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 witholding 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	15/10/2020 15:07
Date Of Accident	14/10/2020 13:25
Exact Location Of Accident	BALESTIER RD TWDS THOMSON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM6617J
Insured/Policyholder	
Name Of Registered Owner	YIP TUCK SHUN
NRIC No	SXXXX084F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94240774
Alternative Phone No	OFFICE-94240774
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	DMPG20008035
Cover Note Number	

Driver

YIP TUCK SHUN Name of Driver NRIC No SXXXX084F Date Of Birth 13/01/1976 Occupation **OUTDOOR Date Of Driving Pass** 13/01/2003 **Driving Experience** 17 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94240774

Fax Number

Contact Number OFFICE-94240774

EMail Address NOEMAIL Address BLK 270A PUNGGOL FIELD #09-213

Postcode 821270

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident?
Was any injured conveyed to hospital by

NO

ambulance?

•

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

YES

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

HOUGANG NEIGHBOURHOOD POLICE POST

Police Station Address

Police Station Name

ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , **POSTCODE**: 530357 ,

COUNTRY: SINGAPORE

Police Station Contact TEL

Was notice of intended Prosecution given? NO

If Yes, against whom?

TEL NO: 1800-2869999 - **FAX NO**: 63822066

Circumstances of Accident

REFER TO POLICE REPORT: T/20201014/2107.

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 GY1123H

Vehicle Make/Model/Colour

01112311

Details Of Properties

VEHICLE B

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name YIP TUCK SHUN

Approximate Age Injuries Sustain

Injured person in which vehicle?

SMM6617J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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- 2) This Form must be completely by the Policyholder and/ or the Authorised Driver.
- 3) Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material fact may allow insurance companies to <u>repudiate policy liability</u>.
- 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 as investigation.
- 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ law firms, the Monetary Authority of Singapore and any relevant government agency/ authority (such as the police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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:
 - 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.

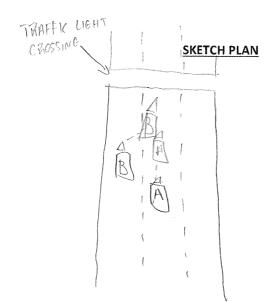
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/ FIN No:

Sketch Plan #2 Pg. 1



VEH A: SMM66175 VEH B: GY1123 H

RE	FBD 70	police	esport.

		The state of the s	

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

Policyholder's Signature
Date & Time:

river's Signature

Driver's Signature (If driver is not policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/ FIN No:

Sketch Plan #3 Pg. 1





Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357

Report No. T/20201014/2107

Tel No: 1800-2869999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 14/10/202		ade:	Vide Report No.: Station Diary			
Informant	's Particu	lars				
Name of Ir	nformant:		Address:			
YIP TUCK	SHUN		APT BLK 270A PUNGGOL F 821270	IELD #09-213 SINGAPORE		
ID Type / I	D No.:		Contact No.:			
NRIC NO	/ S760108	4F	Home/Office: Mobile: 94240774			
Nationality			Email:			
SINGAPO	RE CITIZE	:N				
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	44	13/01/1976	Driver			
Race:			Language:	Institution / School Name:		
Chinese			English			
Occupation	n:		Driving Licence Information:			
FOOD DE	LIVERY R	IDER	Class: 3	Date of Expiry:		

General Inform	ation of the Acci	dent	and the second			NAME OF STREET
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 14/10/2020 13:2	5	Type of Location: Straight Road
Location:			•	-		
BALESTIER RO	DAC					
Weather: Clear	· .	Road	Surface:		Roa	d Speed Limit:
			raffic Control: raffic Light - Working		Traffic Volume: Moderate	
Type of Collisio Between Movin	n: g Vehicles - Side	Swipe - Same	e Direction			one conveyed by ulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GY1123H	Van					0 .
SMM6617J	Car	HONDA	VEZEL 1.5X	White		0
			CVT			

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM6617J	SHC INSURANCE PTE, LTD.	DMPG20008035	03/09/2020	02/09/2021

Sketch Plan #4 Pg. 1





T/20201014/2107

2 of 3

Report No. T/20201014/2107

Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999

CONTINUATION OF REPORT

Details of Perso	n Involved	,				
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Ped	destriar	Cross	sing: NA
Driver						
Name	YIP TUCK SHUN	-	-	ID No		S7601084F
Related Vehicle	SMM6617J (Car)			Conta	ct No.	94240774
Hospital/Clinic	INTEMEDICAL KOVAN		Class Drivin Licent	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Discl	L''	NIL	
			Degree of	Injury	Sligh	t

Brief Details.

On 14/10/2020 at about 1325hrs, I was driving along Balestier Road towards Thompson Road near Blk 577A. I was approaching a traffic junction stop as it was turning red light. All of a sudden, a van from the first lane decided to do a last minute lane change to my lane as such I did not have time to react and my car front left side hit onto his rear right side. I suffered minor injuries. I got out and took some photos of the scene before he and myself both left. Later on I went to see a doctor where I received 5 days MC. I do not have in-car CCTV. There was a witness (Youneng, H/P: 87487590) who saw what happened and he informed that he will lodge an online police report about this.

Sketch Plan #5 Pg. 1





Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999

ware Police Force

3 of 3 Report No. T/20201014/2107

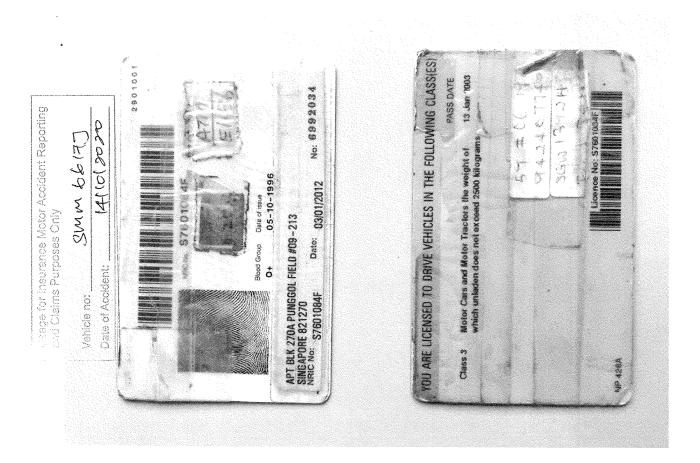
CONTINUATION OF REPORT

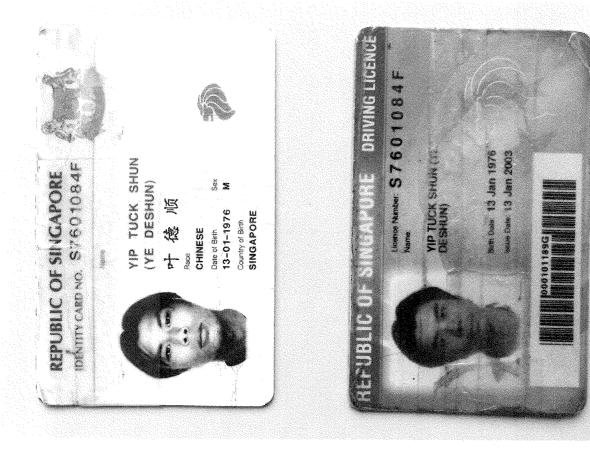
Sketch Plan

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:	Signature Of Informant:
Sgt 2 MOHAMED ALI S/O MUBARAK HUSSAIN	7200
	177
Signature Of Interpreted	Date/Time:
Not applicable	14/10/2020 17:05
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN	
SYED ABDUL WAHID ALHINDUAN	
Contact No.: 65476404	
Authentication Stamp	
ND460	





ERGO

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA) ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number

DMPG20008035

Vehicle Registration Number

SMM6617.1

Cover Type

Superior Comprehensive

Policy Type

Private Car

Name of Policyholder/Insured

Expiry Date of Insurance

YIP TUCK SHUN (YE DESHUN)

Commencement Date of Insurance

03/09/2020

Excess

02/09/2021

YOUNG & INEXP DRIVERS (SECTION I)

500.00 S\$ 500.00 300.00 SS 100.00

3,000,00

24-Hour Motor Accident Reporting

and Assistance Helpline

6333 2222

www.ergo.com.sg

Finance Company/Hire Purchase Owner: HL BANK

*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 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 and on race track 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 (*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

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

Karl-Mint, Jun

Authorized Signature

A000019	TH INSURANCE SPECIALIST AGENCY PTE LTD	Contact Number: 63487767
Vehicle Chassis Numb	er : RU11105694, Vehicle Engine Number : L15B4025696	PC1, 09/07/2020 15:05









