

# 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 ..... 14/06/2022 15:35 (SGT)  
Date of Accident ..... 11/06/2022 11:05 (SGT)  
Exact Location of Accident ..... New Upper Changi Rd, Singapore  
Additional Location Information ..... TWDS CHANGI RD BEFORE CHAI CHEE RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBB5199T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ESJAY GLOBAL PTE LTD  
Company Reg No ..... 202029634C  
Email Address ..... samad8118@yahoo.com  
Mobile Phone No ..... (Phone) +65-87178118  
Alternative Phone No ..... +65-87178118

### VEHICLE PARTICULARS

Manufacturer ..... Fiat  
Model ..... Doblo  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 1248

### INSURANCE COMPANY

Name of Insurance Company ..... ERGO Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCG21013994  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SAMAD BIN SALIM  
NRIC No ..... S0074217A

Date Of Birth .....	11/11/1952
Occupation .....	Outdoor
Date Of Driving Pass .....	03/06/1977
Driving experience .....	45 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-87178118
Alt. Phone Number .....	-
Email Address .....	samad8118@yahoo.com
Address .....	208 UPPER EAST COAST ROAD #08-05
Address complement .....	-
Postcode .....	455287
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	DIRECTOR
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 .....	3
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY ALONG NEW UPPER CHANGI ROAD TOWARDS CHANGI ROAD BEFORE CHAI CHEE ROAD. VEHICLE IN FRONT OF ME STARTED SLOWING DOWN AND CAME TO A STOP AS TRAFFIC LIGHT WAS RED. I DID AND KEPT A SAFE DISTANCE. AFTER 10-20 SECONDS, I SUDDENLY FELT A HUGE IMPACT COMING FROM THE REAR OF MY VEHICLE. THE IMPACT THEN CAUSED MY VEHICLE TO THRUST FORWARD AND HIT ONTO VEHICLE C. I GOT DOWN MY VEHICLE AND REALISED I WAS INVOLVED IN A 3 CARS CHAIN COLLISION.

#### 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 .....	SMH6127H
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SNA7114M
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	SAMAD BIN SALIM
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBB5199T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



Describe Circumstances of the Accident

I was stationary along New Upper Changi Rd towards Changi Rd before Chai Chee Rd. Vehicle in front of me started slowing down and came to a stop as traffic light was red, so I did and kept a safe distance. After 10-20 seconds I suddenly felt a huge impact coming from the back of my vehicle. The impact then caused my vehicle to thrust forward and hit onto vehicle C. I got down my vehicle and realise I was involved in a 3 car collision.

Declaration

We declare the foregoing particulars are true in every respect.



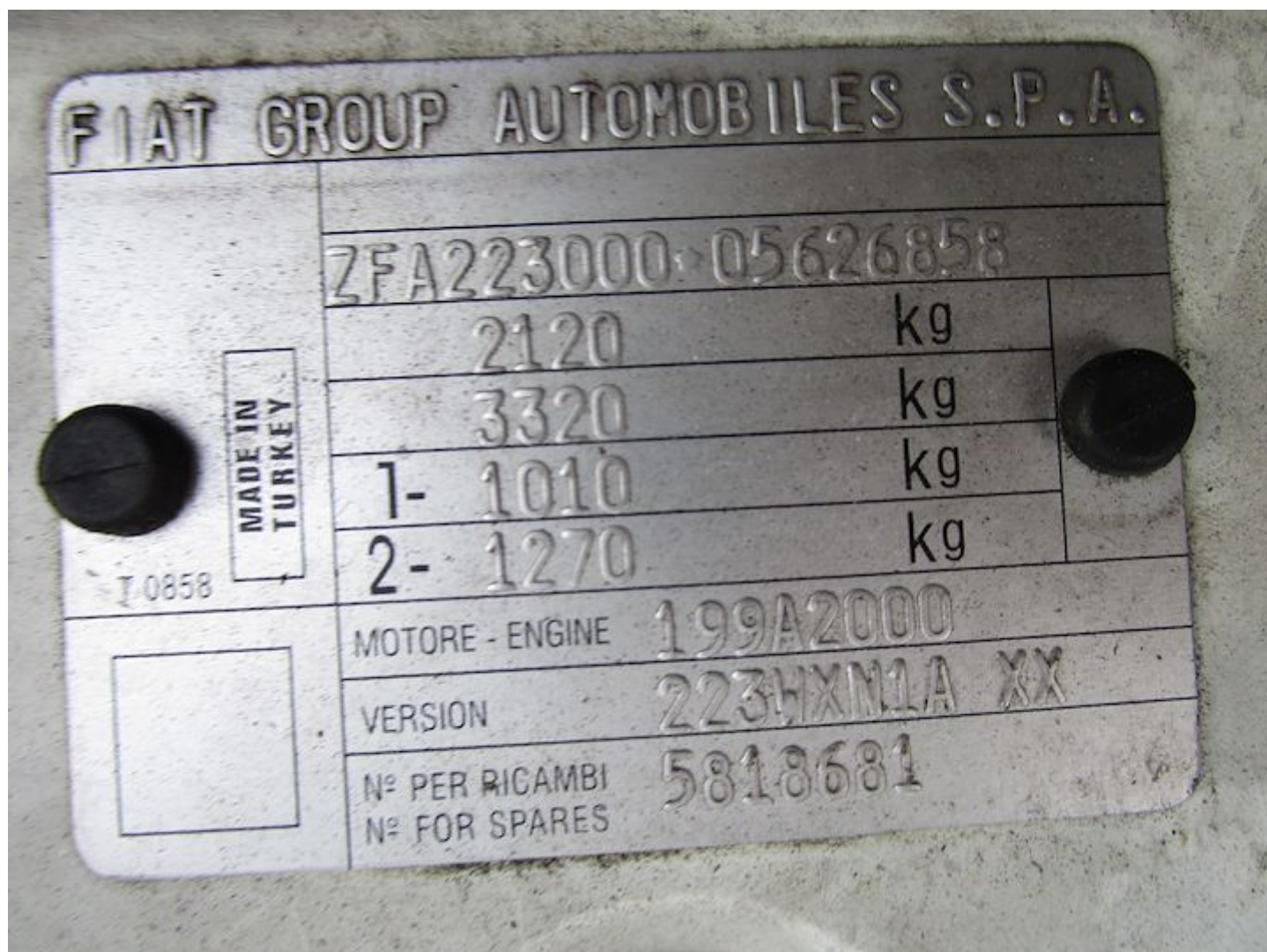
Policyholder's Signature / Date & Time

*[Signature]*

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

Witnessed by Reporting Centre Personnel

























CHASSIS NO : ZFA  
UNLADEN WT: ☐ 2300005625858  
MAX LADEN WT: ☐ 1000  
PASSENGER CAP : 1 DRIVER ☐ 1000  
TYRE SIZE : (F) ☐ 1 OTHERS  
(R) ☐ 185/65R15  
☐ 185/65R15



Sona

**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 : DMCG21013994  
 Vehicle Registration Number : GB85199T  
 Cover Type : Comprehensive  
 Policy Type : Commercial Vehicle (Pte Use)  
 Name of Policyholder/Insured : ESJAY GLOBAL PTE LTD  
 Commencement Date of Insurance : 27/11/2021  
 Expiry Date of Insurance : 26/11/2022

**FLASH**  
 Fast-Response Accident Reporting Hotline™

**24-Hour Helpline: 6100 1620**

Excess	:	EXCESS: (SECTION I).....	S\$	500.00
	:	ADDL EXCESS: NON-AUTH WORKSHOPS (SECTION I).	S\$	300.00
	:	EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS).	S\$	100.00
	:	YOUNG&INEXP DRIVERS(SECTION I)	S\$	2,500.00

Finance Company/Hire Purchase Owner : B-T-S-C AGENCY

**\*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 in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover:

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

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-Heinz Jung*

Authorized Signature

A100058	SONA INSURANCE AGENCIES PTE LTD	
Vehicle Chassis Number : ZFA22300005628658, Vehicle Engine Number : 199A20002753753		CP1, 15/11/2021 12:40

ERGO Insurance Pte. Ltd. Co. Reg. No.: 199305211H GST Reg. No.: M2-0116930-5  
 8 Temasek Boulevard #04-01 Suntec Tower Three Singapore 038988 Tel: +65 6829 9199 Fax: +65 6829 9248 www.ergo.com.sg