# 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.
**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 | 17/07/2023 18:33 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 15/07/2023 16:30 (SGT) |
| Exact Location of Accident | Jalan Bukit Merah, Singapore |
| Additional Location Information | AFTER KIM TIAN ROAD |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | YN990Y |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | Yes |
| Name Of Registered Owner | JIN YUAN ENGINEERING (SINGAPORE) PTE. LTD. |
| Company Reg No | 2XXXXX018D |
| Email Address | marshallthean@yahoo.com |
| Mobile Phone No | (Phone) +65-94815622 |
| Alternative Phone No | - |

### VEHICLE PARTICULARS

| | |
|---|---|
| Manufacturer | Hino |
| Model | XZU710R |
| 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 | Manual |
| CC | 4009 |

### INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | ERGO Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | DMCG23009346 |

### DRIVER

| | |
|---|---|
| Name of Driver | DAS SUBRATA |
| Passport No/FIN | GXXXX028T |
| Date Of Birth | 20/08/1984 |
| Occupation | Outdoor |

| | |
|---|---|
| Date Of Driving Pass | 22/05/2019 |
| Driving experience | 4 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-86533598 |
| Alt. Phone Number | - |
| Email Address | marshallthean@yahoo.com |
| Address | 11A TANAH MERAH COAST ROAD |
| Address complement | - |
| Postcode | 498718 |
| 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 | 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 | Tampines Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005871999 |
| Alt. Police Station Phone No | (Fax) +65-65871699 |
| Police Station Address | 6 Tampines Ave 4 Singapore 529682 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

## CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

## 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 | GBF8979T |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Dyna |
| Vehicle Variant | - |

| | |
|---|---|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | RONY RAKIBUL HASSAN |
| Passport No/FIN | GXXXX272X |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

# 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**.
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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.

JIN YUAN ENGINEERING (S) PTE LTD Co. Reg No. 200801018D

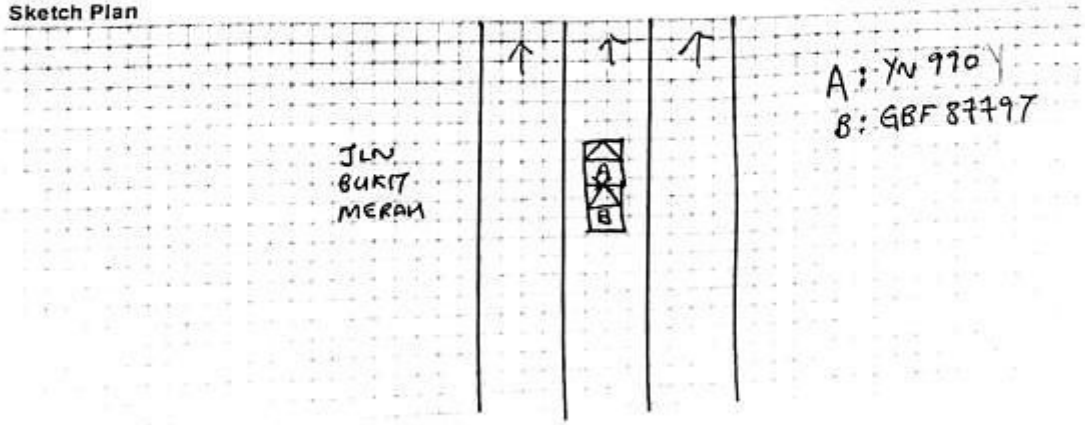
17/07/2023

Policyholder's Signature / Date & Time

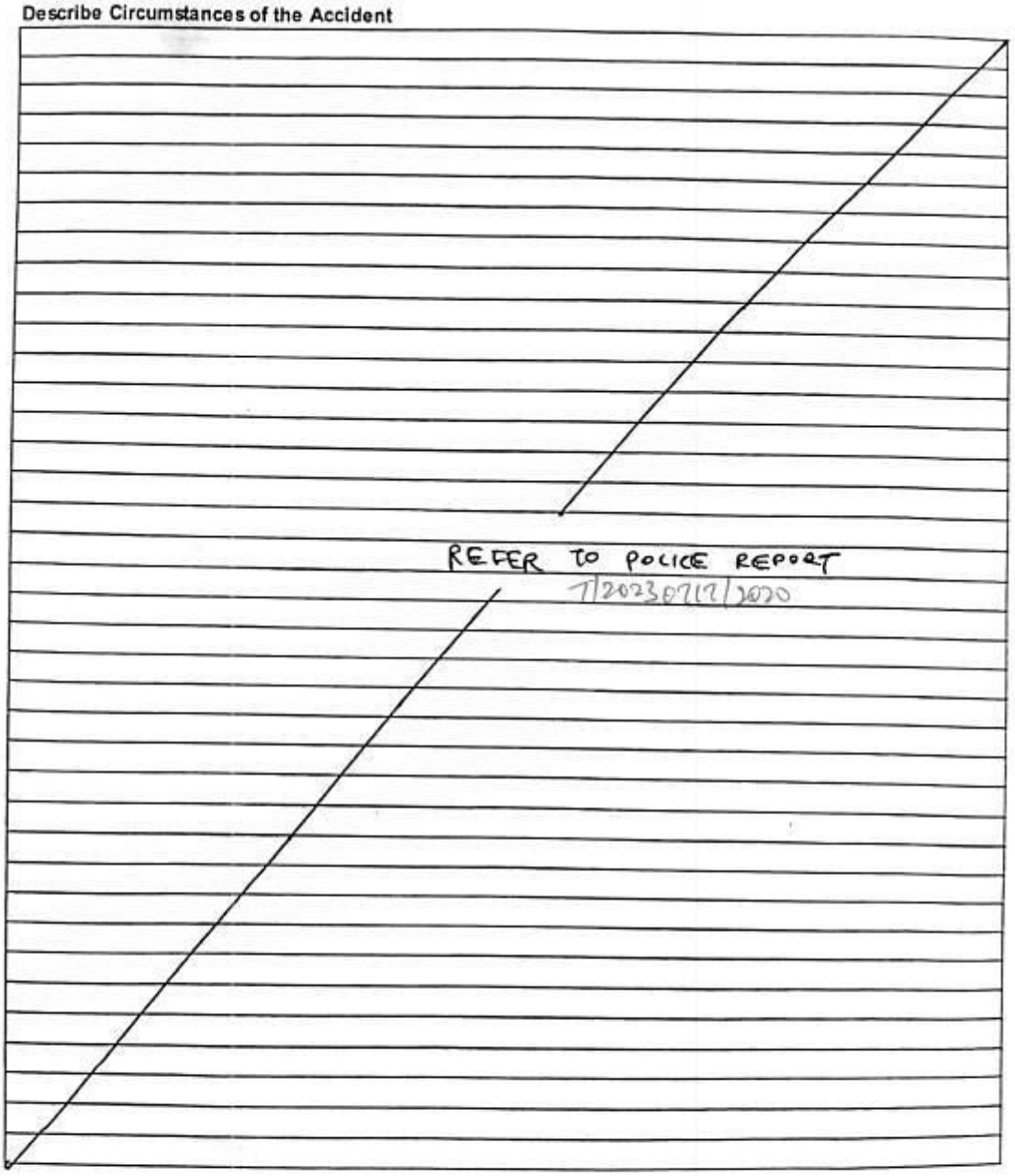
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**




**Declaration**

I/We declare the foregoing particulars are true in every respect.

JIN YUAN ENGINEERING (S) PTE LTD Co. Reg No. 200801015D

Policyholder's Signature / Date & Time

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

17/07/2023

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2


HINO
Jin Yuan Engineering (Singapore) Pte Ltd
12
pax
YN
990Y
HINO

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10


120 140
160
km/h
11:39
AVERAGE
14.3 L/100km
C H
AdBlue E F
E F
CURRENT L/100km
50 30 10
ODO 1,521 km

IMAGES #11


Jin Yuan Engineering (Singapore) Pte Ltd
Tel: 6481 5622 Fax: 6481 6055


Group
Hoe Heng
HOE HENG PTE LTD
7 Pioneer Place
Singapore 627824
Tel : 6898 5566 Fax : 6898 6556
Chassis Number
JHHUCV3FX0K050587
Unladen Weight
2480 KG
Max Laden Weight
5000 KG
Passenger Capacity
1 Driver 2 Others
Tyre Size
F 195 x 85R x 16 (S)
R 195 x 85R x 16 (D)

IMAGES #13

IMAGES #14

SINGAPORE POLICE FORCE

T/20230717/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999


Report No. T/20230717/2020

**REPORT OF A TRAFFIC ACCIDENT**

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 17/07/2023 11:10 | A/20230715/0118 | 33 |

**Informant's Particulars**

| | | | |
|---|---|---|---|
| Name of Informant:<br>DAS SUBRATA | | | Address:<br>11A TANAH MERAH COAST ROAD SINGAPORE 498718 |
| ID Type / ID No.:<br>FIN NO / G8424028T | | | Contact No.:<br>Home/Office: Mobile: 86533598 |
| Nationality:<br>BANGLADESHI | | | Email: |
| Sex:<br>Male | Age:<br>38 | Date of Birth:<br>20/08/1984 | Type of Informant:<br>Driver |
| Race:<br>Bangladeshi | | | Language: |
| Occupation:<br>Lorry driver | | | Driving Licence Information:<br>Class: 3 Date of Expiry: |

**General Information of the Accident**

| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 15/07/2023 16:30 | Type of Location: T-Junction |
|---|---|---|---|---|
| Location:<br>JALAN BUKIT MERAH | | | | |
| Weather:<br>Clear | | Road Surface:<br>Dry | | |
| Traffic Flow:<br>Two Way | | Traffic Control:<br>Traffic Light - Working | | Traffic Volume:<br>Heavy |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|---|---|---|---|---|---|---|
| GBF8979T | Lorry | | | | Slightly Damaged | 0 |
| YN990Y | Lorry | | | | Slightly Damaged | 0 |

**Details of Person Involved**

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

SINGAPORE POLICE FORCE

T/20230717/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999


Report No. T/20230717/2020

CONTINUATION OF REPORT

| Driver | | | |
|---|---|---|---|
| Name | Rony Rakibul Hassan | ID No. | G6709272X |
| Related Vehicle | GBF8979T (Lorry) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

| Driver | | | |
|---|---|---|---|
| Name | DAS SUBRATA | ID No. | G8424028T |
| Related Vehicle | YN990Y (Lorry) | Contact No. | 86533598 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3<br>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 above-mentioned date and time, I was travelling along the second lane of Jalan Bukit Merah towards Queensway. While travelling, the vehicle in front of me started to slow down, hence I brake to slow down. However, the vehicle (GBF8979T) behind of me is not able to stop in time and collided with my vehicle on the rear. A traffic police attended to our incident, and the driver of the other vehicle was conveyed to hospital, hence I am lodging this traffic accident report.

SINGAPORE POLICE FORCE

T/20230717/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999


Report No. T/20230717/2020

CONTINUATION OF REPORT

| | |
|---|---|
| Signature of Officer Recording The Report:<br>G /<br>SGT 2 SAMNEL LEE LE KUN | Signature Of Informant: |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>17/07/2023 11:10 |
| Officer In Charge Of Case:<br>TP / GIT /<br>SR STAFF SGT Ahmad Syafiq Bin Harris<br>Contact No.: 65476201 | Classification Of Case: |

NP168

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

**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: SN08237H0007 Vehicle Registration No: YM 9904

Name (as shown in NRIC): DAS SUBRATA NRIC/FIN/Passport No: GXXXX028T

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

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: 86533548

Email Address: _____

Date of Accident: 15/09/2023 Time of Accident: 16:30

Place of Accident: JLN BUKIT MERAH AFTER KIM TIAN ROAD

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:

INSURED VEHICLE NUMBER IS YM 9904

Policyholder / Actual Driver's Signature
Date:

18/09/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: