DRIVER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	INJURED
Injured person in which vehicle? .....	SLV4394D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	PASSENGER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	INJURED
Injured person in which vehicle? .....	SLV4394D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
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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 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 & Time

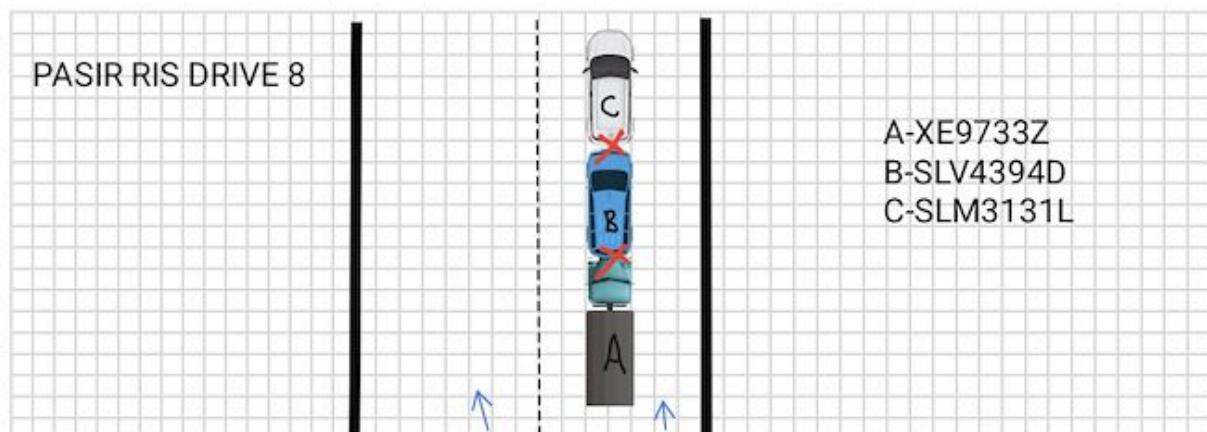
**Sketch Plan**

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

21/12/24  
15:45HRS



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

REFER TO THE POLICE REPORT.

Declaration

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



Policyholder's Signature / Date & Time

*[Handwritten signature]*

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

21/12/24  
15:45HRS

*naveen*

Witnessed by Reporting Centre Personnel



















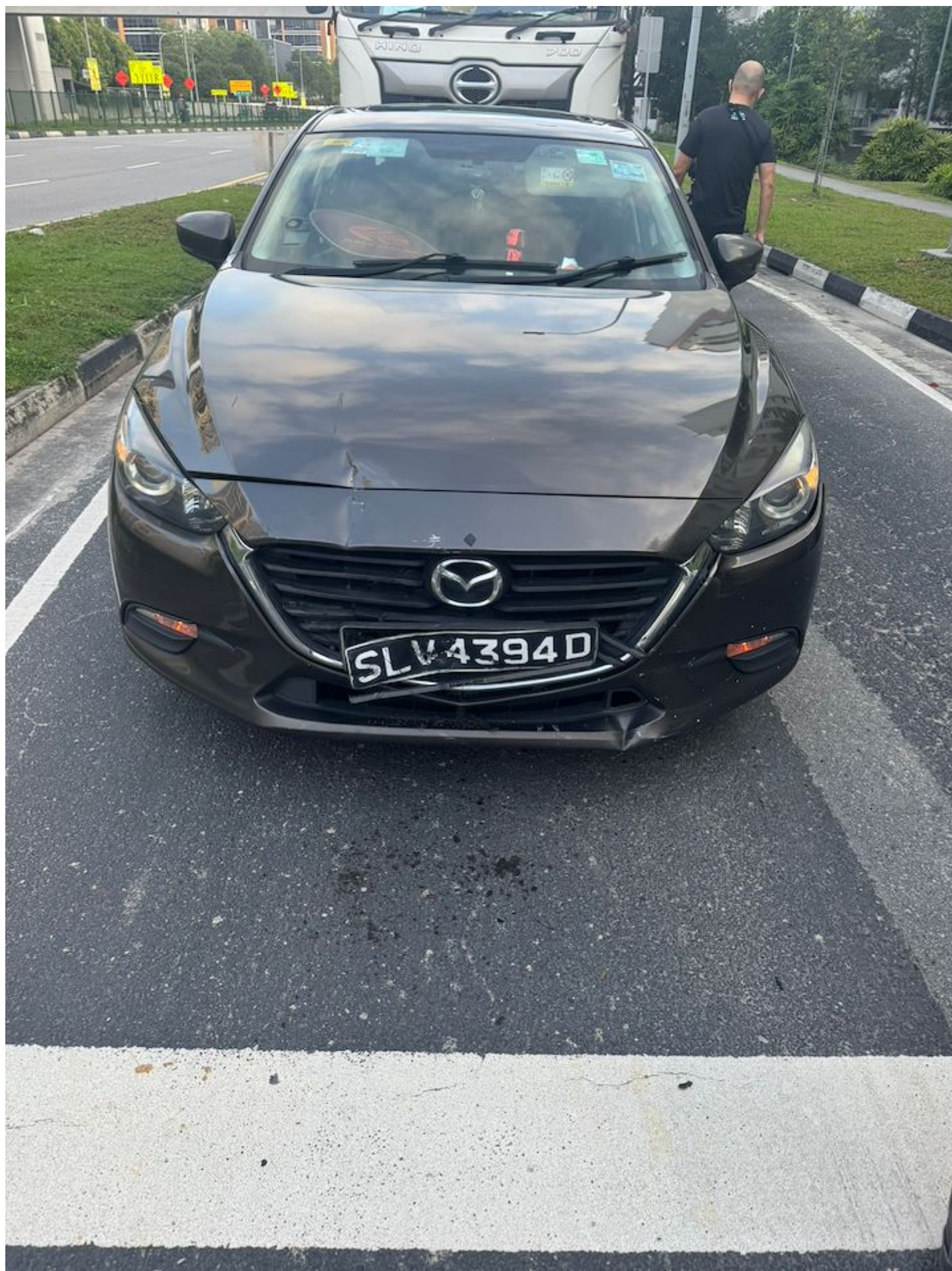































**SINGAPORE  
POLICE FORCE**


T/20241221/2043

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20241221/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/12/2024 14:11	Vide Report No.: G/20241221/0043	Station Diary No.: 61
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Informant's Particulars			
Name of Informant: WANG JIATAO		Address: 1189 UPPER SERANGOON ROAD #03-12 MIDTOWN RESIDENCES SINGAPORE 534785	
ID Type / ID No.: FIN NO / G3137391W		Contact No.: Home/Office: Mobile: 91850525	
Nationality: CHINESE		Email:	
Sex: Male	Age: 41	Date of Birth: 06/01/1983	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Other heavy truck and lorry drivers		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/12/2024 07:30	Type of Location: Flyover
Location:  PASIR RIS DR 8				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SLM313L	Motor car		TOYOTA		Slightly Damaged	3
SLV4394D	Motor car		MAZADA		Slightly Damaged	2
XE9733Z	Tipper/truck		HINO		Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20241221/2043

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Report No. T/20241221/2043

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WANG JIATAO	ID No.	G3137391W
Related Vehicle	XE9733Z (Tipper/truck)	Contact No.	91850525
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 21/12/2024 at about 0730hrs, I was driving my company truck (XE9733Z) along Pasir Ris Drive 8 towards TPE highway going to work. While driving, I was driving behind this car (SLV4394D) and the car (SLV4394D) suddenly applied E-brake at the pedestrian crossing as there were people crossing the road. I immediately applied E-brake as well however I am unable to stop my company truck (XE9733Z) in time hence my company truck (XE9733Z) front hit onto the car (SLV4394D) rear and the car (SLV4394D) moved forward and his car (SLV4394D) front hit onto the car (SLM313L). I came out of the vehicles, took photo of the scene and ensure if all parties were alright. Shortly after, ambulance and traffic police arrived at my incident location. The driver and passenger of car (SLV4394D) were sent to the hospital. The traffic police then told me to lodge a traffic accident report regarding this matter. I am lodging this report for insurance claim purposes.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20241221/2043

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Report No. T/20241221/2043

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
J /  
SGT 3 SOO AU EN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT YAN MINGSHENG DANIEL  
Contact No.: 65476252

NP168

Signature Of Informant:

Date/Time:  
21/12/2024 14:11

Classification Of Case:



