

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 | 11/04/2023 17:07 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 10/04/2023 22:15 (SGT) |
| Exact Location of Accident | Bukit Panjang, Singapore |
| Additional Location Information | POST OFFICE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBR58R

INSURED/POLICYHOLDER

| | |
|--------------------------------|--------------------------|
| Is company? | No |
| Name Of Registered Owner | LOO CHENG CHUAN |
| NRIC No | S1169633C |
| Email Address | ANGUSMICHAEL94@GMAIL.COM |
| Mobile Phone No | (Phone) +65-97770058 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Lexus |
| Model | ES300H |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private use |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 3000 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | ERGO Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | DMPG22011016 |

DRIVER

| | |
|----------------------|-----------------|
| Name of Driver | LOO CHENG CHUAN |
| NRIC No | S1169633C |
| Date Of Birth | 12/10/1956 |
| Occupation | Indoor |

| | |
|--|--------------------------|
| Date Of Driving Pass | 30/08/1975 |
| Driving experience | 47 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97770058 |
| Alt. Phone Number | - |
| Email Address | ANGUSMICHAEL94@GMAIL.COM |
| Address | 37A EVERITT ROAD |
| Address complement | - |
| Postcode | 428586 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 Bicyclist |
| 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) | 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

REFER TO POLICE REPORT: T/20230411/7059.

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 | SHC7022E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|-----------|
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | VEHICLE B |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

IMPORTANT NOTICE

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6. 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.

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 enquiry, 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 in 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.

[Handwritten Signature]

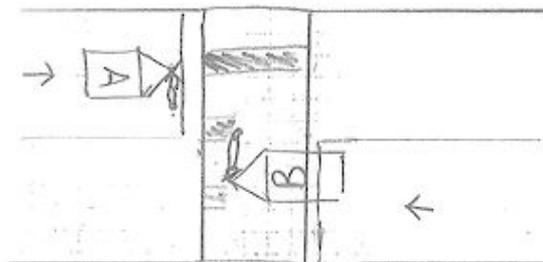
Policyholder's Signature / Date & Time

[Handwritten Signature]

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

At the stated date and time, I was at the zebra crossing outside BURK
DANJANG POST OFFICE. I stopped at the stop line as there was a cyclist.
the front right portion of vehicle B
vehicle B did not stop and, collided onto the cyclist, causing the cyclist to
collide onto the front and side portion of my vehicle.

Declaration

(We declare the foregoing particulars are true in every respect)

NSL

Policyholder's Signature / Date & Time

NSL

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

Witnessed by Reporting Centre Personnel





TOYOTA MOTOR CORPORATION JAPAN
MODEL AV60R-BEXGB
ENGINE 2AR-FXE 2494 mL
FRAME No. JTHBW1GG302083426
COLOR TRIM PLANT OPTION
1H9 LCO1 Q12
TRANS./AXLE P314 -02A 0009











**SINGAPORE
POLICE FORCE**



T/20230411/7059

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

1 of 4

Report No. T/20230411/7059

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|-------------------------------------|---|--------------------|
| Date/Time Report Made: 11/04/2023 16:26 | | Vide Report No.: J/20230410/0136 | | Station Diary No.: |
| Informant's Particulars | | | | |
| Name of Informant: LOO CHENG CHUAN | | | Address: 37A EVERITT ROAD SINGAPORE 428586 | |
| ID Type / ID No.: NRIC NO / S1169633C | | | Contact No.: Home/Office: Mobile: 97770058 | |
| Nationality: SINGAPORE CITIZEN | | | Email: angusmicahel94@gmail.com | |
| Sex: Male | Age: 66 | Date of Birth: 12/10/1956 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | |
| Occupation: self-employed | | | Driving Licence Information: Class: Date of Expiry: | |

General Information of the Accident

| | | | | |
|--------------------------------------|------------------------------|---|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 10/04/2023 22:15 | Type of Location: Straight Road |
| Location: JALAN TECK WHYE | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: Two Way | | Traffic Control: Pedestrian Crossing | | Traffic Volume: No Traffic |
| Type of Collision: BICYCLE TO CAR | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
|-------------|------|---------|----------------------------------|--------|---------------------|------------------|
| SBR58R | Car | TOYOTA | LEXUS ES300H LUXURY CVT | Grey | Slightly Damaged | 1 |
| SHC7022E | Car | HYUNDAI | i40 | Yellow | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20230411/7059

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

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Report No. T/20230411/7059

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|-------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SBR58R | SHC INSURANCE PTE. LTD. | DMPG22011016 | 08/08/2022 | 28/01/2024 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------------------|--|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | LOO CHENG CHUAN | | ID No. | S1169633C |
| Related Vehicle | SBR58R (Car) | | Contact No. | 97770058 |
| 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 |
| Driver | | | | |
| Name | Unknown Driver | | ID No. | NIL |
| Related Vehicle | SHC7022E (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 |
| Cyclist | | | | |
| Name | MUHAMMAD RIDHWAN BIN ANUAR | | ID No. | S9204311H |
| Related Vehicle | NIL | | Contact No. | 97261875 |
| 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 | Serious |



**SINGAPORE
POLICE FORCE**



T/20230411/7059

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

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Report No. T/20230411/7059

CONTINUATION OF REPORT

Brief Details.

At the stated date and time, I was at the zebra crossing of Jalan Teck Whye outside Bukit Panjang Post Office. I stopped at the stop line before the zebra crossing as there was a cyclist. Vehicle B (SHC7022E) did not stop and the front right portion collided onto the cyclist, causing the bicycle to collide onto the front and side portion of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20230411/7059

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

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Report No. T/20230411/7059

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:

11/04/2023 16:26

Officer In Charge Of Case:
TP / TPIB /
FADLI SHAIFUDDIN BIN MOHAMED SANI
Contact No.: 65476845

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS2X234B000N Vehicle Registration No: SBR58R

Name (as shown in NRIC): LOO CHENG CHUAN NRIC/FIN/Passport No: 21169632C

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 9777 0058

Email Address: _____

Date of Accident: 10/04/23 Time of Accident: 20.15

Place of Accident: BUKIT PANJANG POST OFFICE

Insurance Company: ERGO

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- AMEND EMAIL ADDRESS

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

9201093

2:55

4G

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1/2

ERGO

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 195)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960
ROAD TRANSPORT ACT 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

| | | |
|--------------------------------|--|--|
| Certificate/Policy Number | 0MP02011016 | Fast Response Accident Reporting Hotline 24-Hour Helpline: 6100 1620 |
| Vehicle Registration Number | 1M2615X | |
| Cover Type | Supervan Comprehensive | |
| Policy Type | Private Car | |
| Name of Policyholder/Insured | LOO CHENG CHUAN | |
| Commencement Date of Insurance | 06/06/2022 | |
| Expiry Date of Insurance | 25/01/2024 | |
| Excess | EXCESS (SECTION I) | S\$ 1,000.00 |
| | ADD'L EXCESS: UNPAID DRIVERS (SECTION I) | S\$ 500.00 |
| | ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) | S\$ 300.00 |
| | EXCESS: WINDSCREEN | S\$ 100.00 |
| | YOUNG & NEWSP DRIVERS (SECTION I) | S\$ 1,000.00 |

Finance Company/Lease/Purchase Details

Insurance policy is subject to Finance as stated below:

- The Policyholder
- Any Person who is driving the Policyholder's motor vehicle

Insured that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle, it has been licensed and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. Insured further that the Motor Vehicle is registered under the Road Traffic Act and its region state under the Road Traffic Act and not de-registered at the time of the accident loss or damage.

Conditions

- 1) Use only for local, through and pleasure purposes
- 2) Use for Policyholder's business
- 3) The Policy does not cover:
 - (a) Use for hire or reward, racing, performance, rally, trial or speed testing and on race track
 - (b) Use for the carriage of goods other than samples in connection with any trade or business
 - (c) Use for any purpose in contravention with the Motor Trade

Conditions contained hereunder by Section 3 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 195) and Section 3 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings ("")

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 195), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part 6 of the Road Transport Act 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia)

For and on behalf of ERGO Insurance Pte. Ltd.
Approved Signature

Karl-Heinz Jung

Authorized Signature

| | |
|-----------------------|--|
| ADDRESS | SANTUCK TRADE & INSURANCE AGENCY |
| Vehicle Origin Number | 11M01010302083426, Vehicle Origin/Motor Number : 2AR1136790PC1, 06/06/2022 18:54 |

ERGO Insurance Pte. Ltd. Co. Reg. No. 19030211H GST Reg. No. M2-0116920-5

11 Marina Bay Sands 604-01 Santuck Tower Three Singapore 038888 Tel: +65 6829 9190 Fax: +65 6829 9246 www.ergo.com.sg

ERGO

IMPORTANT NOTICE

The Certificate of Insurance (CI) is not transferable to a new owner of the vehicle. If, for any reason the insurance is terminated during its currency, the CI must be returned to us. If the CI is lost or has been destroyed, a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Road Traffic Regulations. The CI must be returned if the insurance is suspended during its currency. If you have sold your vehicle, you must complete this portion and surrender the original CI to us. The insurance is invalid when the vehicle is sold.

This is to notify you that I have sold my vehicle to _____ on _____.

Please effect the necessary cancellation.

Name: _____ NRIC/ROC: _____

Signature: _____ Date: _____

This Certificate of Insurance is subject to:
REARUM PAYMENT WARRANTY (for Corporate Policyholders) or
PAYMENT BEFORE COVER WARRANTY (for Individual Policyholders)

In the event of an accident stay calm and take the following steps:

1. Call our 24-hour Fast Response Accident Reporting Hotline (FLASH) +65 6100 1620 to receive immediate assistance. A Field Officer will be dispatched to the accident scene to render assistance and guide you through the electronic filing of your accident report.
2. While waiting for our Field Officer to arrive, exchange particulars (name, NRIC number, vehicle number, insurer and contact details) with the other parties involved in the accident.
3. If the other parties involved in the accident are not willing to provide their particulars, take photographs of the position and damage to the vehicles if possible.