

## 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             | 20/11/2019 10:45  |
| Date Of Accident           | 08/11/2019 11:10  |
| Exact Location Of Accident | CLEMENCEAU TUNNEL |
| Country/State of Loss      | SINGAPORE         |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | GBJ1872S                |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | FOCUS ADVENTURE PTE LTD |
| Co Reg No                   | 200403535G              |
| Email Address               | NOEMAIL                 |
| Mobile Phone No             |                         |
| Alternative Phone No        | OFFICE-62786560         |

### Vehicle Particulars

|  |                             |
|--|-----------------------------|
| Manufacturer   | RENAULT                     |
| Model  | KANGOO 1.5 DCI AT EU6 90BHP |
| 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             |                          |
| Cover Note Number         |                          |

### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | GAVIN CHAN YOONG SHENG   |
| NRIC No              | S9376085I                |
| Date Of Birth        | 18/12/1993               |
| Occupation           | INDOOR                   |
| Date Of Driving Pass | 25/04/2014               |
| Driving Experience   | 5 YEARS AND 6 MONTHS     |
| Gender               | MALE                     |
| Mobile Number        | (LOCAL) +65-81897133     |
| Fax Number           |                          |
| Contact Number       |                          |
| Email Address        | GAVIN@FOCUSADVENTURE.COM |

|   |                          |
|---|--------------------------|
| Address   | 152 MARIAM WAY<br>#04-02 |
| Postcode  | 507080                   |
| 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   | CHAIN COLLISION |
| Weather Conditions | RAINING         |
| Road Surface       | WET             |

#### Other Information

|   |  |
|---|--|
| Was any foreign vehicle involved in this accident?  | NO                                     |
| Number of vehicles (including own vehicle) involved in the accident                         | 5                                      |
| 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)   | 5                                      |
| Passenger 1   | NAME: : KWANG SAUYAN<br>GENDER: : MALE |
| Passenger 2   | NAME: : CHRISTINA<br>GENDER: : FEMALE  |
| Passenger 3   | NAME: : ERNEST CHU<br>GENDER: : FEMALE |
| Passenger 4   | NAME: : BERWIN TAN<br>GENDER: : MALE   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | SEMPAWANG NEIGHBOURHOOD POLICE CENTRE                              |
| Police Station Address                    | ROAD: 4 SEMPAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-5549999 - FAX NO: 68522499                            |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

#### 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         | QX894J       |
| Vehicle Make/Model/Colour           |              |
| Details Of Properties               |              |
| Vehicle Category                    | GOVERNMENT   |
| Name of Driver                      | YIP LAI PENG |
| NRIC/Passport Number                |              |
| Contact Number                      | 93382087     |
| Address                             |              |
| Postcode                            |              |
| Insurance Company Name              |              |
| Nature Of Damage                    |              |
| No. Of Passenger (Including Driver) |              |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|                                     |              |
|-------------------------------------|--------------|
| Vehicle Registration Number         | SLD886Y      |
| Vehicle Make/Model/Colour           |              |
| Details Of Properties               |              |
| Vehicle Category                    | PRIVATE CAR  |
| Name of Driver                      | TEO MONG YAH |
| NRIC/Passport Number                | S7423134I    |
| Contact Number                      | 83335202     |
| Address                             |              |
| Postcode                            |              |
| Insurance Company Name              |              |
| Nature Of Damage                    |              |
| No. Of Passenger (Including Driver) |              |

#### DETAILS OF OTHER VEHICLE PROPERTY 3

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SJY5646D    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      | YOKE MEI    |
| NRIC/Passport Number                | S8241337E   |
| Contact Number                      | 90106974    |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

#### DETAILS OF OTHER VEHICLE PROPERTY 4

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SCJ111A     |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              | KEN HO      |
| NRIC/Passport Number        |             |
| Contact Number              | 90941256    |
| Address                     |             |
| Postcode                    |             |
| Insurance Company Name      |             |

Nature Of Damage  
No. Of Passenger (Including Driver)

**SKETCH PLAN**

**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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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: 20/11/19 10:58am

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



\_\_\_\_\_

CLARENCE  
EXIT 18

D SCJ111A  
D S34564GD  
C 82D8864  
A 88316728  
B QX894J

CHAIN COLLISION

|  |                           |                       |  |
|--|---------------------------|-----------------------|--|
| LICENSE PLATE:   | GBJ 18722                 | ACCIDENT DATE & TIME: | 8/11/19 11:10am                          |
| CONTACT NUMBER:  | 01897133                  | E-MAIL ADDRESS:       | <del>gavin@foca</del> gavin@focusaadvent |
| LOCATION:  | # TOWARDS CLEMENCE TUNNEL |                       |  |
| Please refer to police report.   |                           |                       |  |
| NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION                     |                           |                       |  |
| Please state:  |                           |                       |  |
| <input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only |                           |                       |  |

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

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

# Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20191108/2167

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 4

Report No. T/20191108/2167

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                           |
|--|------------------|---------------------------|
| Date/Time Report Made:<br>08/11/2019 23:26 | Vide Report No.: | Station Diary No.:<br>137 |
|--|------------------|---------------------------|

| Informant's Particulars                      |            |   |                              |
|--|------------|---|------------------------------|
| Name of Informant:<br>GAVIN CHAN YOONG SHENG |            | Address:<br>152 MARIAM WAY #04-02 SINGAPORE 507080          |                              |
| ID Type / ID No.:<br>NRIC NO / S9376085I     |            | Contact No.:<br>Home/Office: Mobile: 81897133               |                              |
| Nationality:<br>MALAYSIAN                    |            | Email:  |                              |
| Sex:<br>Male                                 | Age:<br>25 | Date of Birth:<br>18/12/1993                                | Type of Informant:<br>Driver |
| Race:<br>Chinese                             |            | Language:<br>English  | Institution / School Name:   |
| Occupation:<br>FACILITATOR                   |            | Driving Licence Information:<br>Class: 2B,3 Date of Expiry: |                              |

| General Information of the Accident  |                                  |                                    |  |                                    |
|--|----------------------------------|------------------------------------|--|------------------------------------|
| Type of Accident:  | Non-Injury<br>Government Vehicle | Drink Drive:<br>No                 | Date/Time of Accident:<br>08/11/2019 11:10 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>CENTRAL EXPRESSWAY<br><br>CENTRAL EXPRESSWAY NEAR TO EXIT 18 LEFT LANE MOST |                                  |                                    |  |                                    |
| Weather:<br>Raining  |                                  | Road Surface:<br>Wet               | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>One Way   |                                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                   |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear   |                                  |                                    | Anyone conveyed by ambulance:<br>No        |                                    |

| Details of Vehicle Involved |      |      |       |       |                  |                 |
|-----------------------------|------|------|-------|-------|------------------|-----------------|
| Vehicle No.                 | Type | Make | Model | Color | Condition        | No of Passenger |
| GBJ1872S                    | Van  |      |       |       | Slightly Damaged | 4               |
| QX894J                      | Car  |      |       |       | Slightly Damaged | 0               |
| SCJ111A                     | Car  |      |       |       | Slightly Damaged | 0               |
| SJY5646D                    | Car  |      |       |       | Slightly Damaged | 0               |
| SLD886Y                     | Car  |      |       |       | Slightly Damaged | 1               |



**SINGAPORE  
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Tel No: 1800-5549999

2 of 4

Report No. T/20191108/2167

## CONTINUATION OF REPORT

| Details of Person Involved        |                        |  |                                    |  |
|-----------------------------------|------------------------|--|------------------------------------|--|
| Any Pedestrian Involved: No       |                        |  |                                    |  |
| No. of Pedestrians Injured: NIL   |                        | Use of Pedestrian Crossing: NA         |                                    |  |
| Driver                            |                        |  |                                    |  |
| Name                              | GAVIN CHAN YOONG SHENG | ID No.                                 | S93760851                          |  |
| Related Vehicle                   | GBJ1872S (Van)         | Contact No.                            | 81897133                           |  |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |  |
| Date Treatment                    | NIL                    | Date Discharge                         | NIL                                |  |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | NIL                                |  |
| Driver                            |                        |  |                                    |  |
| Name                              | YIP LAI PENG           | ID No.                                 | NIL                                |  |
| Related Vehicle                   | QX894J (Car)           | Contact No.                            | 93382087                           |  |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL  |  |
| Date Treatment                    | NIL                    | Date Discharge                         | NIL                                |  |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | NIL                                |  |
| Driver                            |                        |  |                                    |  |
| Name                              | KEN HO                 | ID No.                                 | NIL                                |  |
| Related Vehicle                   | SCJ111A (Car)          | Contact No.                            | 90941256                           |  |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL  |  |
| Date Treatment                    | NIL                    | Date Discharge                         | NIL                                |  |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | NIL                                |  |



Sketch Plan Pg. 5



**SINGAPORE  
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T/20191108/2167

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3 of 4  
Report No. T/20191108/2167

CONTINUATION OF REPORT

|                                   |                |                  |  |                                   |
|-----------------------------------|----------------|------------------|--|-----------------------------------|
| Name                              | YOKE MEI       |                  | ID No.                                 | S8241337E                         |
| Related Vehicle                   | SJY5646D (Car) |                  | Contact No.                            | 90106974                          |
| Hospital/Clinic                   | NIL            |                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge   | NIL                                    |                                   |
| No. of Days granted Medical Leave | NIL            | Degree of Injury | NIL                                    |                                   |
| <b>Driver</b>                     |                |                  |  |                                   |
| Name                              | TEO MONG YAH   |                  | ID No.                                 | S7423134I                         |
| Related Vehicle                   | SLD886Y (Car)  |                  | Contact No.                            | 83335202                          |
| Hospital/Clinic                   | NIL            |                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge   | NIL                                    |                                   |
| No. of Days granted Medical Leave | NIL            | Degree of Injury | NIL                                    |                                   |

**Brief Details.**

On 08/11/2019 at about 1112hrs, I was driving my vehicle bearing the registration number of GBJ1872S, along Central Expressway near to Outram Exit. During the period of time, in front of my vehicle is one SLD886Y. During the period of time, the traffic was congested with other road users and also it was raining.

As I was moving slowly, the vehicle in front of mine started moving off. I then followed suit behind the vehicle. All of a sudden the vehicle in front of mine suddenly emergency brake and I tried to follow suit however my vehicle skidded and subsequently hit onto the vehicle in front of mine. I also felt a pushed from the rear of our vehicle. I then went down to make a check and discovered that my vehicle was involved in a chain accident with a total of 5 vehicles one of which is mine.

During the period of time, no one was injured and after exchanging contact numbers, we left the vicinity. I am lodging this report as the vehicle behind of mine was a government vehicle.



SINGAPORE  
POLICE FORCE



T/20191108/2167

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4 of 4

Report No. T/20191108/2167

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:

L /

Staff Sgt MUHAMMAD ZAMRI BIN ABDULLAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/11/2019 23:26

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



Signature:

Singapore Police Force