

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 | 20/06/2022 17:28 (SGT) |
| Date of Accident | 18/06/2022 16:10 (SGT) |
| Exact Location of Accident | SLE, Singapore |
| Additional Location Information | TWDS BKE 1.5KM |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | YQ1159J |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-------------------------|
| Is company? | Yes |
| Name Of Registered Owner | JIN DA BUILDERS PTE LTD |
| Company Reg No | 201326444C |
| Email Address | lihuafan73@gmail.com |
| Mobile Phone No | (Phone) +65-98760381 |
| Alternative Phone No | +65-98760381 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mitsubishi |
| Model | Fuso |
| 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 | 3000 |

INSURANCE COMPANY

| | |
|---------------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5110658579-02 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|-----------|
| Name of Driver | QIU JUN |
| NRIC No | S7164834F |

| | |
|--|----------------------------|
| Date Of Birth | 01/07/1971 |
| Occupation | Outdoor |
| Date Of Driving Pass | 17/04/2008 |
| Driving experience | 14 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98275587 |
| Alt. Phone Number | - |
| Email Address | lihuafan73@gmail.com |
| Address | 7 GEYLANG LORONG 29 #03-09 |
| Address complement | - |
| Postcode | 388063 |
| 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 | Raining |
| Road Surface | Wet |

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? | 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 |

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

REFER TO POLICE REPORT: T/20220619/7008. (HEAD TO SIDE COLLISION)

ATTACHMENT(S)

| | |
|---|------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | BY SMG41R DRIVER |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|--------|
| Vehicle Registration Number | SMG41R |
| 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 | VEHICLE B |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------|
| Name of injured person | QIU JUN |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | YQ1159J |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

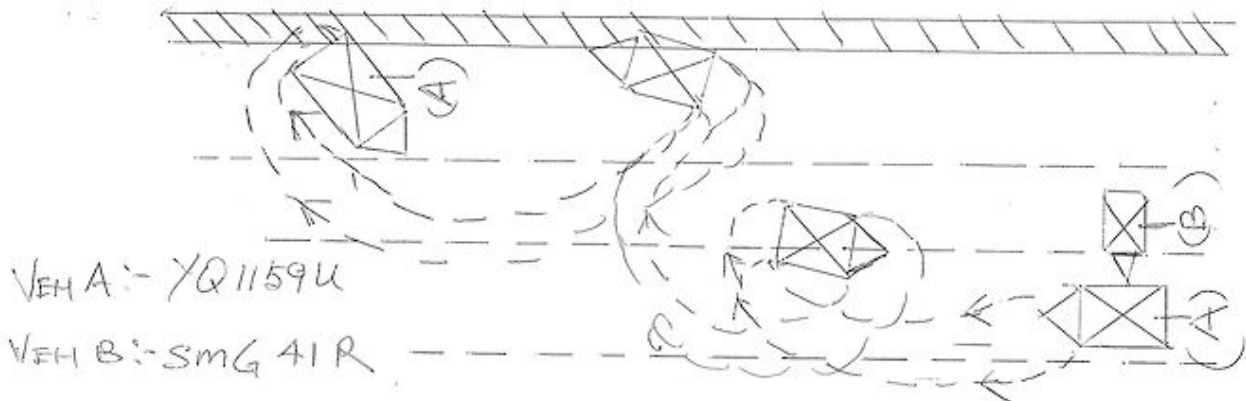


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NPIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

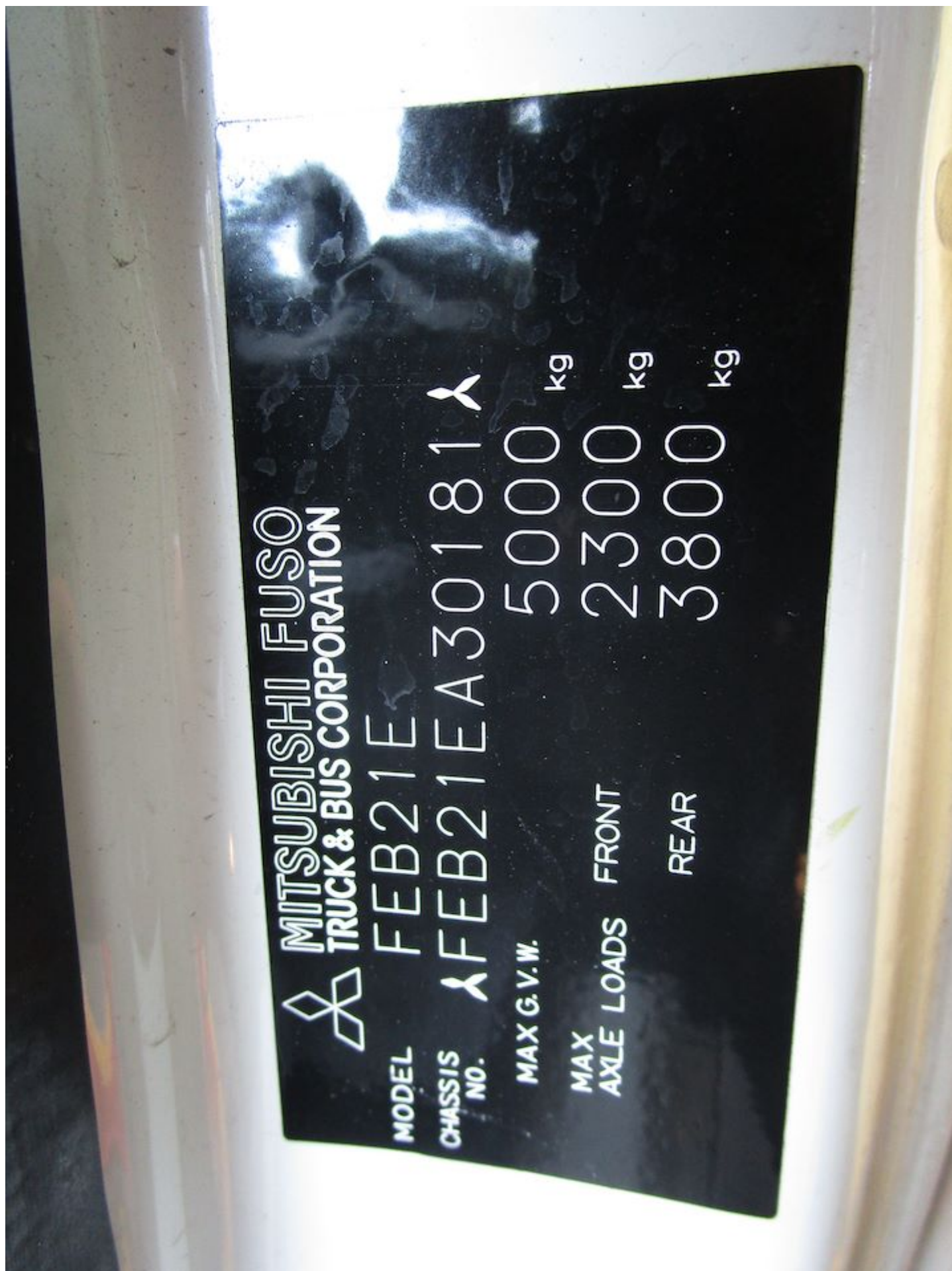
DECLARATION

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:

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





















**SINGAPORE
POLICE FORCE**



T/20220619/7008

1 of 4

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

Report No. T/20220619/7008

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 19/06/2022 12:58 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: QIU JUN | | | Address: 97 YISHUN AVENUE 1 #01-36 SINGAPORE 769138 | | |
| ID Type / ID No.: NRIC NO / S7164834F | | | Contact No.: Home/Office: Mobile: 98275587 | | |
| Nationality: CHINESE | | | Email: 243262485@QQ.COM | | |
| Sex: Male | Age: 50 | Date of Birth: 01/07/1971 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: DRIVER | | | 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: 18/06/2022 16:10 | Type of Location: Straight Road |
| Location: SLE(BKE) 1.5KM | | | | |
| Weather: Cloudy | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: | | 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 | Condition | No of |
|-------------|-------|------------|-------|-------|-------------------|-------|
| SMG41R | Car | HONDA | CIVIC | Blue | Seriously Damaged | 1 |
| YQ1159J | Lorry | MITSUBISHI | FUSO | White | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20220619/7008

2 of 4

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

Report No. T/20220619/7008

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | DAMIEN YEO CHIN HON | ID No. | S9422635Z |
| Related Vehicle | SMG41R (Car) | Contact No. | 92358560 |
| 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 |
| Passenger | | | |
| Name | - | ID No. | |
| Related Vehicle | SMG41R (Car) | Contact No. | NIL |
| 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 |
| Driver | | | |
| Name | QIU JUN | ID No. | S7164834F |
| Related Vehicle | YQ1159J (Lorry) | Contact No. | 98275587 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 19/06/2022 | Date | 19/06/2022 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |

Brief Details.

On the above mention date and time , i was travelling on SLE highway ,my lorry (YQ1159J) was on the 3rd lane. Suddenly i felt a hit on my lorry and i started to lose control ,hence my lorry drive toward the right hand side and it onto the side barrier .The impact from my lorry hitting the side barrier cause my lorry to turn and face the other direction. I was unconscious at first due to the impact ,it was until the other vehicle driver came down from his car and open up my door. A passerby call for traffic police and an ambulance for me. The accident has cause my lorry to sustain a dent on my fuel tank, the front end was also heavily damage .My left rear light and the rear bumper was also damage.The impact from the front also



**SINGAPORE
POLICE FORCE**



T/20220619/7008

3 of 4

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

Report No. T/20220619/7008

CONTINUATION OF REPORT

causes my passenger door to pop out and not able to open. I sustain a slight injury however the other driver and the passenger did not sustain any injury.

After the traffic police came, the officer took my particular and that is when I know from the in camera provider by the other car owner, the cause of the accident is when the blue colour vehicle (SMG41R) who was driving on the 1st lane lost control which causes him to drive toward my lorry and hit onto my fuel tank. A piece of the car part was still on my fuel tank when I inspect the lorry.

I wish to state that I only went to the hospital the next day is because the injury got worst hence I went to see a doctor and was given 3 day mc.



**SINGAPORE
POLICE FORCE**

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



T/20220619/7008

4 of 4

Report No. T/20220619/7008

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 /
SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE
Contact No.: 65476187

This report is lodged at Yishun North NPC Kiosk 1
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
19/06/2022 12:58

Classification Of Case:



CASE CARD

Report Number:

Traffic Accident along

SLE (Rte) + SEM

Involving vehicles:

On 19/6/22 at about am / pm.

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Services website (<https://eservices.police.gov.sg>) within 24 hours.

NP319E(2019)

You are required to be present at Traffic Police on
at am/ pm to meet the Investigation Officer to assist in the investigation.

Please bring along your :

- a) Identity Card / Passport / Work Pass
- b) Driving License / Vocational License
- c) Vehicle Insurance / Medical Certificate
- d) Any other relevant documents (e.g. Video footages)

If you are unable to keep to the appointment, please contact:

IC: Hafizah
Investigation Branch: 6547 6391

TEL: 6547 6356
Email: SPF_TP_Invest_Branch@ecf.gov.sg

NP319E(2019)



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5110658579-02

Cover : Comprehensive

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : YQ1159J |
| Chassis Number | : FEB21EA30181 |
| 2. Name of Policyholder | : JIN DA BUILDERS PTE LTD |
| 3. Effective Date of Insurance | : 25 Jun 2021 |
| 4. Expiry Date of Insurance | : 24 Jun 2022 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle 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 Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |
- This Policy does not cover
- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

| | |
|-----------------------|--|
| EXCESS (SECTION 1) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| INSURE WITH COE | : YES |
| HIRE PURCHASE COMPANY | : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ALLINK INSURANCE AGENCY PTE. LTD (00000615435)

Date of Issue : 11 Jun 2021 14:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive