

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 Submission	27/04/2022 17:55 (SGT)
Date of Accident	27/04/2022 08:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SELETAR WEST LINK - CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8426C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SERINE TRADING
Company Reg No	52949045E
Email Address	RICHARDNG4556@GMAIL.COM
Mobile Phone No	(Phone) +65-67530573
Alternative Phone No	(Office) +65-67530573

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2500

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCG22004405
Cover Note Number	-

DRIVER

Name of Driver	SOY PEE @NG SOY PEE
NRIC No	S2742610G

Date Of Birth	05/06/1949
Occupation	Indoor
Date Of Driving Pass	25/05/1986
Driving experience	35 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-67530573
Alt. Phone Number	-
Email Address	RICHARDNG4556@GMAIL.COM
Address	BLK 588C MONTREAL DR #02-96 S753588
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM SIEW KIM
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED 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	SMW1980P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH3332G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YQ9111T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SOY PEE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE8426C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM SIEW KIM
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE8426C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

Please refer to the police report (T/20220427/2056).

Declaration

We declare the foregoing particulars are true in every respect.

SERINE TRADING
BLOCK 1057, EUNOS AVE 3
#01-67, SINGAPORE 409848
TEL: 6842 1863

Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



T/20220427/2056

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 4

Report No. T/20220427/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2022 15:17		Vide Report No.:		Station Diary No.: 80
Informant's Particulars				
Name of Informant: SOY PEE		Address: APT BLK 588C MONTREAL DRIVE #02-96 SINGAPORE 753588		
ID Type / ID No.: NRIC NO / S2742610G		Contact No.: Home/Office: Mobile: 83431941		
Nationality: MALAYSIAN		Email: richardng4556@gmail.com		
Sex: Male	Age: 73	Date of Birth: 05/06/1948	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Marketing and sales executive (food & beverage services)		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2022 08:30	Type of Location: Straight Road
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE8426C	Lorry	KIA	K2500 6M/T	White	Slightly Damaged	1
GBH3332G	Van	TOYOTA	HIACE VAN TURBO 5DR MT	Silver	Slightly Damaged	0
SMW1980P	Car	HONDA	JAZZ 1.5 CVT	Grey	Slightly Damaged	0
YQ9111T	Lorry	ISUZU		Blue	Slightly Damaged	0



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Tel No: 1800-8486999

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Report No. T/20220427/2056

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOY PEE	ID No.	S2742610G
Related Vehicle	GBE8426C (Lorry)	Contact No.	83431941
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/04/2022	Date Discharge	27/04/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	LIM SIEW KIM	ID No.	S1757189C
Related Vehicle	GBE8426C (Lorry)	Contact No.	84048128
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/04/2022	Date Discharge	27/04/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 27/04/2022 at about 8.30am, I was driving my companies lorry bearing registration plate number GBE8426C along Seletar West Link. Traffic was heavily congested at the time, traffic was slow moving and I was driving on the right most lane.

I was driving just before the road towards SLE/CTE. Traffic was slow moving and I was inching forward about 4 to 5 meters forward, I then felt an impact from the rear of my lorry. A chain collision happen consisting of 3 other vehicles behind me. We exchanged particulars and I left the location. I only have a front camera installed as such it was unable to capture anything.

After the incident I felt discomfort on my right shoulder while my wife felt discomfort at her chest area. Thats all.

I was at the front. Second vehicle is a car bearing registration plate number SMW1980P, third vehicle was a silver van GBH3332G and the last lorry was YQ9111T.



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T/20220427/2056

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Report No. T/20220427/2056

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220427/2056

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1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20220427/2056

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 TAN CHUAN SIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:

Date/Time:
27/04/2022 15:17

Classification Of Case:

NP168

Geylang N.P.C
1 Cassia Link
Singapore 397618
Tel: 1800-8486999



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
5 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S55550020G / 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 : SKOL224R000G Vehicle Registration No: GBE 8426C
Name (as shown in NRIC) : Serene Trading NRIC/FIN/Passport No : 52949045E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 2 Joo Chiat Rd #01-1125 Joo Chiat Complex Singapore (420002)
Contact (Tel) : 6753 0573 Mobile No. : 8343 1941
Email Address : richardng4556@gmail.com
Date of Accident : 27/04/2022 Time of Accident : 08:25AM
Place of Accident : Seletar West Link twds CTE
Insurance Company : Ergo

(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:

Company name: "Serene Trading" change to "Serine Trading".

SERINE TRADING
BLOCK 1057, EUNOS AVE 3
#01-67, SINGAPORE 409847
TEL: 6842 1863

Policyholder / Driver's Signature
Date:

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