

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	12/03/2020 11:07
Date Of Accident	06/03/2020 11:40
Exact Location Of Accident	SUNGEI KADUT STREET 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV657G
Insured/Policyholder	
Name Of Registered Owner	FOO KEE SENG
NRIC No	SXXXX221C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97397316
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300
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	DMCG19010552
Cover Note Number	

Driver

Name of Driver	NG KIM HUAT
NRIC No	SXXXX245J
Date Of Birth	17/03/1948
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1968
Driving Experience	51 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97397316
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 269 TAMPINES STREET 21 #09-193
Postcode	1852
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 (including own vehicle) involved in the accident	2
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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT REF NO: T/20200309/2038

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	GW5402C
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	NG KIM HUAT
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GV657G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Sketch Plan

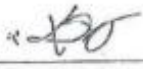
SKETCH PLAN


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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 (c) 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:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Accident Sketch Plan

62 George →
Circuit Data

Diagram showing a circuit with a voltage source V_{GS} connected to a gate terminal. The gate terminal is also connected to a drain terminal. The drain terminal is connected to a load resistor R_L . The source terminal is connected to ground. The output voltage V_{DS} is measured across the load resistor R_L .

Single Kinked Pt.

When $V_{GS} = 14.5767$
When $V_{GS} = 14.5767$

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

Policyholder's Signature
Date & Time:

Journal of Management Education 32(1)

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

Reporting Centre Personnel's Signature
Name: CITY AUTO
NRIC/FIN No.:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est.
Singapore 575643
Tel: 6453 1234 Fax: 6453 7944
(Claims Section)

Police report



**SINGAPORE
POLICE FORCE**



T/20200309/2038

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20200309/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2020 12:07		Vide Report No.: L/20200306/0080		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: NG KIM HUAT			Address: APT BLK 269 TAMPINES STREET 21 #09-193 SINGAPORE 520269		
ID Type / ID No.: NRIC NO / S0976245J			Contact No.: Home/Office: Mobile: 97397316		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 17/03/1948	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/03/2020 11:40	Type of Location: Straight Road
Location: Along Road 1 SUNGEI KADUT STREET 1 SUNGEI KADUT DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GV657G	Van				Slightly Damaged	0
GW5402L	Lorry				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police report



**SINGAPORE
POLICE FORCE**



T/20200309/2038

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200309/2038

CONTINUATION OF REPORT

Driver			
Name	NG KIM HUAT		ID No. S0976245J
Related Vehicle	GV657G (Van)		Contact No. 97397316
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	06/03/2020	Date Discharge	07/03/2020
No. of Days granted Medical Leave	10	Degree of Injury	Slight
Driver			
Name	LOW SENG HUAT		ID No. S0220587D
Related Vehicle	GW5402L (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 6/3/2020 at about 1140hrs, I was driving my van bearing GV657G along Sungei Kadut Street 1. As I was heading towards Sungei Kadut Drive, suddenly there was a lorry bearing GW5402L that had exited from 62 Sungei Kadut Street 1 and cut across my lane. As a result, I braked but could not avoid and ended up hitting into the left rear portion of the lorry.

Ambulance came and conveyed me to Ng Teng Fong General Hospital where I was warded for 1 day till 7/3/2020. I was given hospitalization leave from 6/3/2020 till 15/3/2020. I had right arm numbness and pain in my right chest as the steering wheel hit my right chest.

As such, I am lodging a traffic accident report.

Police report



SINGAPORE
POLICE FORCE



T/20200309/2038

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No, T/20200309/2038

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:
G /
Sgt 3 NURHIDAYAH BINTE IADIL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/03/2020 12:07

Officer In Charge Of Case:
TP / GIT /
Staff Sgt TAN JUN YAN
Contact No.: 65476311

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

ERGO**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1967 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate/Policy Number : DMCG19010552
 Vehicle Registration Number : QV657G
 Cover Type : Third-Party Only
 Policy Type : Commercial Vehicle (P/U Use)
 Name of Policyholder/Insured : FOO KEE SENG
 Commencement Date of Insurance : 30/10/2019
 Expiry Date of Insurance : 29/10/2020
 Excess :

24-Hour Motor Accident Reporting
 and Assistance Helpline

6333 2222

www.ergo.com.sg

Finance Company/Hire Purchase Owner :

Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or permission

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.

* 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

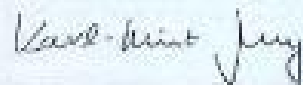
This Policy does not cover:

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst driving a trailer except the towing of any one disabled mechanically propelled vehicle

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 188) and Section 93 of the Road Transport Act, 1967 (Malaysia) are not to be included under these headings (*).

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 188) and Part IV of the Road Transport Act, 1967 (Malaysia)

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



Authorized Signature

A000303	EASTERN INSURANCE AGENCY PTE LTD	Contact Number: 6333 5365
Vehicle Chassis Number : JMAJNP15VYA621512, Vehicle Engine Number : 4D55KG1301		CP's : 21/10/2019 15:52

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H-SST Reg. No.: M2-0116836-B
 6 Temasek Boulevard #04-05 Suntec Tower Two Singapore 038965 Tel: +65 6829 9188 Fax: +65 6829 9240 www.ergo.com.sg

Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo

