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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 16/06/2023 16:45 (SGT) Reported by **Actual Driver** Date of Accident 16/06/2023 12:00 (SGT) Exact Location of Accident Seletar Expw., Singapore Additional Location Information TOWARDS BKE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

2977

Vehicle Registration Number YM7599D

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner RISHENG LOGISTIC Company Reg No 5XXXX189M **Email Address** wendaoyi@hotmail.com Mobile Phone No (Phone) +65-91179849 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Fe84be6srdea 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

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Policy Number / Cover Note Number DMCG23001490

DRIVER

Name of Driver WEN YI NRIC No SXXXX987E Date Of Birth 17/01/1974 Occupation Outdoor

Date Of Driving Pass 12/09/1998 Driving experience 24 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-91179849 Alt. Phone Number Email Address wendaoyi@hotmail.com Address BLK 26B ST.GEORGE'S LANE #16-33 Address complement Postcode 322026 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230616/7033 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 GBJ9759J Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	GBJ9759J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- this Faire must be completed by the Policyholds, and/or the Actual Driver
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 - se report will be forwarded by the insulers to the CIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that capies of this repolt will for a fee be inside available upon application by interested parties
- 8 By the Toogramens of this report to the resources, you hardly consent to the an Towng of this report at the certific and to cupies of this report being made invadable aforesmid.
- Consent under the Personal Data Protection Act (PDPA)

Lenderstand, acknowledge, agree and consists that

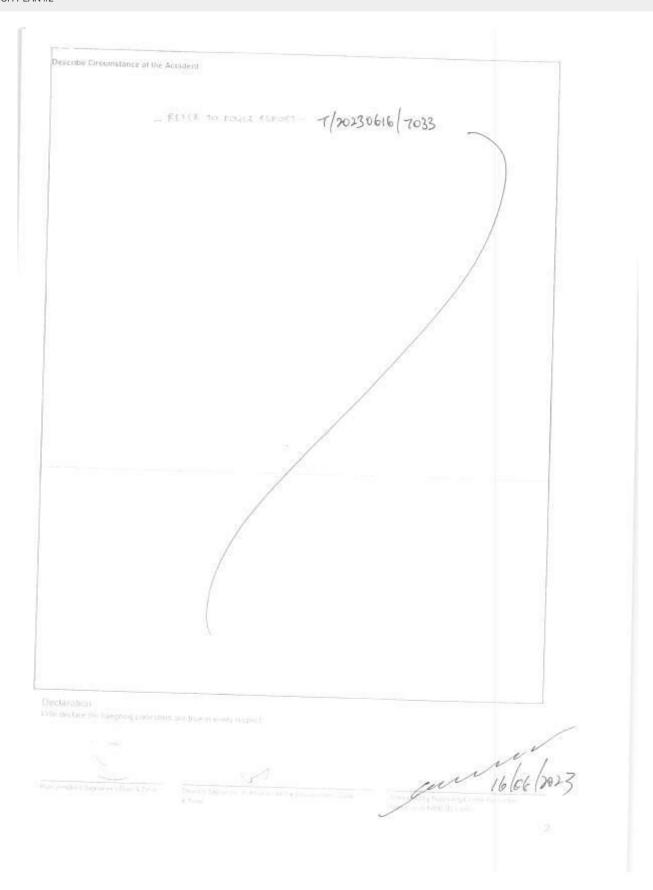
(a) My insured, my workshop and the General insurance Association of Singapore ("GIA") may have permitted to collect, use, discusse and a process my personal data/personal information set out in this (found and any other personal information provided by meter possessed by my insurer crollectivity the "Personal Information") and disclose and transfer such Personal Information to all observable who have insured vehicle(s) involved in this occident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred as as the "Insurers"). The Insurers Towycrastan/firms, the Chinesary Authority of Singapore and any relevant government agencylauthority (such as the police), for the purposees) of

(i) processing, frontling and/or dealing with my claims including the subsenses of the claims and any necessary investigations relating to

- (ii) investigating the acodem and/or my claims
- (iii) carrying out and/or dealing with my instructions or responding to any requires by me
- Les) administrating my claims (including she musting of correspondence, statements, invoices, (squirts or regimes to me, which countries (ye., disclosure of central personal dwa about me to bring about delivery of the same as well up on the external cover of disvelopes/mail
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collocively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this boordest and the financies hwyposition time. Why here permitted to collect. use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- (c) my Personal Information gray can be disclosed by any of the incurers und/or GIA to their third-party service providers or agents (including their tawyers,law fitting), which may be sited outside of Simpapore, for one or more of the above Purposes.

16/06/2023

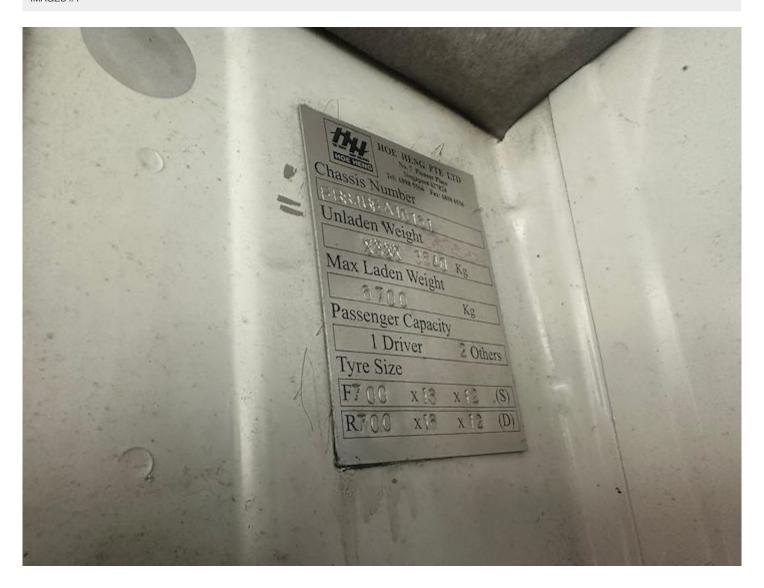
Sketch Plan TELVAROS DVH7599B (B)GB J 9 75 9 J

























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

1 of 3 Report No. T/2023/0516/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Ti 16/06/2	me Report 023 15:17	Made:	Vide Report No. L/20230616/0052	Station Diary No.
Informa	int's Partic	ulars		
Name o WEN Y	f Informant		Address; 268 ST, GEORGE'S LANE	#16-33 SINGAPORE 322026
ID Type / ID No NRIC NO / S7488987E Nationality CHINESE		87E	Contact No.: Home/Office:	STARK WALL AND STORY
			Email: wendaoyi@hotmail.com	Mobile: 91179849
Sex: Male	Age: 49	Date of Birth 17/01/1974	Type of Informant Vehicle Owner	
Race: Chinese			Language: English	
Occupation: Larry driver			Driving Licence Information Class	Date of Expiry

Type of Accident:	Injury Conveyed By Ambulanc	Drink Drive No	Date/Time of Accident: 16/06/2023 12:00	Type of Location Straight Road	
Location			12.00		
SLE (BKE) 6)	NATURE .				
Weather Clear	Ro Dry	ad Surface.			
Traffic Flow. Traffic		ffic Control.		Traffic Volume: Moderate	
One Way	No	Controlled			

Vehicle No.	Type	Make	Model	14.		
GBJ9759J	Lony	- Harris	Model	Color	Conditio	No of
	990X.				Seriously Damaged	0
YM7599D	Lorry					
	54				Stightly Damaged	0



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

Report No. T/20230616/7033.

CONTINUATION OF REPORT

Details of Pers	on Involved			
Any Pedestrian	Involved: No			
No. of Pedestna	ns Injured: NIL	Hea of D	edestrian Cros	
Driver		1030011	edestrian Cross	sing: NA
Name	UNKNOWN		ID No.	NIL
Related Vehicle	GBJ9759J (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Explry	Class; NIL Date of Expiry, NIL
Date	NIL	Date NIL		
No. of Days gran	ted Medical Leave NIL	Degree o		
Vehicle Owner		1 431 4	Grigin	
Name	WEN YI		ID No.	57488987E
Related Vehicle	YM7599D (Larry)		Contact No.	91179849
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
Vo. of Days grant	ed Medical Leave NIL	Degree of		
		The second secon	1975	

Brief Details.

I was travelling along SLE towards BKE.

The vehicle in front of mine came to a stop. I followed to slow down and stop.

A few seconds later, I felt an impact. I alighted and found my vehicle being rear ended.

The vehicle behind mine was badly damaged and the driver was conveyed to the hospital.

I was informed by the police officer to lodge a police report.



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



3 of 3

Report No. T/20230516/7033

CONTINUATION OF REPORT

Signature Of Officer Recording The Report. Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time 16/06/2023 15:17
Officer In Charge Of Case: TP / TPIB / PHUA TIAK YEE Contact No.: 65476200	Classification Of Case: