

## 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 First Submission .....	24/07/2023 12:07 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	22/07/2023 19:05 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TOWARDS TUAS
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLA1348T
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHUA GAK TIONG, JARVIS (CAI YUEZHONG, JARVIS)
NRIC No .....	SXXXX124A
Email Address .....	jarvischua@hotmail.com
Mobile Phone No .....	(Phone) +65-98428324
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Camry
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2494

#### INSURANCE COMPANY

Name of Insurance Company .....	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	DMPG23001893

#### DRIVER

Name of Driver .....	CHUA GAK TIONG, JARVIS (CAI YUEZHONG, JARVIS)
NRIC No .....	SXXXX124A
Date Of Birth .....	31/08/1980
Occupation .....	Indoor

Date Of Driving Pass .....	18/08/2001
Driving experience .....	21 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98428324
Alt. Phone Number .....	-
Email Address .....	jarvischua@hotmail.com
Address .....	94C BEDOK NORTH AVENUE 4 #11-1391
Address complement .....	-
Postcode .....	462094
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 .....	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 .....	5
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) .....	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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230723/2005

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBL1198U
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	FJR 1300 A
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SNL5418S
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	IONIQ 5 2WD SR PRESTIGE
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	YQ9227T
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	CANTER FEB21ER3SDEN
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	SLH7425C
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
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 .....	RIDER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	FATAL
Injured person in which vehicle? .....	FBL1198U
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

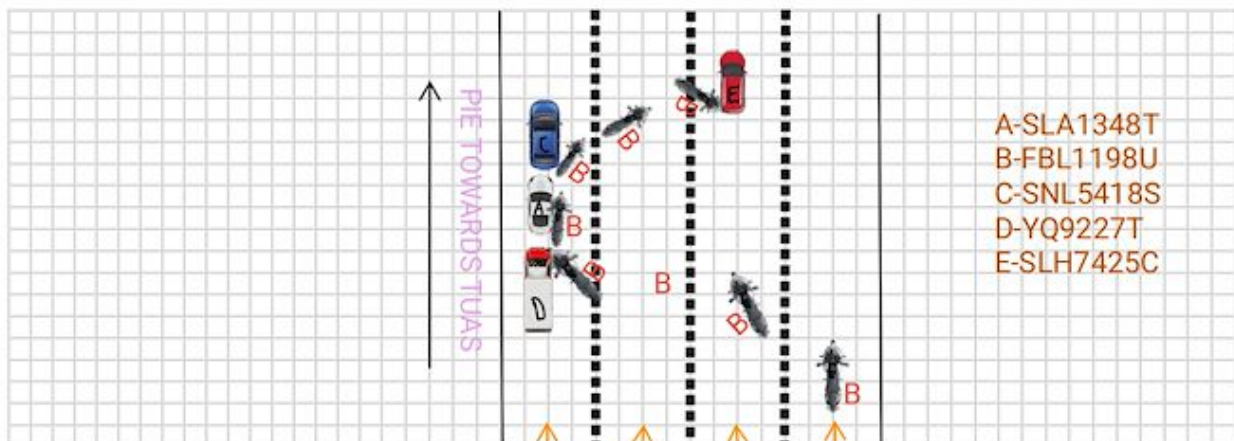
**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
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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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 &amp; Time

 Driver's Signature (If driver is not the policyholder) / Date & Time  
 22052023 1800HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT  
T/20230723/2005

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 22052023 1800HRS



Witnessed by Reporting Centre  
Personnel




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999



T/20230723/2005

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Report No. T/20230723/2005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/07/2023 00:50	Vide Report No.:	Station Diary No.: 28
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**Informant's Particulars**

Name of Informant: CHUA GAK TIONG, JARVIS		Address: APT BLK 94C BEDOK NORTH AVENUE 4 #11-1391 SINGAPORE 462094	
ID Type / ID No.: NRIC NO / S8026124A		Contact No.: Home/Office: Mobile: 98428324	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 31/08/1980	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: ENGINEER MANAGER		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/07/2023 19:05	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
On PIE before CTE exit towards AMK, on Lane 4				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Rear Ended	Anyone conveyed by ambulance: Yes			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL1198U	Motorcycle	YAMAHA	FJR1300		Totally Damaged	0
SLA1348T	Car	TOYOTA	CAMRY 2.5 AUTO	Grey	Seriously Damaged	0
SLH7425C	Car	NISSAN	QASHQAI	White	Seriously Damaged	0
SNL5418S	Car	HYUNDAI	IONIQ	Grey	Slightly Damaged	0
YQ9227T	Lorry	MITSUBISHI	CANTER	White	Seriously Damaged	0



SINGAPORE  
POLICE FORCE



T/20230723/2005

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Police Station Of Origin:

Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

Report No. T/20230723/2005

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA1348T	SHC INSURANCE PTE. LTD.	DMPG23001893	22/02/2023	21/02/2024

**Brief Details.**

On the 22/07/23 at about 1905hrs, I was driving my vehicle bearing the plate number SLA1348T along PIE before CTE exit towards AMK, on Lane 4.

Subsequently, while driving I felt an impact coming from the rear of the vehicle. I stop and came down to make a check on my vehicle. The damages sustained was rear dented, tail light broken, some scratches on the vehicle and my exhaust pipe was seen on the road.

My in car camera SD card was handed over to officer at scene.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999



T/20230723/2005

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Report No. T/20230723/2005

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
G/  
SGT 2 Regina Lim

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI FADLI SHAFUDDIN BIN MOHAMED SANI  
Contact No.: 65476845

NP168

Signature Of Informant:

Date/Time:  
23/07/2023 00:50

Classification Of Case:



**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: SJ0G237O000V Vehicle Registration No: SLA1348T

Name (as shown in NRIC): CHUA GAK TIONG, JARVIS (CAI YUEZHONG, JARVIS) NRIC/FIN/Passport No: SXXXX124A

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 98428324

Email Address: jarvischua@hotmail.com

Date of Accident: 22/07/2023 Time of Accident: 19:05

Place of Accident: PIE, Singapore

Insurance Company: ERGO Insurance Pte. Ltd.

**(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:

UPDATE TO OWN DAMAGE CLAIM

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Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 25.07.2023