

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 | 05/10/2024 12:52 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 04/10/2024 21:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | YISHUN AVE 1 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | GBH2224S |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | YUAN JU CONSTRUCTION PTE LTD |
| Company Reg No | 201315678W |
| Email Address | JIANGZHINGLIU@YAHOO.COM.SG |
| Mobile Phone No | (Phone) +65-91732577 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|--------------------|
| Manufacturer | Toyota |
| Model | Dyna |
| 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 | Commercial vehicle |
| Transmission | Manual |
| CC | 2982 |
| Vehicle Fuel | Diesel |
| First Registration Date | 08/03/2018 |
| Chassis no | KDY2318031553 |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|---|----------------|
| Name of Insurance Company | ECICS Limited |
| Policy Number / Cover Note Number | MCV24P00000100 |

DRIVER

| | |
|--|---|
| Name of Driver | LIU JIANGZHONG |
| NRIC No | S6963207F |
| Date Of Birth | 09/07/1969 |
| Occupation | Outdoor |
| Driving Pass Date | 28/04/2010 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 14 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91732577 |
| Alt. Phone Number | - |
| Email Address | JIANGZHINGLIU@YAHOO.COM.SG |
| Address | BLK 142 YISHUN RING ROAD 06-34 SINGAPORE 760142 |
| Address complement | - |
| Postcode | - |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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 | Wet |

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 | Yishun North Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18008529999 |
| Alt. Police Station Phone No | (Fax) +65-68522299 |
| Police Station Address | 31 Yishun Central Singapore 768827 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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 | GBE5995X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | LIM HOCK LOCK |
| NRIC No | S1517858B |
| 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 | SJY1206S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LEE CHUAN MENG |
| 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 | LIU JIANGZHONG |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SUFFER ABRASION ON RIGHT HAND AND BRUSING ON LEFT HAND |
| Injured person in which vehicle? | GBH2224S |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

VEH NO: 98H 2224S
INSURER: ECICS
DATE OF ACC: 04/10/24 @ 2100

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

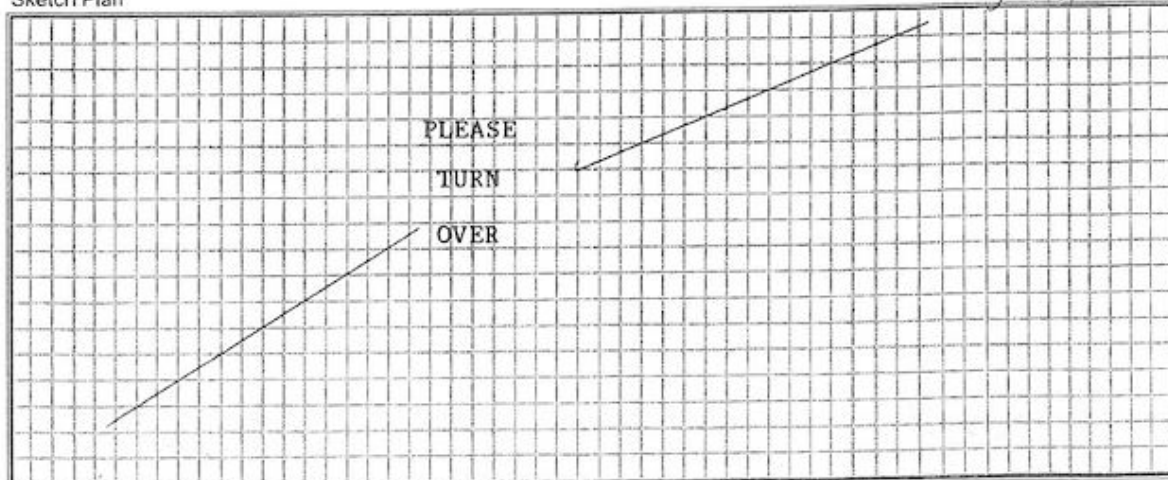
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) 05/10/24 DUNYAN (YS)

Sketch Plan



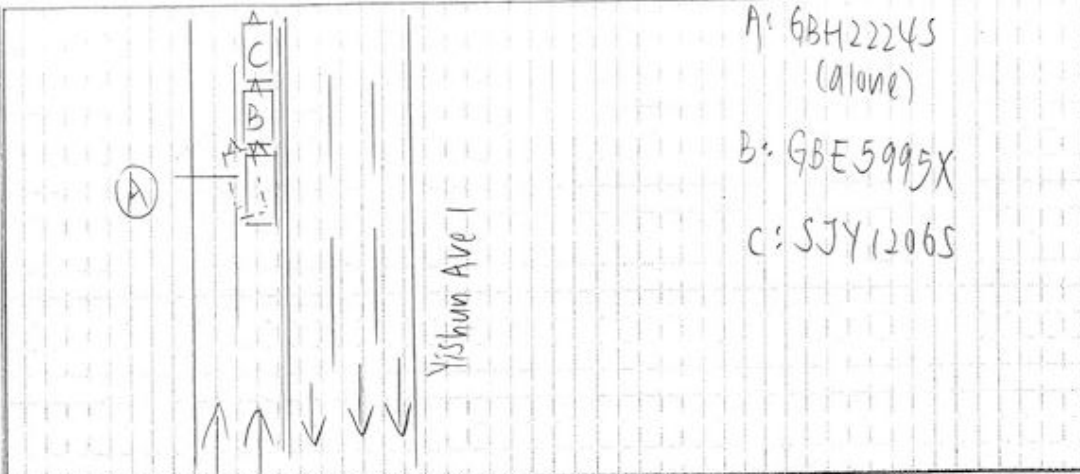
Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

(☒) Claim Own Policy () Claim Third party () Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan



Vehicle No: GBH2224S (ECIS)

Date & Time: 04/10/24 @ 2100 (clear/wet)

refer to police report.

Declaration

I/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 (Name as in NRIC/ID card) (YS)























**SINGAPORE
POLICE FORCE**



T/20241005/2035

1 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20241005/2035

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|--|
| Date/Time Report Made: 05/10/2024 11:42 | | Vide Report No.: | | Station Diary No.: 26 | |
| Informant's Particulars | | | | | |
| Name of Informant: LIU JIANGZHONG | | | Address: 142 YISHUN RING ROAD #06-34 SINGAPORE 760142 | | |
| ID Type / ID No.: NRIC NO / S6963207F | | | Contact No.: Home/Office: Mobile: 91732577 | | |
| Nationality: CHINESE | | | Email: | | |
| Sex: Male | Age: 55 | Date of Birth: 09/07/1969 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: Mandarin | | |
| Occupation: Construction Worker | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 04/10/2024 21:00 | Type of Location: Straight Road |
| Location: YISHUN AVENUE 1 | | | | |
| Weather: Clear | | Road Surface: Wet | | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of Passenger |
|-------------|-----------|------|-------|-------|-------------------|-----------------|
| GBE5995X | Lorry | | | | Slightly Damaged | 0 |
| GBH2224S | Lorry | | | | Seriously Damaged | 0 |
| SJY1206S | Motor car | | | | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20241005/2035

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 4

Report No. T/20241005/2035

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | Llm Hock Lock | ID No. | S1517858B |
| Related Vehicle | GBE5995X (Lorry) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |
| Driver | | | |
| Name | LIU JIANGZHONG | ID No. | S6963207F |
| Related Vehicle | GBH2224S (Lorry) | Contact No. | 91732577 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |
| Driver | | | |
| Name | Lee Chuan Meng | ID No. | NIL |
| Related Vehicle | SJY1206S (Motor car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

On 04.10.2024 at 9.00pm, I was driving my company lorry of registration no. GBH2224S along Yishun Ave 1 towards Ave 8. The road surface is wet at that point of time. I was driving on the right lane (2-lane road) when the vehicle in front of me brake suddenly. I had brake but unable to stop in time and collided onto the front vehicle of registration no. GBE5995X. Thereafter the said vehicle hit onto the front vehicle of registration no. SJY1206S.

Due to the accident, the front windscreen of my lorry was shattered, and the front portion was dented. There is no police or ambulance at scene. I suffer abrasion on my right hand and



**SINGAPORE
POLICE FORCE**



T/20241005/2035

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 4

Report No. T/20241005/2035

CONTINUATION OF REPORT

bruising on the left hand. I have yet to see doctor and was advice to file police report.



SINGAPORE
POLICE FORCE



T/20241005/2035

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

4 of 4

Report No. T/20241005/2035

CONTINUATION OF REPORT

Signature of Officer Recording The
L /
SR STAFF SGT SAIFUDIN BIN
HASSAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:

Date/Time:
05/10/2024 11:42

Classification Of Case: