

## 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 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 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	10/07/2017 16:11
Date Of Accident	09/07/2017 21:30
Exact Location Of Accident	CTE BEFORE ANG MO KIO AVE 5 EXIT HEADING TWDS SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL2341X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POR KHENG CHYE
NRIC No	S1508665C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93897596
Alternative Phone No	OFFICE-93897596

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC16S017440
Cover Note Number	

### Driver

Name of Driver	DANIEL POR JIA JUN
NRIC No	S9213583G
Date Of Birth	21/04/1992
Occupation	INDOOR
Date Of Driving Pass	18/07/2012
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81013231
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 567 HOUGANG ST 51 #05-67
Postcode	530567
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	5

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20170710/2008.

#### 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	YP6093L
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHD425S  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE C  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF INJURED PERSON 1**

Name DANIEL POR JIA JUN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJL2341X  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name ONG YOKE MOOI  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJL2341X  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 3**

Name POR KHENG CHYE  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJL2341X  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 4**

Name POR SHAN YUAN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJL2341X  
Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

#### DETAILS OF INJURED PERSON 5

Name

EDY LEE WEI JIAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJL2341X

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan Pg. 1

### SKETCH PLAN

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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)**

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.

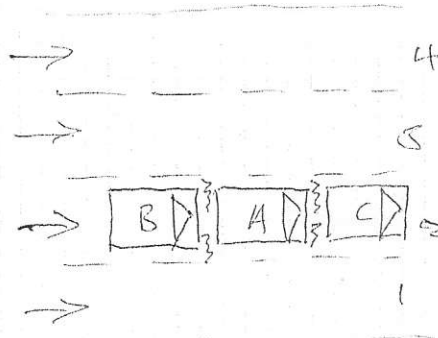
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

CTE before Ang Mo Kio Ave 3 exit heading towards SLE

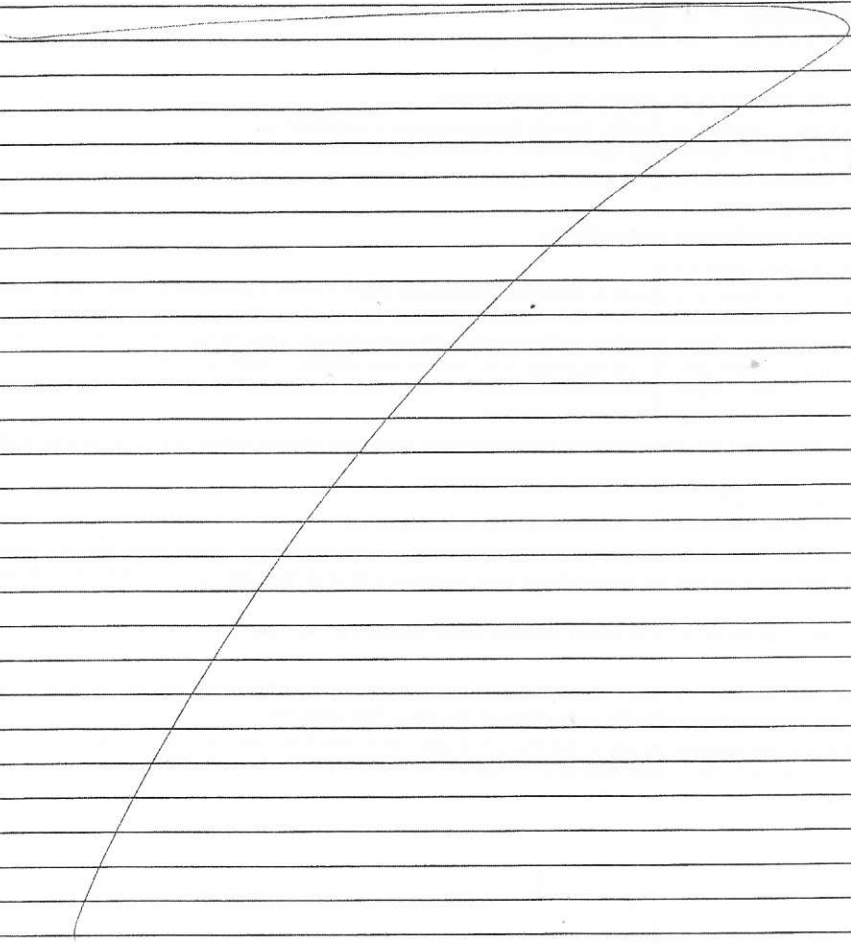


A: SIL2341X  
B: YP6093L  
C: SHD425S

1451

Describe Circumstances of the Accident

AS per police Report.



Declaration

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

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20170710/2008

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

1 of 3

Report No. T/20170710/2008

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2017 01:37	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars			
Name of Informant: DANIEL POR JIA JUN		Address: APT BLK 567 HOUGANG STREET 51 #05-67 SINGAPORE 530567	
ID Type / ID No.: NRIC NO / S9213583G		Contact No.: Home/Office: Mobile: 81013231	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 21/04/1992	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Prison officer		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/07/2017 21:30	Type of Location: Expressway
Location: CENTRAL EXPRESSWAY				
CTE before Ang Mo Kio Ave 3 exit heading towards SLE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD426S	Car			Red	Slightly Damaged	0
SJL2341X	Car	HONDA	Jazz	Silver	Seriously Damaged	4
YP6093L	Lorry			White	Slightly Damaged	3



**SINGAPORE  
POLICE FORCE**



T/20170710/2008

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

2 of 3

Report No. T/20170710/2008

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DANIEL POR JIA JUN	ID No.	S9213583G
Related Vehicle	SJL2341X (Car)	Contact No.	81013231
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	10/07/2017	Date Discharge	10/07/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 09/07/2017 at about 2130hrs I was driving(SJL2341X) my car with four passengers in it. My parents, sister and her boyfriend were in the car. I was on the second lane of the four lane road. I was driving along CTE before Ang Mo Kio Avenue 3 exit heading towards SLE. The traffic was moderate. However there was a slight jam on the first and second lanes. While I was driving, I felt a impact on my car's rear. I then realized that a lorry (YP6093L) had banged onto my car's rear, The impact of the collision caused me to jerk forward hitting onto a taxi's (SHD425S) rear. All the driver then alighted from our vehicle to check our damages. I then called for the police assistance. I sustained a pain on my back. My sister's boyfriend suffered a chest ache as such ambulance was at scene. My parents and sister only sustained back ache and body ache. My car's rear windscreen was shattered, rear bumper was dented and the front registration plate dropped off. Subsequently it was towed.

Based on my observation the lorry driver and passenger did not suffer any injuries. The lorry's front bumper was dented. For the taxi the driver seemed ok. I am not sure of the damages of the taxi.

There is a recording camera on my car which only captures the front. My sister, her boyfriend and I then went to seek medical treatment. I was given 3days mc. I am lodging for insurance purposes.





**SINGAPORE  
POLICE FORCE**



T/20170710/2008

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

3 of 3

Report No. T/20170710/2008

## 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:

E /

Sgt YUVARANI D/O MAHENDRAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/07/2017 01:37

SN 1

Officer In Charge Of Case:

TP / GIT /

Insp NORHIDAWATI BINTE AHMAD

Contact No.: 65476310

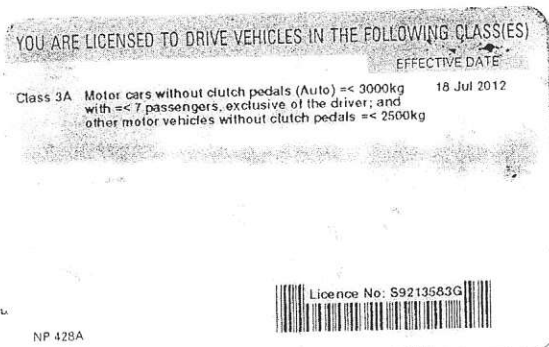
Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

Accident Sketch Plan Pg. 1



# Accident Sketch Plan Pg. 1

DN0001827  
23/11/16.  
**ERGO**

**Maxurance Venture**  
8 Rara Road #09-10 S(369977)  
Frisen | enquiry@maxurance.com  
Tel 6100 2592 | Fax 6280 9878

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1987  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1989 (MALAYSIA)

CERTIFICATE NO. DMPC16S017440		C16060193
Type of CI: Private Vehicle		
Cover: Comprehensive	A000537 MAXURANCE VENTURE	
1) Registration No. of Vehicle:	SJL2341X	
2) Name of Policyholder:	POR KHENG CHYE	
3) Commencement Date of Insurance:	23/11/2016	
4) Expiry Date of Insurance:	22/11/2017	
5) Persons or Classes of Persons entitled to drive		
1) POR KHENG CHYE		
2) DANIEL POR JIA JUN		
3) Any other person who is driving on the Policyholder's order or permission		
Excess (Section 1): S\$500.00		
Unnamed Drivers(Section 1): Additional: S\$500.00		
Non-Auth Workshops(Section 1): Additional: S\$300.00		
Windscreen: S\$100.00		
Young & Inexp Drivers(Section 1): S\$3,000.00		CHASSIS   JHMGE68509S205789
6) Name of Finance Company/Hire Purchase Owner: CENTURY TOKYO LEASING (S) PTE LTD		
7) 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.		
8) Limitations as to Use		
(1) Use only for social domestic and pleasure purposes		
(2) Use for Policyholder's business		
This Policy does not cover		
(1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing		
(2) Use for the carriage of goods other than samples in connection with any trade or business		
(3) Use for any purpose in connection with the Motor Trade		
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 7 & 8).		

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).

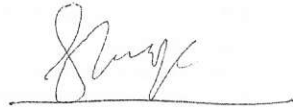
Counter-signed by  
MAXURANCE VENTURE

For and on behalf of  
ERGO Insurance Pte. Ltd.

a000537/23/11/2016 16:29:15

AUTHORIZED SIGNATURE

I, Por Kheng Chye, S1508665C, owner of vehicle S3L2341X, hereby authorise my son, Daniel Por Jia Sun, S92135836 to sign all documents relating to the accident on 9<sup>th</sup> July 2017 involving my vehicle S3L2341X, YP6093L & SHD4255 on my behalf. Including all accident reports and legal documents to proceed with the insurance claim.



Por Kheng Chye