

# 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 ..... 24/08/2022 14:21 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 23/08/2022 16:50 (SGT)  
Exact Location of Accident ..... 36 Defu Lane 6, Singapore 539382  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP1782P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... BOON POH REFUSE DISPOSAL PTE LTD  
Company Reg No ..... 1XXXXX718Z  
Email Address ..... AP@BOONPOH.COM  
Mobile Phone No ..... (Phone) +65-86568780  
Alternative Phone No ..... (Office) +65-62805980

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... NPR85UH5A  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2999

### INSURANCE COMPANY

Name of Insurance Company ..... ERGO Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... DMPCG22003084

### DRIVER

Name of Driver ..... NG CHEON MENG  
Passport No/FIN ..... GXXXX391M  
Date Of Birth ..... 29/12/1991  
Occupation ..... Outdoor

Date Of Driving Pass .....	13/10/2016
Driving experience .....	5 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86568780
Alt. Phone Number .....	-
Email Address .....	AP@BOONPOH.COM
Address .....	BLK 838 HOUGANG CENTRAL #06-505
Address complement .....	-
Postcode .....	530838
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 - Head to Rear
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 23/08/22 AT AROUND 1650HRS I WAS DRIVING VEHICLE A (YP1782P) AT 36 DEFU LANE 6. AS I WAS GOING STRAIGHT AT THE ONE WAY ROAD. I NOTICED THAT VEHICLE B (YN7754S) WAS UNLOADING AND I CONTINUED GOING STRAIGHT. THATS WHEN I DIDNT REALISE THAT THE VEHICLE IS SLANTED AND I REAR ENDED VEHICLE B. THERE WAS ONLY HIS PLATE NUMBER AND NO ONE WAS INJURED

#### 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 .....	YN7754S
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	FUSO FM65FM2RDEB
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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5. Any false reporting may be referred to the Police for 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 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")

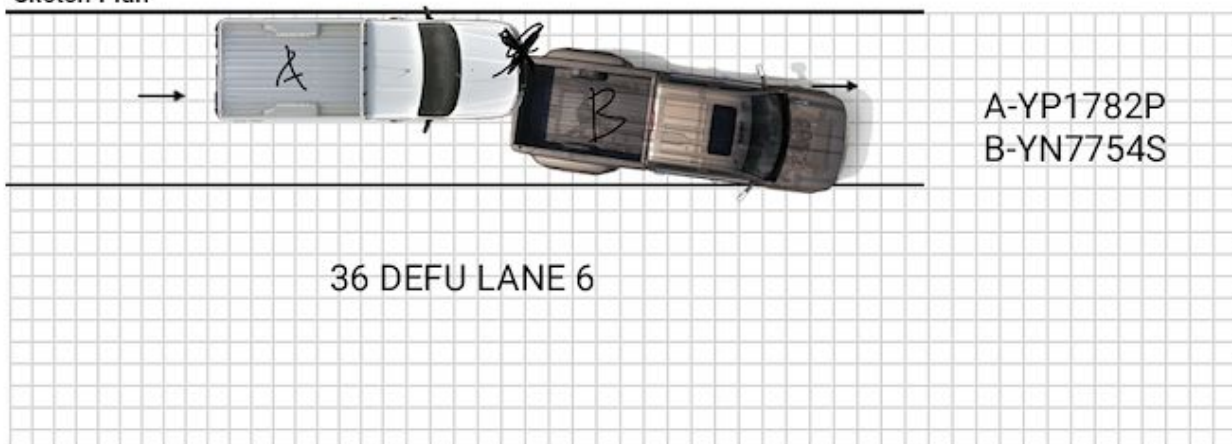
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Driver's Signature (If driver is not the policyholder) / Date & Time  
24/08/22 1155HRS

Witnessed by Reporting Centre  
Personnel FRO ZIKRUL

**Sketch Plan**

## Describe Circumstances of the Accident

ON 23/08/22 AT AROUND 1650HRS I WAS DRIVING VEHICLE A (YP1782P) AT 36 DEFU LANE 6. AS I WAS GOING STRAIGHT AT THE ONE WAY ROAD. I NOTICED THAT VEHICLE B(YN7754S) WAS UNLOADING AND I CONTINUED GOING STRAIGHT. THATS WHEN I DIDNT REALISE THAT THE VEHICLE IS SLANTED AND I REAR ENDED VEHICLE B. THERE WAS ONLY HIS PLATE NUMBER AND NO ONE WAS INJURED

## 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 24/08/22 1155HRS

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel FRO ZIKRUL













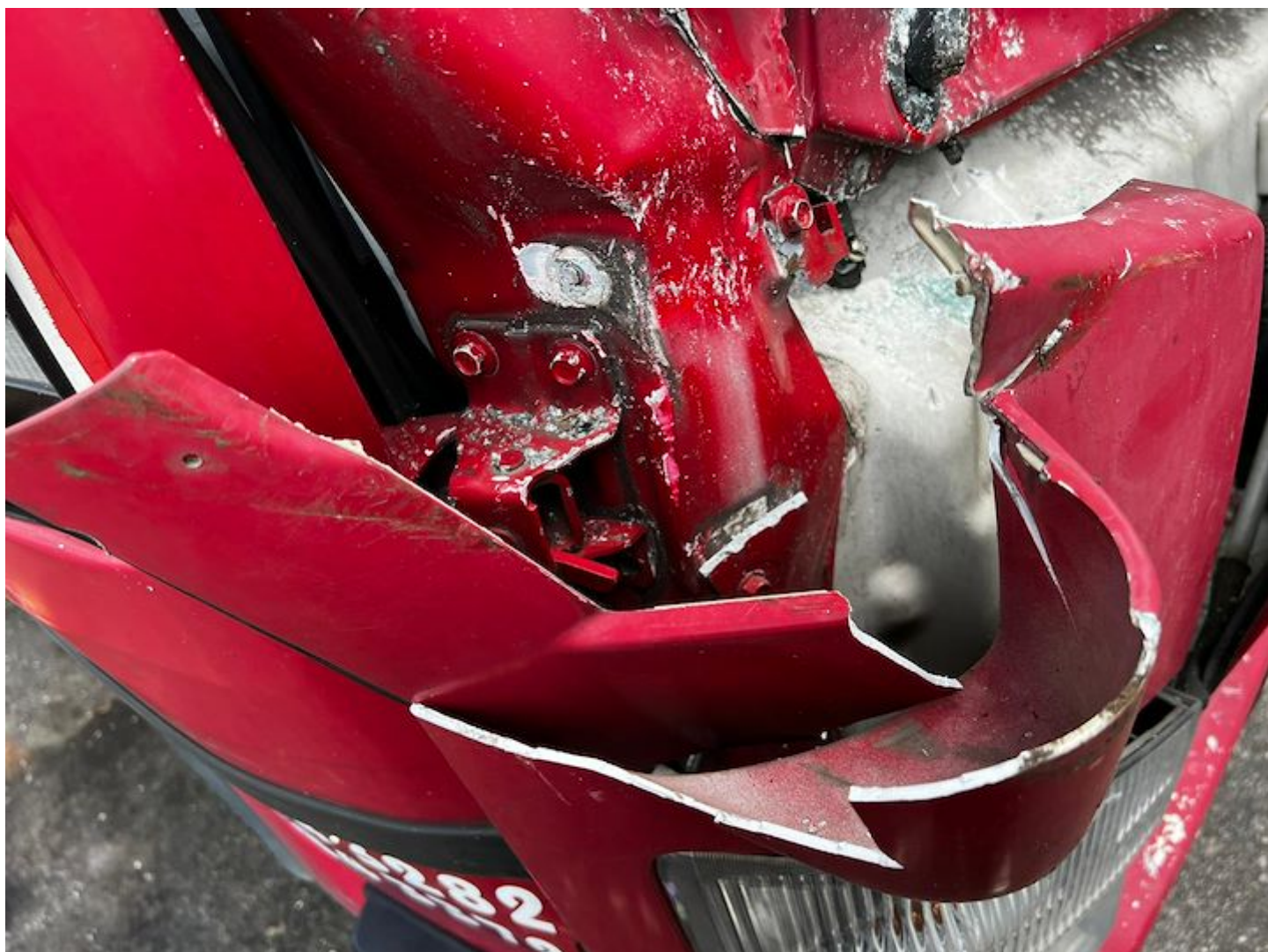








































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ0G228O000J Vehicle Registration No: YP1782P  
 Name (as shown in NRIC): NG CHEON MENG NRIC/FIN/Passport No: GXXXXX391M  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 86568780  
 Email Address: \_\_\_\_\_  
 Date of Accident: 23/08/2022 Time of Accident: \_\_\_\_\_  
 Place of Accident: 38 Defu Lane 6,  
 Insurance Company: ERGO Insurance Pte. Ltd.

**(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:

UPDATE EMAIL ADDRESS

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NG CHEON MENG  
 Policyholder / Driver's Signature  
 Date:

Siti  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: 24.08.2022

STARMC Addendum Form



