

## 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 .....	27/11/2024 08:31 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	25/11/2024 19:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	UPPER SERANGOON ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBF5339K
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KINGSLAND ENGINEERING PTE LTD
Company Reg No .....	199602001H
Email Address .....	KINGSLD@SINGNET.COM.SG
Mobile Phone No .....	(Phone) +65-67410990
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	0
Vehicle Fuel .....	Diesel
First Registration Date .....	29/04/2016
Chassis no .....	JTFAT35Y20K206332
Effective Date/Time of Ownership .....	29/04/2016 00:00 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	ECICS Limited
Policy Number / Cover Note Number .....	MCV24A00054700

#### DRIVER

Name of Driver .....	TAN LENG HUAT
NRIC No .....	S1433892F
Date Of Birth .....	09/09/1960
Occupation .....	Outdoor
Driving Pass Date .....	14/04/1980
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	44 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93470439
Alt. Phone Number .....	-
Email Address .....	KINGSLD@SINGNET.COM.SG
Address .....	BLK 220 HOUGANG STREET 21 #09-64
Address complement .....	-
Postcode .....	530220
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	DRIVER
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 .....	3
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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 .....	SJX7963E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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 2

Vehicle Registration Number .....	SNA688U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) .....	-

Describe Circumstance of the Accident

At 25 Nov 2024 at around 7:40 pm,  
I was driving along at upper serangoon road.  
My lorry (GBF5339K) when change lane unmention  
has the vehicle B (SJX 7963E) therefore accidentally  
hit to the vehicle B (SJX 7963E) front right position.  
After that, the vehicle C (SNA688U) said that  
my lorry (GBF5339K) has bang his vehicle C  
(SNA688U) rear left side but I remember this vehicle  
C (SNA688U) has behind my lorry (GBF5339K).  
I not have memory about this accident happen.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

Actual Drivers Signature (if driver is not the policyholder)  
/ Date & Time

LOH

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## SKETCH PLAN

## IMPORTANT NOTICE

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## 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

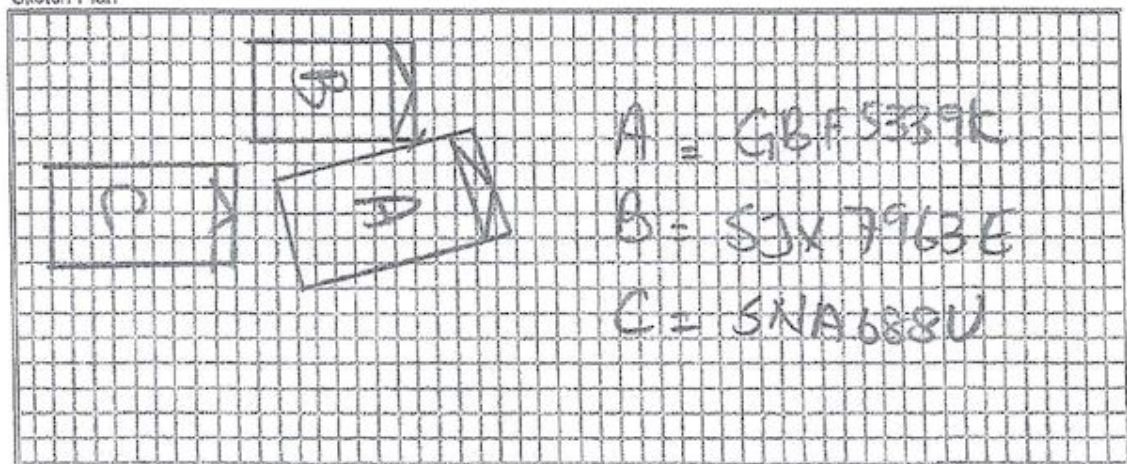
*A*

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

LOH

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## Sketch Plan



YJUN2022

1



## Describe Circumstance of the Accident

At 25 Nov 2024 at around 7:40 pm,  
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 (SNA688U) rear left side but I remember this vehicle  
 C (SNA688U) has behind my lorry (GBF5339K).  
 I not have memory about this accident happen.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Actual Drivers Signature (if driver is not the policyholder)  
 / Date & Time

LOH

Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)



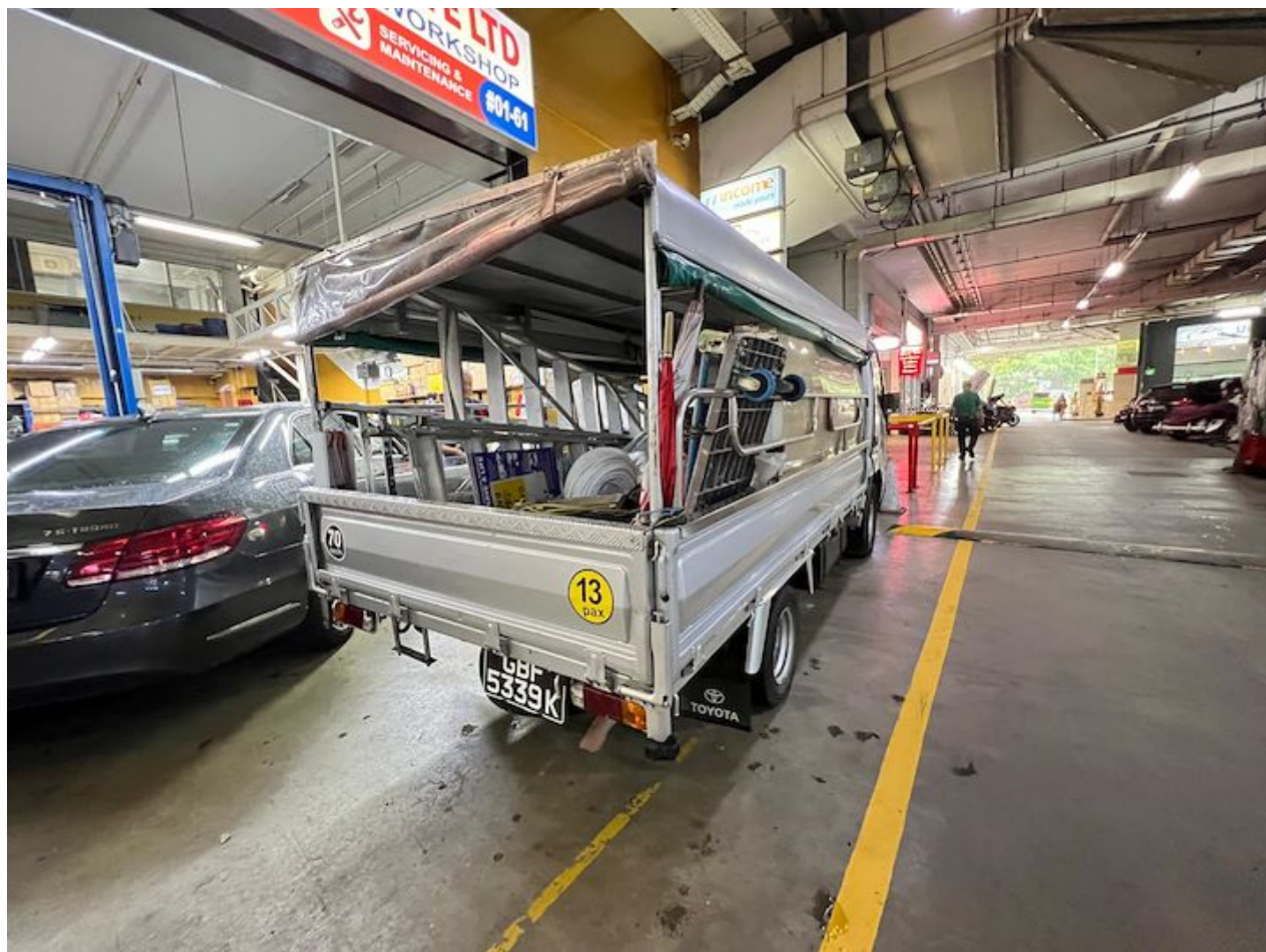








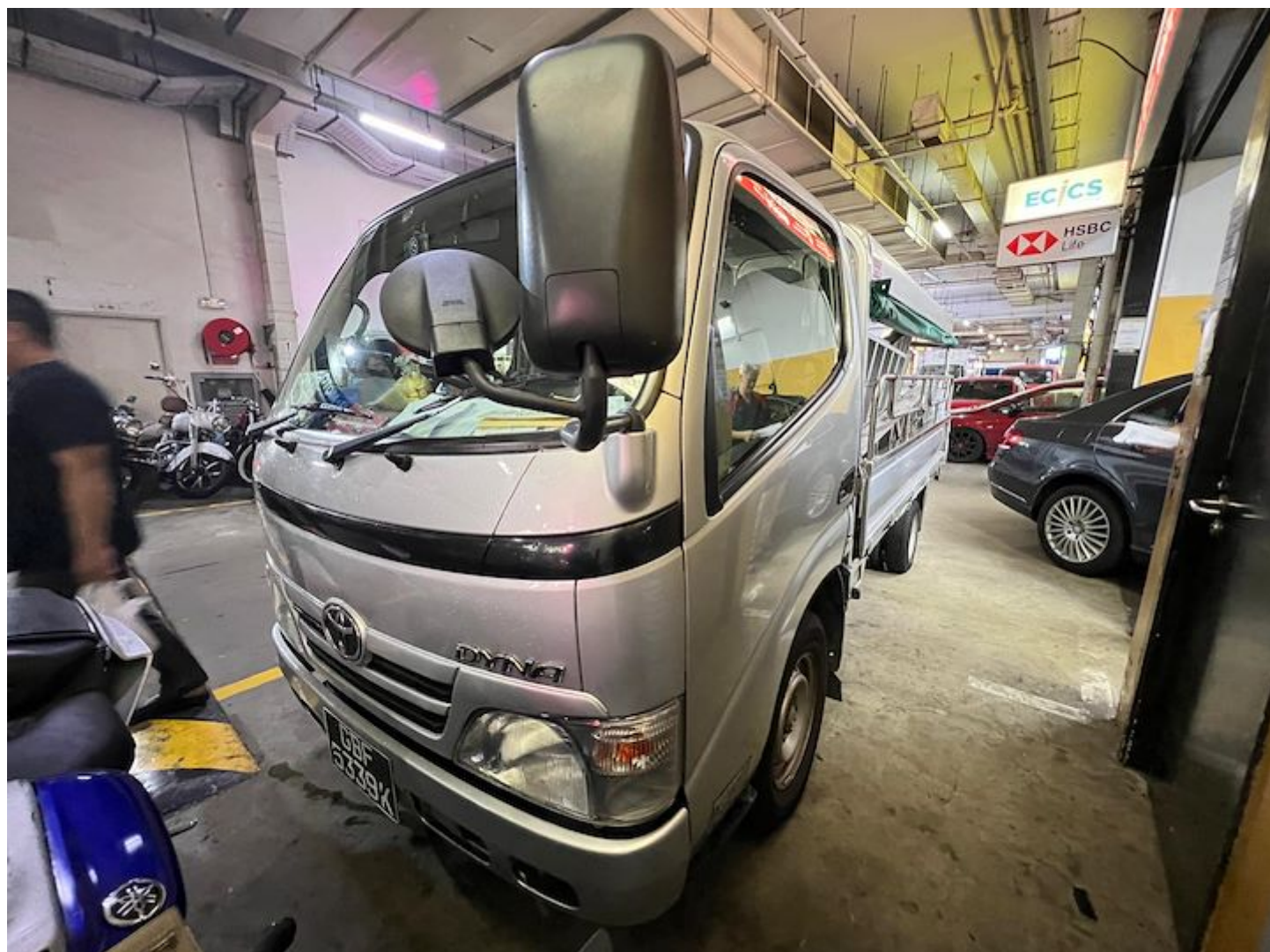




























## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

**AUTHORISED  
WORKSHOPS**

MZ300E  
COMPREHENSIVE  
ORIGINAL

CERTIFICATE NO: MCV24A00054700

Agency Name: LEO MANAGEMENT CONSULTANTS PTE LTD

Agency Code: A0000168

Chassis No: JTFAT35Y20K206332

Engine No: 1KD2602861

1. Index Mark and Registration Number of Vehicle: GBF5339K

2. Name of Policyholder: KINGSLAND ENGINEERING PTE LTD

3. Period of Insurance (both dates inclusive): 29 October 2024 to 28 October 2025

4. Persons or Classes of Persons entitled to drive  
a) Any other person who is driving on the Insured's order or with his permission, provided it is in relation to Insured's business.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car or has been so permitted 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 Car.

5. Limitations as to use  
a) Use in connection with the Policyholder's Business as described in the Policy Schedule.  
b) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business as described in the Policy Schedule.

The Policy does not cover the use for hire or reward, racing, pace-making, reliability trial or speed-testing, use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

6. EXCESS APPLICABLE  
WINDSCREEN  
SECTION I - STANDARD EXCESS  
(AUTHORISED DRIVERS)

SGD 100.00  
SGD 600.00

ADDITIONAL EXCESS:

SECTION I - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS  
EXCESS (AGE <27 OR HOLDS A VALID DRIVING  
LICENSE FOR <2 YEARS)

SGD 1,000.00

Signed for and on behalf of ECICS Limited

AUTHORISED SIGNATORY

### Important Notice:

- i) Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- ii) On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- iii) The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- iv) The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.