

## 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	28/07/2020 15:01
Date Of Accident	27/07/2020 14:30
Exact Location Of Accident	CARPARK LOT OF BLK 137 YISHUN STREET 11
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP2169H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SJ MOTOR ENTERPRISE
Co Reg No	5XXXX801X
Email Address	RICHARDNG5558@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-82725558

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 ABS AIRBAG (A)
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 HIRE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P2346477
Cover Note Number	

### Driver

Name of Driver	ROSS NIKOLAI JOHN
NRIC No	SXXXX465C
Date Of Birth	09/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	20/08/1994
Driving Experience	25 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-87429048
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 127 YISHUN STREET 11 #02-335
Postcode	760127
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	2
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

#### 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	GBC7663B
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SENG FOOK LYE
NRIC/Passport Number	SXXXX982Z
Contact Number	97247007
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ROSS NIKOLAI JOHN
------	-------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLP2169H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 (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.

*[Handwritten Signature]*



Policyholder's Signature  
Date & Time:

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

28.7.2020 @ 2.35pm

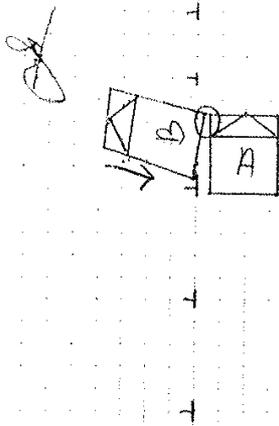
*[Handwritten Signature]*



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

Sketch Plan Pg. 2

SKETCH PLAN



(A) SLP 2169H

(B) GBC 7663B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 27/07/2020 at about 1230 hours, while I was driving my motor vehicle A SLP 2169H along car park of Blk 137 Vishnu street. It was heavy raining. Suddenly I felt an impact from my left. I realised that was motor vehicle B GBC 7663B reversing his vehicle and did not give way to on-coming vehicles from behind. His rear portion hit onto the left portion of my motor vehicle A SLP 2169H. I'm lodging this report to claim against the insurer of GBC 7663B.

Also, refer to police report no. T/20200728/2043

I would also like to add that my contact number will be change to 84946891 on 6<sup>th</sup> August 2020.

\* Third Party claim B HCAuto

Enrol my accident report to them \*

DECLARATION

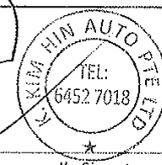
I/We declare the foregoing particulars are true in every respect.

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.:







**SINGAPORE  
POLICE FORCE**



T/20200728/2043

2 of 3

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

Report No. T/20200728/2043

## CONTINUATION OF REPORT

Driver			
Name	Seng Fook Lye		ID No. S7147982Z
Related Vehicle	GBC7663B (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
Driver			
Name	ROSS NIKOLAI JOHN		ID No. S1823465C
Related Vehicle	SLP2169H (Car)		Contact No. 87429048
Hospital/Clinic	SEMBAWANG MART MEDICAL CENTRE PTE LTD		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	28/07/2020	Date Discharge	28/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the 27/07/2020 at about 1430hrs as I was exiting the carpark, was giving way to cyclist, women pushing a cart and a car coming from the opposite direction. As there was traffic around I check my rear view mirror and my side mirror. I slowed down while approaching a hump. When I was about to turn my head I felt an impact and then I a lorry reversing rear first. I tried to avoid the collision however the incident happen too fast. The lorry hit my car on the left front side, causing damage my front passenger door and bumper. I then called a tow truck to tow my vehicle to the workshop.

I then went home to rest, when I felt some pain of my neck. I was unable to sleep due to the pain. I then went to seek treatment at Sembawang Mart Medical Centre and was given 5 day MC, 25 July 2020 to 01 Aug 2020. MCNo. MC2007286991.



SINGAPORE  
POLICE FORCE



T/20200728/2043

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

3 of 3

Report No. T/20200728/2043

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/ Sgt 2 ELFY TARMYZY BIN YOSREY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/07/2020 12:33
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**



T/20200728/2043

1 of 3

Report No: T/20200728/2043

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 28/07/2020 12:33	Vide Report No.:	Station Diary No. 47
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**Informant's Particulars**

Name of Informant: ROSS NIKOLAI JOHN		Address: APT BLK 127 YISHUN STREET 11 #02-335 SINGAPORE 760127	
ID Type / ID No. NRIC NO / S1823465C	Contact No. Home/Office:	Mobile: 87429048	
Nationality: SINGAPORE CITIZEN		Email:	
Sex Male	Age 53	Date of Birth: 09/06/1967	Type of Informant: Driver
Race: Eurasian		Language:	Institution / School Name:
Occupation: GOJEK DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/07/2020 14:30	Type of Location: Car Park
Location: Along Road 1 YISHUN STREET 11 Carpark of Block 137				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC7663B	Lorry				No Damage	0
SLP2169H	Car				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20200728/2043

2 of 3

Report No. T/20200728/2043

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

**CONTINUATION OF REPORT**

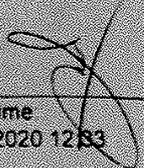
<b>Driver</b>			
Name	Seng Fook Lye	ID No	S7147982Z
Related Vehicle	GBC7663B (Lorry)	Contact No	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	ROSS NIKOLAI JOHN	ID No	S1823465C
Related Vehicle	SLP2169H (Car)	Contact No	87429048
Hospital/Clinic	SEMBAWANG MART MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/07/2020	Date Discharge	28/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the 27/07/2020 at about 1430hrs as I was exiting the carpark, was giving way to cyclist, women pushing a cart and a car coming from the opposite direction. As there was traffic around I check my rear view mirror and my side mirror. I slowed down while approaching a hump. When I was about to turn my head I felt an impact and then I a lorry reversing rear first. I tried to avoid the collision however the incident happen too fast. The lorry hit my car on the left front side, causing damage my front passenger door and bumper. I then called a tow truck to tow my vehicle to the workshop.

I then went home to rest, when I felt some pain of my neck. I was unable to sleep due to the pain. I then went to seek treatment at Sembawang Mart Medical Centre and was given 5 day MC, 25 July 2020 to 01 Aug 2020 MCNo. MC2007286991.

28/07/2020  
SEMBAWANG NPC  
Sembawang Cresc  
Singapore 757633  
Tel: 1800-5549999  
Fax: 65522499

  <p><b>SINGAPORE POLICE FORCE</b></p> <p>Police Station Of Origin Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No. 1800-5549999</p>	 <p>T/20200728/2043</p> <p>3 of 3 Report No. T/20200728/2043</p> <p><b>CONTINUATION OF REPORT</b></p>
<p><b>Sketch Plan</b> Informant is not able to provide sketch plan</p>	
<p><b>IMPORTANT:</b> 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 <u>report number</u> as reference.</p>	
<p>Signature Of Officer Recording The Report L / Sgt 2 ELFY TARMYZY BIN YOSREY</p> 	<p>Signature Of Informant:</p> 
<p>Signature Of Interpreter Not applicable</p>	<p>Date/Time 28/07/2020 12:33</p>
<p>Officer In Charge Of Case TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No. 65476219</p>	<p>Classification Of Case</p>
<p>Authentication Stamp HP/ea</p>	

Accident Photo



Accident Photo



Accident Photo





TOYOTA MOTOR CORPORATION  
MODEL ACV41R-JEPNKT 1998 mL  
ENGINE 1AZ-EE  
FRAME No. MRO53BK4107015733  
COLOR O70 LA40 Z35  
TRIM U241E -01A  
PLANT AUG 07  
GVM(kg)  
MADE IN THAILAND  
TOYOTA MOTOR THAILAND CO., LTD.

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665S0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

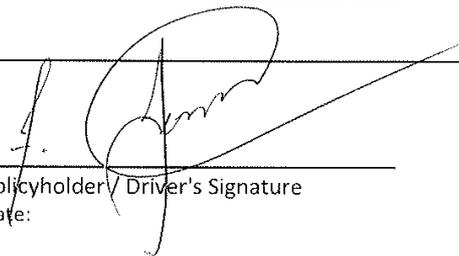
**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

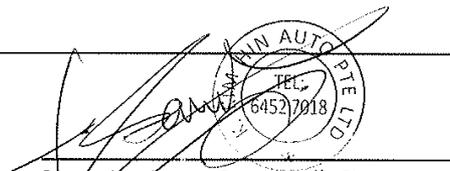
Original Report No : MKKH 20063688 Vehicle Registration No: SLP 2169H  
Name (as shown in NRIC) : ROSS NIKOLAI JOHN NRIC/FIN/Passport No : SXXXXX465C  
(\*Vehicle Driver / ~~Vehicle~~ Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 27-7-2020 Time of Accident : 1430 HRS  
Place of Accident : CARPARK LOT OF BLK 137 YISHUN STREET 11  
Insurance Company: AXA

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Enclosed Amended Police Report

  
\_\_\_\_\_  
Policyholder/ Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 29.7.2020