

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 Actual 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 16/08/2022 11:09 (SGT)
Reported by Driver
Date of Accident 11/08/2022 21:00 (SGT)
Exact Location of Accident Woodlands Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE8661P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ENG CHOON ENTERPRISE PTE LTD
Company Reg No 2XXXXX045N
Email Address anna@ecenterprise.com.sg
Mobile Phone No (Phone) +65-87688276
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cabstar
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2953

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number DMCG22007324

DRIVER

Name of Driver SALIM
Passport No/FIN GXXXX066L
Date Of Birth 02/08/1989
Occupation Outdoor

Date Of Driving Pass	08/10/2018
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83000763
Alt. Phone Number	-
Email Address	anna@ecenterprise.com.sg
Address	12 KRANJI RD
Address complement	#04-12 KRANJI LODGE
Postcode	739522
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA5352Y
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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 Traffic Police Department for investigation.**
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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.



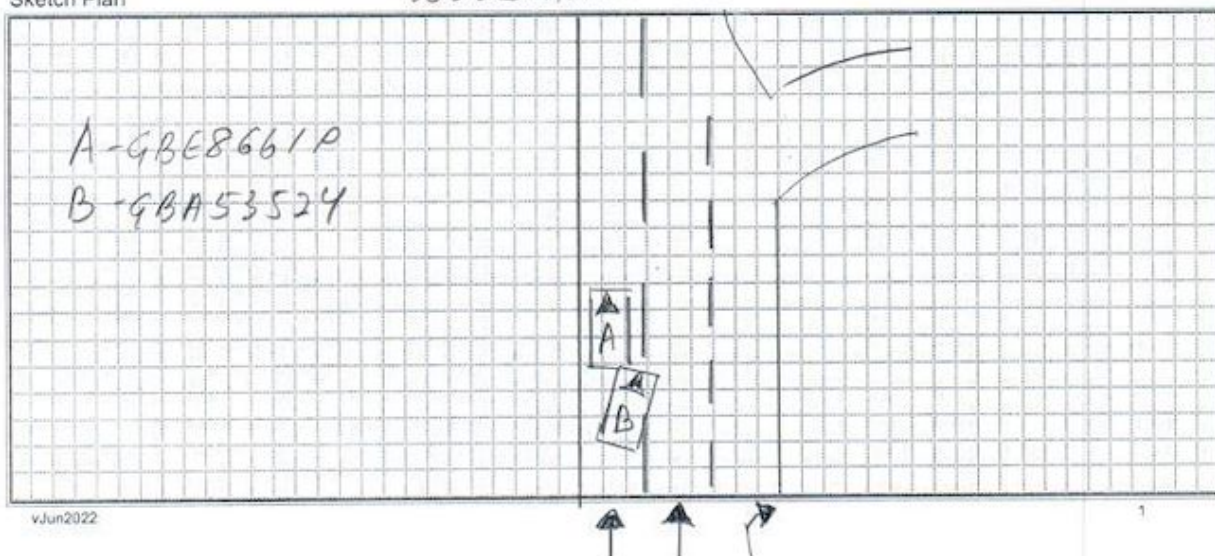
Policyholder's Signature / Date & Time

[Signature] 16/8/22
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 16/08/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

WOODLANDS RD



vJun2022

Describe Circumstance of the Accident

Pls refer to the police report.

Declaration

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



Policyholder's Signature / Date & Time

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

Witness by Reporting Centre Personnel (Name as in NRIC/ID card)

[Signature] 16/8/22

[Signature] 16/08/22



**SINGAPORE
POLICE FORCE**



T/20220812/2024

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

2 of 3

Report No. T/20220812/2024

CONTINUATION OF REPORT**Brief Details.**

On 11 August 2022, at about 2100hrs. I was driving my company Lorry GBE8661P, along Woodlands Road towards Woodlands crossing. I was involved in an accident with a Van, GBA5352Y at the said road before the Woodlands fire Station, near to a U turn point. As I was travelling on the most left lane, the said van was behind me and suddenly he hit onto the rear of my lorry when he is doing a lane change. There is no one injured and I spoke to the driver who is a China male. I requested to exchanged particulars but he refused. I do not think he understand me as there is a language barrier between us. I also gestured to him to park one side as not to obstruct the traffic however he replied me in Chinese. Subsequently he drove off and made a U turn. I am not sure if there is any CCTV along the said road and I do not have any in-vehicle camera.



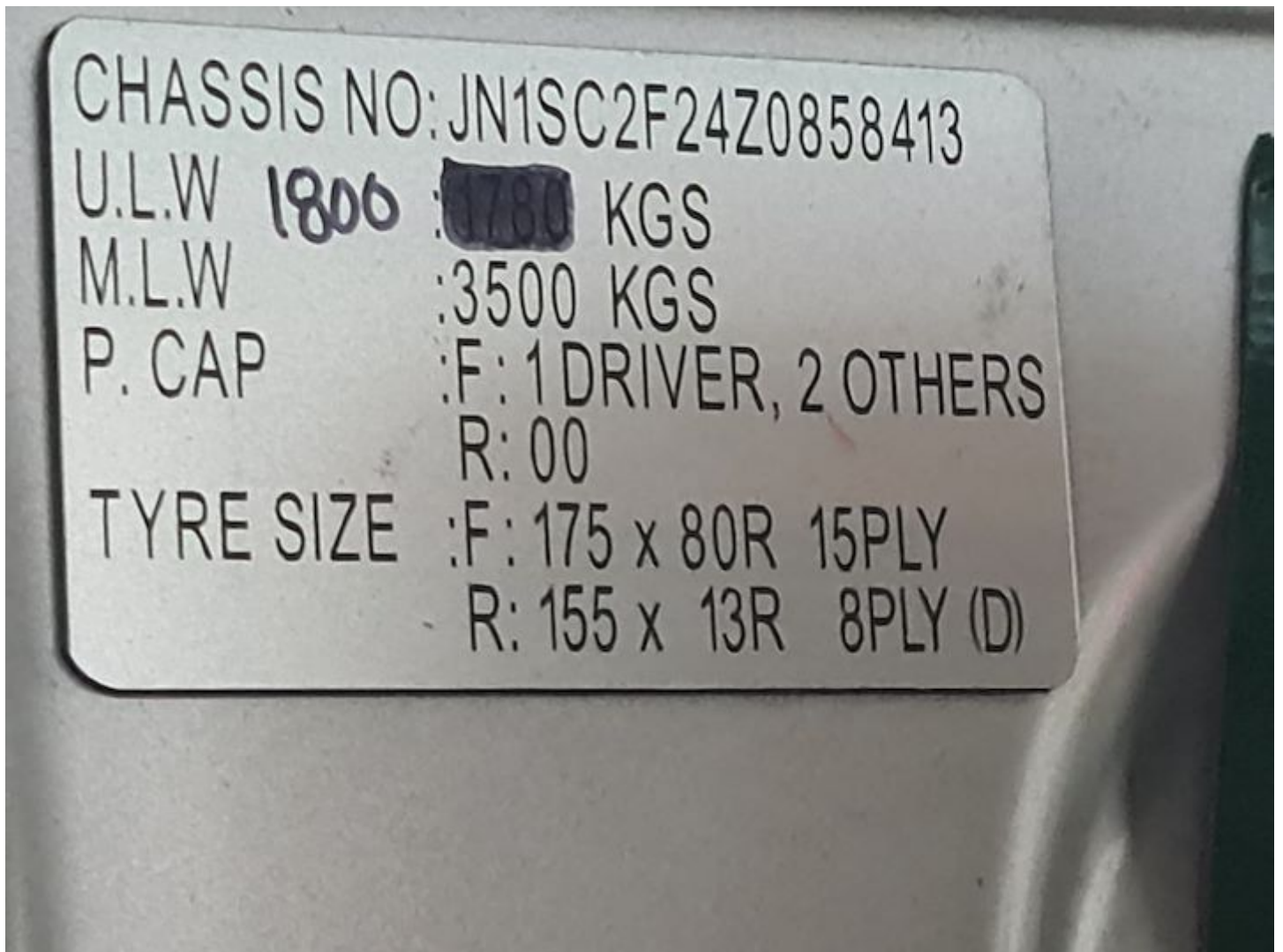













**SINGAPORE
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T/20220812/2024

1 of 3

Police Station Of Origin:
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1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20220812/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2022 11:13		Vide Report No.:		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: SALIM		Address: 12 KRANJI ROAD #04-12 KRANJI LODGE ONE SINGAPORE 739522			
ID Type / ID No.: FIN NO / G2253066L		Contact No.:		Mobile: 83000763	
Nationality: BANGLADESHI		Email:			
Sex: Male	Age: 33	Date of Birth: 02/08/1989	Type of Informant: Driver		
Race: Bangladeshi		Language:		Institution / School Name:	
Occupation: CONSTRUCTION		Driving Licence Information: Class: 3		Date of Expiry: 07/10/2023	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/08/2022 21:00	Type of Location: Straight Road
Location: WOODLANDS 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
GBA5352Y	Van				Slightly Damaged	0
GBE8661P	Lorry				Slightly Damaged	0



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T/20220812/2024

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T/20220812/2024

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Report No. T/20220812/2024

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 YIP YONG NAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/08/2022 11:13

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

NP168