

## 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 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 Report	23/11/2018 12:34
Date Of Accident	23/11/2018 05:45
Exact Location Of Accident	BRICKLAND ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7908E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUA HIN POULTRY FARM PTE LTD
Co Reg No	197700851H
Email Address	MAY@HENGGUAN.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67560043

### Vehicle Particulars

Manufacturer	HINO
Model	HINO XZU710R-HKFMS3
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCV17S023099
Cover Note Number	30/11/17 - 29/11/18

### Driver

Name of Driver	CHANG YOONG KIM
Passport No/FIN	S7380542B
Date Of Birth	18/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	29/02/1996
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93983950
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
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	COLLISION - HEAD TO REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I was driving m/lorry YP7908E from Brickland Road towards KJE. At the above T-Junction, traffic light turn red and thus I brake but couldn't stop in time & hit onto m/lorry YN4097A in front of me. M/lorry YN4097A only suffer dented on rear safety bar and number plate. My vehicle sustained serious damaged on the frontal portion & airbag was activated and had arranged to tow to workshop.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CAMERA FAULTY
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN4097A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JIANG YANNING
NRIC/Passport Number	G2689892M
Contact Number	81621508
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: 7P7908E  
INSURER : Ergo  
DATE & TIME: 23/11/18 5.45pm

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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 complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time: \_\_\_\_\_

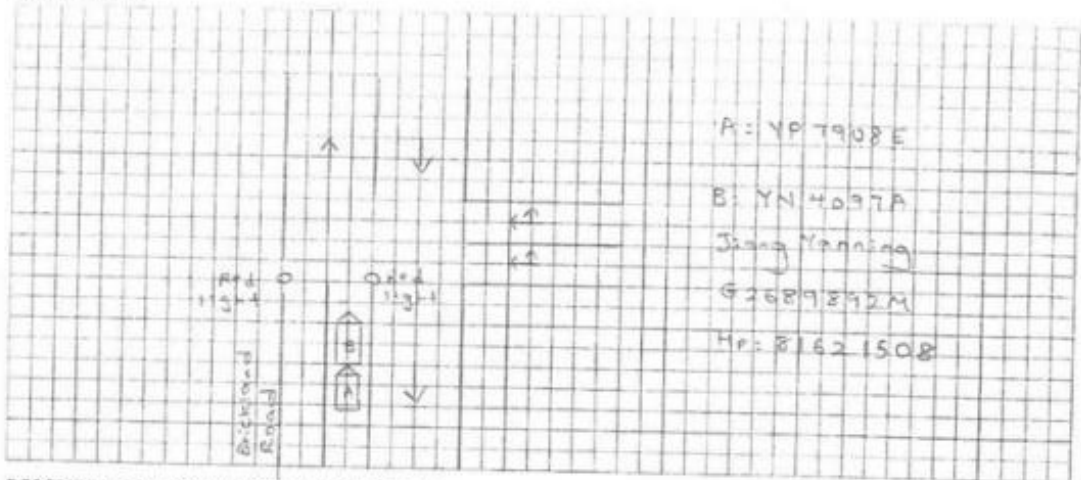


  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: \_\_\_\_\_

(75)  23/11/18  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: Ergo                      Veh No: YP7908E                      DoA: 23/11/18 5:45am

I was driving Mileyry YP7908E from Beckland Road towards KJE. At the above T-junction, traffic light turn red and thus I brake but couldn't stop in time & hit into mileyry 7N4097A in front of me. Mileyry 7N4097A only suffer dent on rear safety bar and number plate. My vehicle sustained serious damaged on the frontal portion & air bag was activated and had arrange to tow to Workshop.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## 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

(43) 23/11/13  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

☒ Claim Own Policy    ☐ Claim Third Party    ☐ Reporting Only  
☐ Claim OD/TP at other workshop ( \_\_\_\_\_ )

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S7380542B**

Name: **CHANG YOONG KIM**

Birth Date: **18 Jan 1973**

Issue Date: **10 Jul 2007**

001512187J



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **MUA HIN POULTRY FARM PTE. LTD.**

Sector: **MANUFACTURING**

Name: **CHANG YOONG KIM**

Occupation: **DRIVER**


Work Permit No: **S 23731963**

Date of Application: **27-09-2017**

Date of Issue: **30-10-2017**

Date of Expiry: **29-10-2019**

8417069




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)**

Class	Description	PASS DATE
Class 2B	Motorcycles < 200 cc	29 Feb 1996
Class 3	Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg	29 Feb 1996
Class 4A	Omni-buses	06 Jan 1997

NP 428A

License No: **S7380542B**



**VISIT PASS**  
Immigration Regulations

Name: **CHANG YOONG KIM**

Date of Birth	Sex	Nationality
18-01-1973	M	MALAYSIAN

FIN	Date of Issue	Date of Expiry
F7194428W	30-10-2017	29-10-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Scene Photo



Scene Photo

