

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 13/09/2022 10:00 (SGT)
Reported by Driver
Date of Accident 08/09/2022 14:40 (SGT)
Exact Location of Accident Bartley Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN7814C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DEL ENTERPRISE PTE. LTD.
Company Reg No 2XXXXX699D
Email Address cs1@del.com.sg
Mobile Phone No (Phone) +65-91877545
Alternative Phone No (Office) +65-69098428

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
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 7545

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number DMCG22006518

DRIVER

Name of Driver SHAIK ABU BAKAR BIN ABDUL SUKOL
NRIC No SXXXX765D
Date Of Birth 20/08/1982
Occupation Outdoor

Date Of Driving Pass	10/10/2008
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91877545
Alt. Phone Number	-
Email Address	cs1@del.com.sg
Address	BLK 293 CHOA CHU KANG AVENUE 3 #06-230
Address complement	-
Postcode	680293
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	Side Swipe
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)	2
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T /20220908/2213

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	GBE994G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHEW YEW BOON
Contact Number	(Phone) +65-96378644
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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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

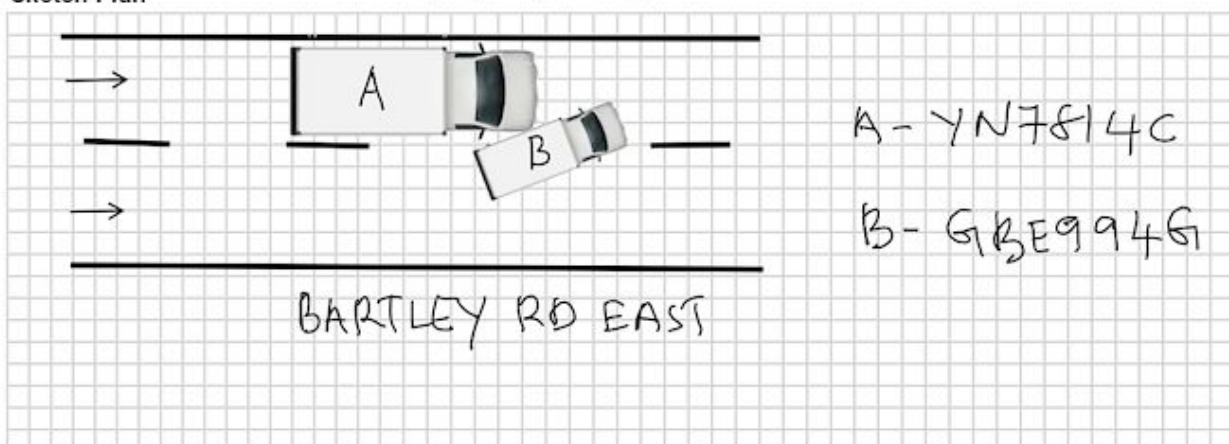


Policyholder's Signature / Date & Time

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

12/9/22 @ 1745H

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T /20220908/2213

Declaration

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

[Handwritten Signature]

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ



Policyholder's Signature / Date & Time

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

12/9/22 @ 1745H

Witnessed by Reporting Centre Personnel



























**SINGAPORE
POLICE FORCE**



T/20220908/2213

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20220908/2213

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2022 21:17	Vide Report No.:	Station Diary No.: 131
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Informant's Particulars

Name of Informant: SHAIK ABU BAKAR BIN ABDUL SUKOL	Address: APT BLK 293 CHOA CHU KANG AVENUE 3 #06-230 SINGAPORE 680293		
ID Type / ID No.: NRIC NO / S8226765D	Contact No.: Home/Office: Mobile: 91877545		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 40	Date of Birth: 20/08/1982	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: Lorry driver	Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/09/2022 14:40	Type of Location: Flyover
Location: BARTLEY ROAD EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE994G	Lorry	MITSUBISHI	CANTER		Slightly Damaged	0
YN7814C	Lorry	MITSUBISHI	FUSO		Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20220908/2213

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Report No. T/20220908/2213

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Brief Details.

On 08/09/2022 at 1440hrs, I was driving with my lorry attendant namely Jonathan (HP: 97868929) along Bartley Flyover on the second lane with my lorry YN7814C when a lorry GBE994G from the first lane sped and changed lane into my lane in front of my vehicle. As a result, the left side of his vehicle swiped the right side of my vehicle. We then stopped at the roadside in front and took photos of the scene and damages. I advised the driver to do the necessary follow ups on both our sides on our own but he did not seem to respond me. The other driver only spoke in chinese to my lorry attendant and exchanged particulars themselves. I have asked my attendant for his particulars but he has not responded.

I wish to state that I was not injured at the time of the accident. My lorry attendant was also not injured. The other party namely Chew Yew Boon (S1155336B) did not inform me if he was injured but he looked fine. My lorry sustained scratches on the right side as well as dents on my front right bumper and right side signal light on the right door was broken off. The other lorry sustained damages on the steps located at the back of the lorry. I am lodging this report as instructed by my company.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



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Report No. T/20220908/2213

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:

J /

SGT 1 IVAN TAN YONG QUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/09/2022 21:17

Officer In Charge Of Case:

TP / GIA /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168