

## 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	28/08/2020 15:29
Date Of Accident	26/08/2020 13:35
Exact Location Of Accident	CAIRNHILL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1255Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YI FENG SEAFOOD PTE LTD
Co Reg No	2XXXXX925K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64814750

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
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?	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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG20000796
Cover Note Number	09/01/2020 - 08/01/2021

### Driver

Name of Driver	CHAI CHONG FOO JABEZ
NRIC No	SXXXX089D
Date Of Birth	21/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	03/08/2012
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84481314
Fax Number	
Contact Number	
Email Address	JABEZCHAI@GMAIL.COM

Address	BLK 898A TAMPINES ST 81 #09-776
Postcode	521898
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	SIDE SWIPE
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?	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	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 6 TAMPINES AVE 4 , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5871999 - <b>FAX NO:</b> 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7149S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	JABEZ CHAI
Approximate Age	
Injuries Sustain	3 DAYS MC
Injured person in which vehicle?	GBJ1255Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

SKETCH PLAN

### IMPORTANT NOTICE

9BJ12552(ER60)  
DOA: 26/08/2020 @ 1335

3. Please report correctly the details of the accident to speed up the claims process.
4. This form must be completed by the Policyholder and/or the Authorised Driver.
5. The 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.
6. The signing and acceptance of this form by insurance companies is not an admission of policy liability on the part of the accident parties.
7. False reporting may be referred to the Police for investigation.
8. 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 to interested parties.
9. 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 purposes 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 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/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

Reporting Centre Person's Signature  
Name: Danyn (Amk)  
NRIC: 28/08/2020



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20200827/2089

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

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Report No. T/20200827/2089

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/08/2020 16:35		Vide Report No.:		Station Diary No.: 75
<b>Informant's Particulars</b>				
Name of Informant: CHAI CHONG FOO JABEZ		Address: APT BLK 898A TAMPINES STREET 81 #09-776 SINGAPORE 521898		
ID Type / ID No.: NRIC NO / S7812089D		Contact No.: Home/Office: Mobile: 84481314		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 42	Date of Birth: 21/08/1978	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SEAFOOD DELIVER 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: 26/08/2020 13:35	Type of Location: Straight Road
Location:  CAIRNHILL ROAD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GBJ1255Z	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	0
SH7149S	Car	TOYOTA	PRIUS	Blue	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**

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



T/20200827/2089

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Report No. T/20200827/2089

**CONTINUATION OF REPORT**

**Brief Details.**

On 26/08/2020 at 1.33pm, I was driving along lane 2 of Cairnhill Road, wanting to make a left turn into Scotts road when I met into an accident with a taxi registration number SH7149S. There was 4 lane, 2 lane going to the left and another 2 lane going to the right, the taxi was cutting into the lane I am driving on from lane 3 (turning right). While turning, the taxi left mirror hit onto my vehicle driver's side door. I then did an emergency brake. He did not stop his vehicle upon the incident and continued to turn left on the lane that was supposed to turn right. I proceeded to chase the driver for about 1min in which he eventually stopped along Draycott drive. I did not ask for the taxi driver particulars as he claim he was rushing for time. I have a in car camera and it recorded the incident.

On 27/08/2020, upon waking up I suffered some minor back and neck pain therefore I took MC from Our Family Physician Clinic & Surgery located at Blk 829 Tampines st 81 #01-292. The MC number is OD-TP0000034592. The doctor gave me 3 days of MC from 27/08/2020 to 29/08/2020.



Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20200827/2089

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

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Report No. T/20200827/2089

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 2 BRYAN CHENG CHUN HENG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2020 16:35
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436 	Classification Of Case:
Authentication Stamp NP168 