

## 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	15/05/2023 15:04 (SGT)
Reported by	Actual Driver
Date of Accident	13/05/2023 00:50 (SGT)
Exact Location of Accident	Near SLE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3325M
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ENG CHOON ENTERPRISE PTE LTD
Company Reg No	201330045N
Email Address	JOEKCY@ME.COM
Mobile Phone No	(Phone) +65-87790954
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	3000

#### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22011126

#### DRIVER

Name of Driver	JOE KAM CHEE YONG
NRIC No	S7632751C
Date Of Birth	20/10/1976
Occupation	Outdoor

Date Of Driving Pass	11/07/2013
Driving experience	9 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81188058
Alt. Phone Number	-
Email Address	JOEKCY@ME.COM
Address	APT BLK 717A WOODLANDS DRIVE 70 #08-14 S 731717
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	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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### 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	YN8533G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	ZHANG XIANG MIN
Contact Number	(Phone) +65-98147939
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM24X
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



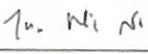
Name of injured person	JOE KAM CHEE YONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

# SKETCH PLAN

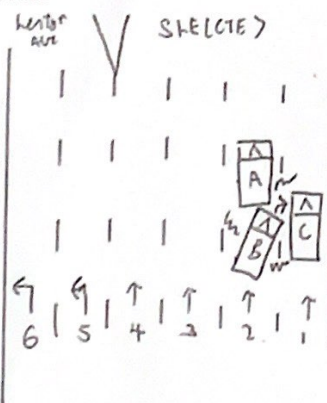
## IMPORTANT NOTICE

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 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  
 Witnessed by Reporting Centre Personnel

## Sketch Plan



SLE(CTE)

b'kne L'abr AN  
Exit

A - GBF 3325M  
 B - YN 8533G  
 C - SLM 2HX




Describe Circumstances of the Accident

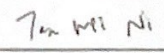
As per police report no. T/20230514/2007

Declaration

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/20230514/2007

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 4

Report No. T/20230514/2007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/05/2023 03:04		Vide Report No.:		Station Diary No.: 15
<b>Informant's Particulars</b>				
Name of Informant: JOE KAM CHEE YONG		Address: APT BLK 717A WOODLANDS DRIVE 70 #08-14 SINGAPORE 731717		
ID Type / ID No.: NRIC NO / S7632751C		Contact No.: Home/Office: Mobile: 81188058		
Nationality: SINGAPORE CITIZEN		Email: joekcy@me.com		
Sex: Male	Age: 46	Date of Birth: 20/10/1976	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/05/2023 00:50	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		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	Condition	No of Passenger
GBF3325M	Van				Slightly Damaged	0
SLM24X	Car					0
YN8533G	Lorry					0





**SINGAPORE  
POLICE FORCE**



T/20230514/2007

2 of 4

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

Report No. T/20230514/2007

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	JOE KAM CHEE YONG	ID No.	S7632751C
Related Vehicle	GBF3325M (Van)	Contact No.	81168058
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	DOMINIC LEE WEN XIAN	ID No.	S9740006G
Related Vehicle	SLM24X (Car)	Contact No.	81137360
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
<b>Driver</b>			
Name	ZHANG XIANGMIN	ID No.	NIL
Related Vehicle	YN8533G (Lorry)	Contact No.	98147934
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 14/05/2023 at 0050hrs, I was driving my vehicle, registration number: GBF3325M along Seletar Expressway(SLE) heading towards Central Expressway(CTE) on the 2nd lane. Earlier, I was travelling on the 3rd lane but noticed that there was a Certis Cisco vehicle escorting a large vehicle so I made a lane change to the 2nd lane. I had then noticed that there 4 vehicles in front of me which were changing lanes in a weird manner. As such, I pressed the brakes of my vehicle.

Suddenly, I felt an impact coming from the rear side of my vehicle which caused my vehicle to inch to the front. I did not see any vehicle behind mine so I moved my vehicle to the front at the 1st lane in front of the



**SINGAPORE  
POLICE FORCE**



T/20230514/2007

3 of 4

Report No. T/20230514/2007

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

**CONTINUATION OF REPORT**

vehicles which had already came to a stop. The vehicles which had stopped then moved away and a lorry, registration number: YN8533G and a car, registration number: SLM24X had stopped behind me. All the 3 of us then exchanged particulars. After that a vehicle had stopped in front of my car and the driver, 98782341 had asked me for my contact number. I refused and replied to him that I have my own workshop for me to do repairs. However, he kept asking me for my contact number even when I was back in my vehicle.

He then kept asking me for my contact number. Later on, I received a call from him where he said that he is from the workshop and that he can take care of the repairs but I rejected him.

I wish to state that I am not injured at the moment.

The damages to my vehicle is as follows:

- 1.) Whole rear windscreen is totally cracked
- 2.) Dent on the rear door
- 3.) Right brake and signal lights cracked
- 4.) Damage on the rear bumper





**SINGAPORE  
POLICE FORCE**



T/20230514/2007

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

4 of 4

Report No. T/20230514/2007

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /  
SR STAFF SGT MUHAMMAD  
HAZWAN BIN ADNAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/05/2023 03:04

Officer In Charge Of Case:

TP / GIA /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Classification Of Case:

NP168