

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 Authorised 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	16/03/2021 11:22 (SGT)
Date of Accident	08/03/2021 09:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE TOWARDS TUAS (BEFORE COPERATION EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD6069H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HWAH HONG TRANSPORTAION PTE LTD
Company Reg No	2XXXXX142G
Email Address	JASONKOOPL@GMAIL.COM
Mobile Phone No	(Phone) +65-97290369
Alternative Phone No	(Office) +65-97290369

VEHICLE PARTICULARS

Manufacturer	Scania
Model	P380CBX4MHZ
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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115259156-01-00003
Cover Note Number	-

DRIVER

Name of Driver	LI ZHILIANG
Work Permit No	GXXXX137R
Date Of Birth	13/03/1988
Occupation	Outdoor

Date Of Driving Pass	10/04/2013
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97460118
Alt. Phone Number	-
Email Address	BRENNYCHAI@GMAIL.COM
Address	3 SOON LEE STREET #04-05 PIONEER JUNCTION
Address complement	-
Postcode	S 627606
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material 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

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

PLEASE REFER TO POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XA8988H
Vehicle Manufacturer	-
Vehicle Model	-
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LI ZHILIANG
Address	3 SOON LEE STREET #04-05 PIONEER JUNCTION
Address Complement	-
Post Code	S 627606
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	XD6069H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.



Li Shi Lang

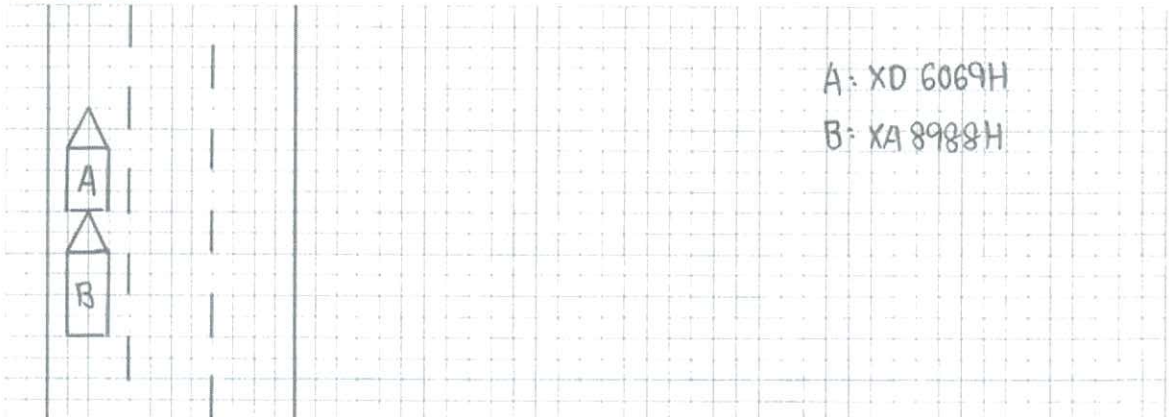
LEE SHENG AUTO PTE LTD
 1, Kaki Bukit Ave 6 #01-60
 Singapore 417883
 Tel: 6747 7397
 Email: leesheng@singnet.com.sg

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

Please refer to the attachment.

Declaration

We declare the foregoing particulars are true in every respect.



LEE SHENG AUTO PTE LTD
1, Kaki Bukit Ave 6 #01-60
Singapore 417983
Tel: 6747 7367
Email: leeseng@singnet.com.sg

Li zhi liang

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210315/7018

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

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Report No. T/20210315/7018

CONTINUATION OF REPORT

truck to move the vehicle aside instead. Meanwhile, he just resting beside the road waiting an ambulance to convey him to Hospital. The ambulance taking him to Ng Teng Fung Hospital and hospitalize admitted for 3days.

INCIDENT INTERVIEW STATEMENT

Name: LI ZHILIANG	Vehicle No: XD6069H
NRIC / Fin No: G6343137R	Occupation: Lorry Crane Driver
Length of Employment:	Date of Accident: 08/03/2021, 9AM

On Monday, 8 th March 2021 at approximately 9am, I was driving along AYE Toward Tuas (Corporation
Rd/ Jurong port Rd Exit) 15 ½ Km. I'm stopped my vehicle due to some congested traffic in front. Within a
minute I heard a loud 'bang' then my body smashing into the steering wheel, I realize a hit from behind
by Vehicle B (XA8988H). Immediately I make a call to inform company and get down the vehicle to check
and identity exchange. During the exchange, I start feeling nausea and vomited, dizziness and body pain.
Afterward, I collapse on the road and feel weak. I was unable to drive the vehicle away, and just waiting
an ambulance to send me to Ng Teng Fung Hospital.

Signature of Declarant
Date:

Signature of Recorder
Name:



SINGAPORE POLICE FORCE



T/20210315/7018

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

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Report No. T/20210315/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2021 15:32		Vide Report No.: E/20210308/0041	Station Diary No.:
Informant's Particulars			
Name of Informant: CHAI KIM YEUN		Address: 684C JURONG WEST STREET 64 #08-133 SINGAPORE 643684	
ID Type / ID No.: NRIC NO / S8066413C		Contact No.:	Mobile: 91193808
Nationality: SINGAPORE CITIZEN		Email: BRENNYCHAI@GMAIL.COM	
Sex: Female	Age: 40	Date of Birth: 16/11/1980	Type of Informant: ON BEHALF DRIVER
Race: Chinese		Language: English	Institution / School Name:
Occupation: COMPANY DIRECTOR		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: 08/03/2021 09:00	Type of Location: AYE TOWARD TUAS
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: STOPPED-BEHIND TO REAR			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
XD6069H	Lorry	SCANIA	P380CB8X4 MHZ	Multi-Colored	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210315/7018

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

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Report No. T/20210315/7018

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
XD6069H	NTUC Income Insurance Co-Operative Limited	5115259156-01-000003	28/12/2020	27/12/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LI ZHILIANG		ID No.	G6343137R
Related Vehicle	NIL		Contact No.	97290369
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 5 Date of Expiry: 04/12/2024
Date	08/03/2021		Date	11/03/2021
No. of Days granted Medical Leave	45		Degree of	Slight
ON BEHALF DRIVER				
Name	CHAI KIM YEUN		ID No.	S8066413C
Related Vehicle	NIL		Contact No.	91193808
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

Brief Details.

Am Brenny Chai as a company director on behalf my driver to log the traffic police report due to he still weak after the operation.

On Monday, 8th March 2021 at approximately 9am, my driver, Mr. Li ZhiLiang, FIN No. G6343137R, DOB 13-03-1988, was travelling along AYE Toward Tuas (Corporation Rd/ Jurong port Rd Exit) 15 1/2 Km, lamp post of 99, left in front have a signboard indicate Corporation Rd/Jurong Port Rd. He stopped his vehicle due to some congested traffic in front. Within a minute he heard a loud 'bang' then his abdomen smashing into the steering wheel. Then he realize a hit from behind by Vehicle B (XA8988H). Immediately, he make a call to inform company regards and get down the vehicle to check and exchange the identity with the Vehicle B (XA8988H). Driver's Vehicle B was not injured. No pedestrian crossing. No videos but pictures instead. During the exchange, he start feeling nausea and vomited, dizziness and abdominal and back pain. Afterward he keep repeat vomited, then he collapse on the road and started feel weak. He was unable to drive the vehicle away, so he wait for the tow



**SINGAPORE
POLICE FORCE**



T/20210315/7018

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Report No. T/20210315/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No.: 65476178

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 15/03/2021 15:32
Classification Of Case:

Authentication Stamp
NP168