

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 Report	25/03/2019 15:27
Date Of Accident	25/03/2019 10:30
Exact Location Of Accident	1.65KM ALONG TPE TOWARDS SLE LANE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9547R
Insured/Policyholder	
Name Of Registered Owner	MAO SHENG QUANJI CONSTRUCTION PTE LTD
Co Reg No	198802470G
Email Address	CATHERINE@MAOSHENG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62852300

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FM65FM1RDEA
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCG18004178
Cover Note Number	

Driver

Name of Driver	NG ONG YAM
NRIC No	S2039522B
Date Of Birth	11/12/1951
Occupation	INDOOR
Date Of Driving Pass	05/06/1978
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-91319236
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 144 BEDOK RESERVOIR ROAD #04-1601
Postcode	470144
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED .

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DRIVER DID NOT PROVIDE AT TIME OF REPORTING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2614A
Vehicle Make/Model/Colour	TOYOTA / PRIUS
Details Of Properties	PRIME TAXI
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policy holder's Signature
Date & Time:

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

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

SKETCH PLAN

TPE toward SLE (Lane 1) opp L/P 80 (All 4 Lanes)

Laying Slip Road

1028 AM

1.6/5 km

Veh A: 1M9547R

Veh B: SHD2614A

Lane 1

TPE

4/D

B A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police reports: T/20190325/2105

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:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190325/2105

1 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20190325/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2019 14:14		Vide Report No.: G/20190325/0089		Station Diary No.: 42	
Informant's Particulars					
Name of Informant: NG ONG YAM			Address: APT BLK 144 BEDOK RESERVOIR ROAD #04-1601 SINGAPORE 470144		
ID Type / ID No.: NRIC NO / S2039522B			Contact No.: Home/Office: Mobile: 91319236		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 11/12/1951	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,2,3,4A,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/03/2019 10:30	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY				
occurred at 1.65km Along TPE towards SLE Lane 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SHD2614A	Car	TOYOTA	PRIUS HYBRID 1.8S CVT	Brown	Slightly Damaged	0
YM9547R	Water Tanker Lorry	mitsubishi	FM65FM1R DEA	White	Slightly Damaged	3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190325/2105

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20190325/2105

CONTINUATION OF REPORT

Driver			
Name	NG ONG YAM		ID No. S2039522B
Related Vehicle	YM9547R (Water Tanker Lorry)		Contact No. 91319236
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4A,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/03/2019 at about 1028hrs, I was travelling along TPE towards SLE on Lane 1 in my vehicle(YM9547R). Suddenly I felt an impact come from the rear of my vehicle, and I immediately applied my brakes. I thus exited my vehicle to make a check on what had happened, and discovered that another vehicle(SHD2614A) had collided into the rear of my vehicle, causing damage. Thereafter, police and ambulance were at scene, and the driver of the other vehicle was conveyed to hospital. I do have in car camera that was directed to my vehicle's rear, and it was recording during the incident. I am lodging this report a directed by police.



**SINGAPORE
POLICE FORCE**



T/20190325/2105

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20190325/2105

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: E / Staff Sgt LIM BENG LEE <i>[Signature]</i> SGT (2) Theodore Lee	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 25/03/2019 14:14
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:
Authentication Stamp NP168	21-070 SIGNATURE