

## 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	26/10/2022 13:38 (SGT)
Reported by	Driver
Date of Accident	22/10/2022 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LENTOR FLYOVER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3739M
-----------------------------	---------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PENG WANG FISH PRODUCT
Company Reg No	40734900J
Email Address	ET2181@YAHOO.COM
Mobile Phone No	(Phone) +65-88229472
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2977

#### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22003981

#### DRIVER

Name of Driver	YU BAOFU
Passport No/FIN	G2505439W
Date Of Birth	12/10/1975
Occupation	Outdoor

Date Of Driving Pass	13/11/2019
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86865128
Alt. Phone Number	-
Email Address	974223352@QQ.COM
Address	26 JLN CHEMPAKA PUTEH S489022
Address complement	-
Postcode	-
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	Collided into Property
Weather Conditions	DRIZZLE
Road Surface	Wet

#### 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?	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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED 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	SJE5417D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Private car
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	YU BAOFU
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YN3739M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### WITNESS DETAILS

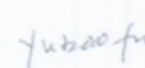
##### WITNESS 1

Name	NG TECK ING
Phone	(Phone) +65-93986318
Email	-

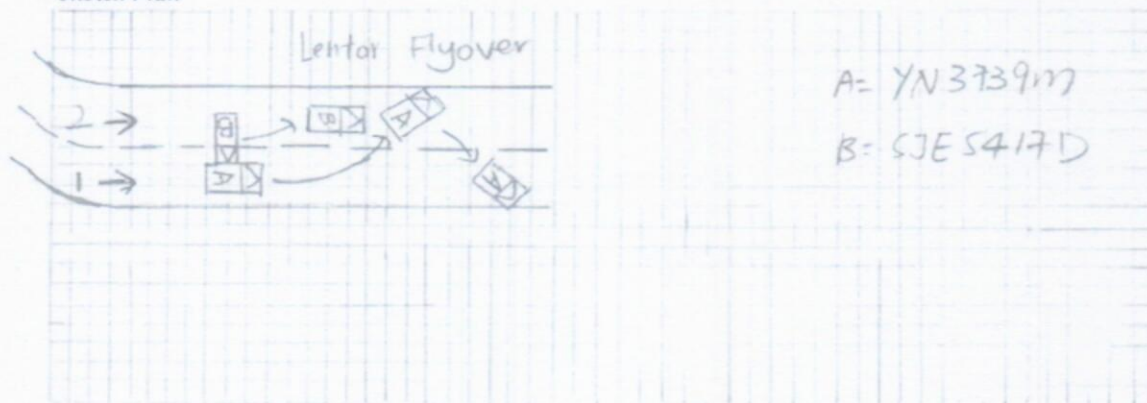
SKETCH PLANIMPORTANT NOTICE

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 willful 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. 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  
 25/10/22

  
 Witnessed by Reporting Centre Personnel  


Sketch Plan



Describe Circumstances of the Accident

I was driving along Lane 1 of Lenton Flyover on 22.10.2022 at about 1350 hours. <sup>There was raining and the road was wet.</sup> Vehicle B skid and hit onto my left side. The impact cause my lorry skid and hit onto the road side on the left. I try to control my lorry but fail and then hit onto the road side on the right.

## 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



Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20221025/2055

1 of 3

Police Station Of Origin:  
Changi N P C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20221025/2055

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2022 15:47	Vide Report No.:	Station Diary No.: 34
--	------------------	--------------------------

## Informant's Particulars

Name of Informant: YU BAOFU			Address: 26 JALAN CHEMPAKA PUTEH SINGAPORE 489022		
ID Type / ID No.: FIN NO / G2505439W			Contact No.:		Mobile: 86865128
Nationality: CHINESE			Home/Office:		
			Email:		
Sex: Male	Age: 47	Date of Birth: 12/10/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: manufacturing staff			Driving Licence Information: Class: 2B,3,4		Date of Expiry: 05/11/2024

## General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2022 13:50	Type of Location: Bend
Location:  LENTOR AVENUE				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SJE5417D	Car	TOYOTA	Toyota Corolla Axio	Blue	Seriously Damaged	0
YN3739M	Lorry	MITSUBISHI	Mitsubishi FE83BC6SR DEA	White	Seriously Damaged	0

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20221025/2055

2 of 3

Report No. T/20221025/2055

**CONTINUATION OF REPORT**

Driver			
Name	YU BAOFU	ID No.	G2505439W
Related Vehicle	YN3739M (Lorry)	Contact No.	86865128
Hospital/Clinic	HL FAMILY CLINIC & SURGERY (BEDOK) PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: 05/11/2024
Date Treatment	23/10/2022	Date Discharge	23/10/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Name	Unknown	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 22/10/2022 @ about 1350hrs. I was driving along Lane 1 of Lentor Flyover. It was drizzling and the road was wet. Vehicle B skid and hit onto the left side of my vehicle. The impact caused my lorry to skid and hit onto the road side on the left. I then tried to control my lorry but failed and then hit onto the road side on the right.





SINGAPORE  
POLICE FORCE



T/20221025/2055

3 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20221025/2055

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 1 MUHAMMAD HARITH BIN  
AMRAN

Signature Of Informant:

Signature Of Interpreter:  
Tan Tam Pin / S1440621B

Date/Time:  
25/10/2022 15:47

Officer In Charge Of Case:  
TP / GIT /  
SI GOH WEI LI  
Contact No.: 65476394

Classification Of Case:

NP168