

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	21/10/2022 13:06 (SGT)
Reported by	Driver
Date of Accident	20/10/2022 19:10 (SGT)
Exact Location of Accident	Lor Chuan, Singapore
Additional Location Information	TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL9099U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KSP FOOD SUPPLIERS PTE. LTD.
Company Reg No	2XXXXX437R
Email Address	ocean@kspfood.com
Mobile Phone No	(Phone) +65-98317646
Alternative Phone No	(Office) +65-62746108

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Caddy
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	Auto
CC	1968

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22009427

DRIVER

Name of Driver	OCEAN ONG YONG SHENG
NRIC No	SXXXX570H
Date Of Birth	10/09/1993
Occupation	Outdoor

Date Of Driving Pass	20/11/2017
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98317646
Alt. Phone Number	-
Email Address	general@kspfood.com
Address	BLK 322 UBI AVENUE 1 #11-595
Address complement	-
Postcode	400322
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)	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 20/10/2022 AT ABOUT 19:10HRS, I WAS DRIVING VEHICLE A (GBL9099U) ALONG LORONG CHUAN TOWARDS CTE. AS I TRAVELLING STRAIGHT ON SECOND LANE, FRONT VEHICLE B (SHC3866M) APPLIED JAMMBRAKE SUDDENLY. I CAN'T STOP VEHICLE A IN TIME HENCE REAR ENDED ONTO VEHICLE B REAR BUMPER. WHILE MY VEHICLE WAS STATIONARY FOR FEW SECONDS, I FELT AN IMPACT ONTO REAR OF VEHICLE A. VEHICLE C (SJA1008Z) COLLIDED ONTO VEHICLE A REAR LEFT SIDE. EXCHANGED PARTICULARS. I SUSTAINED NECK AND SHOULDER PAIN DUE TO THE IMPACT

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	SHC3866M
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Vehicle Manufacturer	Hyundai
Vehicle Model	Ae ioniq
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	RICHARD LIM EE CHUANG
NRIC No	SXXXX078C
Contact Number	-
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	SJA1008Z
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN BENG WAH GEOFFREY
NRIC No	SXXXX228B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	OCEAN ONG YONG SHENG
Gender	Male
Phone No	(Phone) +65-98317646
Address	BLK 322 UBI AVENUE 1 #11-595
Address Complement	-
Post Code	400322
Approximate Age Years Old	29
Injuries Sustained	NECK AND SHOULDER PAIN
Injured person in which vehicle?	GBL9099U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLANIMPORTANT NOTICE

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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.

Policyholder's Signature / Date & Time

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

20/10/2022. 21 00HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ

Witnessed by Reporting Centre
Personnel

Sketch Plan

A - GBL9099U
B - SJA1008Z
C - SHC3866M

Describe Circumstances of the Accident

ON 20/10/2022 AT ABOUT 19:10HRS, I WAS DRIVING VEHICLE A (GBL9099U) ALONG LORONG CHUAN TOWARDS CTE. AS I TRAVELLING STRAIGHT ON SECOND LANE, FRONT VEHICLE B (SHC3866M) APPLIED JAMMBRAKE SUDDENLY. I CAN'T STOP VEHICLE A IN TIME HENCE REAR ENDED ONTO VEHICLE B REAR BUMPER. WHILE MY VEHICLE WAS STATIONARY FOR FEW SECONDS, I FELT AN IMPACT ONTO REAR OF VEHICLE A. VEHICLE C (SJA1008Z) COLLIDED ONTO VEHICLE A REAR LEFT SIDE. EXCHANGED PARTICULARS. I SUSTAINED NECK AND SHOULDER PAIN DUE TO THE IMPACT

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 20/10/2022. 21 00HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20221021/7018

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

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Report No. T/20221021/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2022 12:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: OCEAN ONG YONG SHENG			Address: 322 UBI AVENUE 1 #11-595 SINGAPORE 400322		
ID Type / ID No.: NRIC NO / S9333570H			Contact No.: Home/Office: Mobile: 98317646		
Nationality: SINGAPORE CITIZEN			Email: OCEAN@KSPFOOD.COM		
Sex: Male	Age: 29	Date of Birth: 10/09/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2022 19:10	Type of Location: Straight Road
Location: SERANGOON AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL9099U	Van	VOLKSWAGO N	CADDY	Grey	Slightly Damaged	0
SHC3866M	Car	HYUNDAI		Blue	Slightly Damaged	0
SJA1008Z	Car	MERCEDES BENZ		Blue	Seriously Damaged	2



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBL9099U	ERGO INSURANCE PTE LTSD	DMCG22009427	07/07/2022	06/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	OCEAN ONG YONG SHENG		ID No.	S9333570H
Related Vehicle	GBL9099U (Van)		Contact No.	98317646
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	21/10/2022		Date	21/10/2022
No. of Days granted Medical Leave		04	Degree of	Slight
Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	SJA1008Z (Car)		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

Brief Details.

ON 20/10/2022 AT ABOUT 19:10HRS, I WAS DRIVING VEHICLE A (GBL9099U) ALONG LORONG CHUAN TOWARDS CTE. AS I WAS TRAVELLING STRAIGHT ON SECOND LANE, FRONT VEHICLE B (SHC3866M) APPLIED JAMBRAKE SUDDENLY. I CAN'T STOP VEHICLE A IN TIME HENCE REAR ENDED ONTO VEHICLE B REAR BUMPER. WHILE MY VEHICLE WAS STATIONARY FOR A FEW SECONDS, I FELT AN IMPACT ONTO REAR OF VEHICLE A. VEHICLE C (SJA1008Z) COLLIDED ONTO VEHICLE A REAR LEFT SIDE. EXCHANGED PARTICULARS. I SUSTAINED NECK AND SHOULDER PAIN DUE TO THE IMPACT.



**SINGAPORE
POLICE FORCE**



T/20221021/7018

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

3 of 3

Report No. T/20221021/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

This report is lodged at Traffic Police Kiosk 2
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/10/2022 12:51

Classification Of Case: