MSAT18017879 / Sng Ah Tee Motor & Panel Service Pte Ltd - Pioneer
ENTRY DATE & TIME: 05/02/2018 16:53
SUBMITTED BY: Samantha Tan Yong Sing

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 05/02/2018 17:10

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 ability.
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 Report	05/02/2018 16:53
Date Of Accident	30/01/2018 18:40
Exact Location Of Accident	HARBOUR DRIVE & CLEMENTI RD T-JUNCTION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XB8710L
Insured/Policyholder	
Name Of Registered Owner	XIN TRANSPORT (S) P/L
Co Reg No	200405461Z
Email Address	ANGELA@XINTRANSPORT.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63242837
Vehicle Particulars	
Manufacturer	NISSAN
Model	CKB45ABTN2
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCV17S001245
Cover Note Number	
Driver	
Name of Driver	MOHAMAD JALIL BIN AHMAD
NRIC No	S1457450F
Date Of Birth	27/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	29/10/1981
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81561709
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 533 ANG MO KIO AVE % 302-4124
Postcode	560533
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 81 ANG MO KIO AVE 3 , **POSTCODE**: 569929 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4519999 - **FAX NO**: 65535679
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO: T/20180201/2036

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD7596G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMAD JALIL BIN AHMAD
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	XB8710L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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 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. 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 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

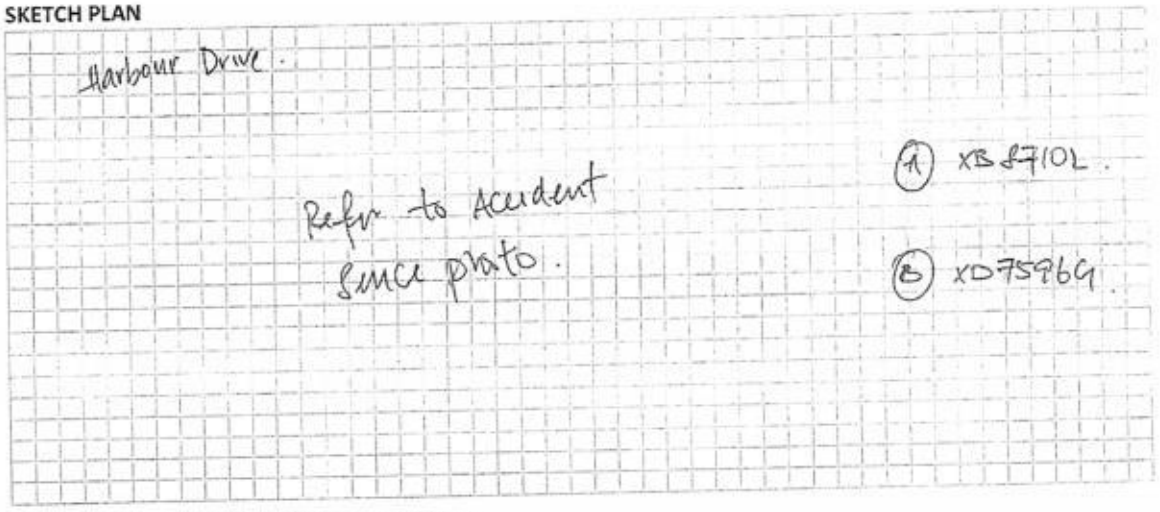
   (ii) for compliance with requirements under any regulations, laws or court orders.

XIN TRANSPORT (S'PORE) PTE LTD

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

I AM AWARED THAT MY INSURER MAY HAVE A **14 DAYS TIMEFRAME** FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report No.: T/20180201/2036

☐ Claim own policy
☐ Claim third party
☑ Claim OD / TP at other workshop ASM
or record purpose
Policy No. DMCV7500124F.
Insurer Ergo. Veh.No. XB7101L.

DECLARATION

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

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

6365 6068

ERGO

FLEET COMMERCIAL VEHICLE (HIRE USE) R

CHPM
R SB
A000017
Cov.Type: T

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)

CERTIFICATE NO. DMCV17S001245

1) Index Mark and Registration No. of Vehicle: XB6710L

2) Name of Policyholder: XIN TRANSPORT (S) PTE LTD

3) Commencement Date of Insurance: 01 April 2017

4) Expiry Date of Insurance: 31 March 2018

5) Persons or Classes of Persons entitled to drive

1) Any person who is driving on the Policyholder's order or permission

6) 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.

7) 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 racing pace-making reliability trial or speed-testing.
2)Use for the carriage of passengers for hire or reward.

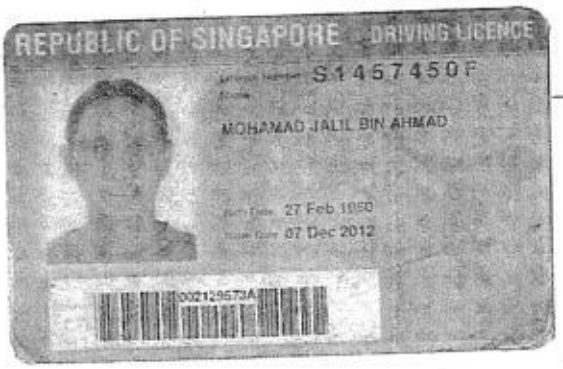
Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (for Items 6 & 7)

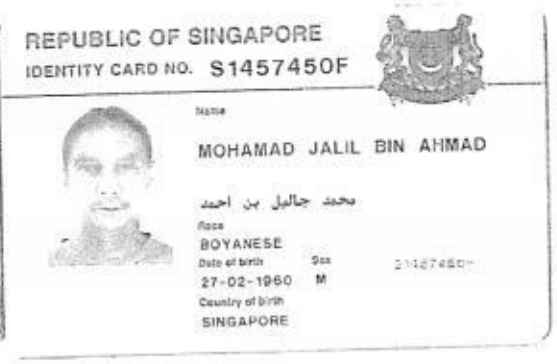
WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Legend
Cov Type:
C - Comprehensive
F - Third Party, Fire & Theft
T - Third Party

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

Authorized Signature


REPUBLIC OF SINGAPORE DRIVING LICENCE
S1457450F
MOHAMAD JALIL BIN AHMAD
27 Feb 1960
07 Dec 2012
002129573A


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1457450F
Name
MOHAMAD JALIL BIN AHMAD
محمد جاليل بن احمد
Race
BOYANESE
Date of birth
27-02-1960
Sex
M
Country of birth
SINGAPORE


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc 06 Dec 1978
Class 2A Motorcycles between 201 cc and 400 cc 06 Dec 1978
Class 2 Motorcycles > 400 cc 06 Dec 1978
Class 3 Motor Cars=< 3000kg with =<7 passengers exclusive of the driver, and other motor vehicles =< 2500kg 05 Oct 1979
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 1500kg 29 Oct 1981
*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg
Class 5 Motor vehicles not constructed to carry any load and the unladen weight > 7250kg 11 Apr 1984
Licence No. S1457450F
NP 428A


4917012
NRIC No S1457450F
Date of issue
07-12-2012
Address
APT BLK 533 ANG MO KIO AVENUE 5
#02-4124
SINGAPORE 560533

SINGAPORE POLICE FORCE

T/20180201/2036

Report No: T/20180201/2036

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
01/02/2018 11:06		96

Informant's Particulars

Name of Informant: MOHAMAD JALIL BIN AHMAD			Address: APT BLK 533 ANG MO KIO AVENUE 5 #02-4124 SINGAPORE 560533	
ID Type / ID No.: NRIC NO / S1457450F			Contact No.: Home/Office: Mobile: 81561709	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 27/02/1960	Type of Informant: Driver	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: Trailer-truck driver			Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Others	No	30/01/2018 ~~09:40~~ 18:40	T-Junction

Location:
Junction of Road 1 and Road 2
HARBOUR DRIVE
CLEMENTI ROAD
TOWARDS WEST COAST FERRY ROAD

Ang Mo Kio South N.P.C
81 Ang Mo Kio Ave 3
Singapore 569924
Tel: 1800-4519999

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: Yes

Details of Vehicle involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XB8710L	TRAILER				Seriously Damaged	0
XD7596G	TRAILER				No Damage	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20180201/2036

Report No. T/20180201/2036

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD JALIL BIN AHMAD	ID No.	S1457450F
Related Vehicle	XB8710L (TRAILER)	Contact No.	81561709
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	30/01/2018	Date Discharge	31/01/2018
No. of Days granted Medical Leave	16	Degree of Injury	Serious

Brief Details.

On 30/01/2018 at about 1840hrs, I was driving my company trailer, XB8710L, along Harbour Dr towards West Coast Ferry Road. Upon reaching the T junction of Harbour Dr and Clementi Rd, my vehicle was on the extreme right lane with the intention to turn right.

When the traffic was clear, I proceed to make the right turn, when I was turning into Clementi Road, I spotted another trailer, XD7596G, on the left lane making a right turn as well and was trying to overtake me. When the trailer was overtaking, he collided onto the side of my trailer. I wish to state the only turning right is my lane. The lane on my left is a straight only lane.

Due to the collision, the left side of the driving cabin was seriously damaged and collapsed in. I suffered chest pain as my chest hit onto the steering wheel and was conveyed to National University Hospital. I was given 16 days of Medical Leave.

SINGAPORE POLICE FORCE

T/20180201/2036

Report No. T/20180201/2036

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Staff Sgt YIP WAI LEONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2018 11:06
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:

Authentication Stamp
NP168