

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	08/07/2022 17:15 (SGT)
Reported by	Driver
Date of Accident	07/07/2022 09:15 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD7917D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHANGHAI TUNNEL ENGINEERING CO (S) PTE LTD
Company Reg No	199606990H
Email Address	ryderautoworkshop@gmail.com
Mobile Phone No	(Phone) +65-81689448
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	FS1ETLA-KAS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12913

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22000896

DRIVER

Name of Driver	BAN YONG HOE
NRIC No	S7568025B
Date Of Birth	09/03/1975
Occupation	Outdoor

Date Of Driving Pass	24/04/2009
Driving experience	13 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81689448
Alt. Phone Number	-
Email Address	ryderautoworkshop@gmail.com
Address	10 PASIR RIS LINK #07-40
Address complement	-
Postcode	518163
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No,T/20220707/2142

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL5831B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-96952471
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD8827Z
Vehicle Manufacturer	Scania
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	BAN YONG HOE
Gender	Male
Phone No	(Phone) +65-81689448
Address	10 PASIR RIS LINK #07-40
Address Complement	-
Post Code	518163
Approximate Age Years Old	47
Injuries Sustained	CHEST PAIN
Injured person in which vehicle?	XD7917D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	DRIVER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	XD8827Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.
8. **Consent under the Personal Data Protection Act (PDPA)**

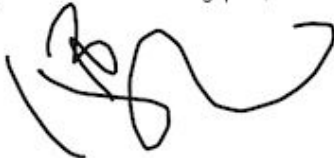
I understand, acknowledge, agree and consent that:

(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.



FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ

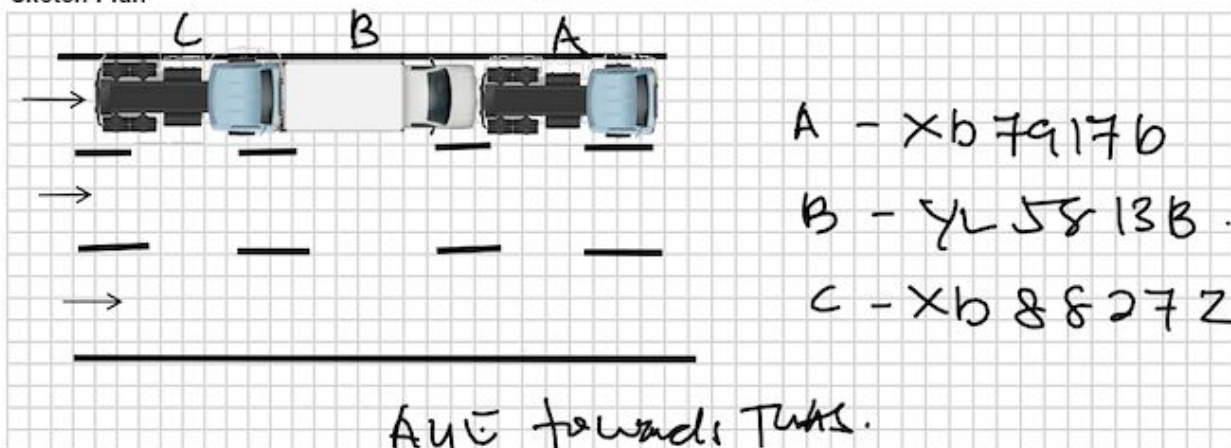


Policyholder's Signature / Date & Time

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

8/7/22 @ 1200H

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

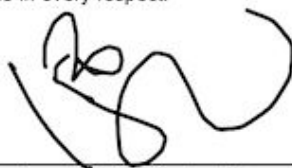
PLEASE REFER TO POLICE REPORT T /20220707/7038 AND
T/20220707/2142

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


8/7/21 @ 1205H

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre
Personnel

































**SINGAPORE
POLICE FORCE**



T/20220707/2142

1 of 3

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20220707/2142

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2022 22:32		Vide Report No.: T/20220707/7038		Station Diary No.: 99	
Informant's Particulars					
Name of Informant: BAN YONG HOE			Address: BLK 10 PASIR RIS LINK #07-40 SINGAPORE 518163		
ID Type / ID No.: NRIC NO / S7568025B			Contact No.: Home/Office: Mobile: 81689448		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 47	Date of Birth: 09/03/1975	Type of Informant: Rider		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/07/2022 09:15	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
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: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD7917D	Lorry			White	Seriously Damaged	2
XD827Z	Lorry			Orange	Seriously Damaged	0
YL5831B	Lorry			White	Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20220707/7038

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220707/7038

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
XD7917D	ERGO	D22NB0000091	01/03/2022	28/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	BAN YONG HOE	ID No.	S7568025B	
Related Vehicle	XD7917D (Lorry)	Contact No.	81689448	
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL	
Date	07/07/2022	Date	07/07/2022	
No. of Days granted Medical Leave	05	Degree of	Slight	
Passenger				
Name	Unknown Passenger	ID No.	NIL	
Related Vehicle	XD7917D (Lorry)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	MUHAMMAD IFDHAL BIN MAHMOOD	ID No.	S9416321H	
Related Vehicle	NIL	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	



**SINGAPORE
POLICE FORCE**



T/20220707/7038

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

3 of 4

Report No. T/20220707/7038

CONTINUATION OF REPORT

Driver			
Name	CHUA KEE HOO	ID No.	S1180800Z
Related Vehicle	NIL	Contact No.	96952471
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 07 July 2022 at 0915am, I was driving my white Hino Lorry (XD7917D) along AYE towards TUAS on the third lane. While driving, I heard multiple loud collisions coming from the front of the bus in front of me. The bus in front of me came to an abrupt stop. As such, I engaged my brakes and came to a stop preventing myself from colliding with the bus.

However, a white color Mitsubishi lorry (YL5831B) collided with the rear of my lorry. The seatbelt managed to prevent me from flying forward. I then alighted, took photos of the accident and exchanged particulars. I was then interviewed by Traffic Police officer and was advised to lodge an accident report.

Subsequently, I went over Raffles Medical located at Harbourfront Centre and received five days of MC due pain on my chest due to the seatbelt.

I wished to state that the rear steps of my lorry and right rear signal light were dislodged from my lorry. The rear siren was also dislodged. The rear bar meant for stepping was dented.

**SINGAPORE
POLICE FORCE**

T/20220707/2142

3 of 3

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20220707/2142

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 /
SI CHOO CHUN NAM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:

Date/Time:
07/07/2022 22:32

Classification Of Case:

NP168



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