

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	18/07/2023 17:38 (SGT)
Reported by	Actual Driver
Date of Accident	18/07/2023 07:10 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	TOWARDS BKE (CHOA CHU KANG FLYOVER)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4420J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SPEC LOGISTICS PTE. LTD.
Company Reg No	2XXXXX282C
Email Address	huiwenjian@gmail.com
Mobile Phone No	(Phone) +65-92205277
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	P450CB8X4MHZ
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	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V14900/VCV/R02

DRIVER

Name of Driver	HUI WEN JIAN
NRIC No	SXXXX289A
Date Of Birth	04/09/1989
Occupation	Outdoor

Date Of Driving Pass	13/11/2013
Driving experience	9 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92205277
Alt. Phone Number	-
Email Address	huiwenjian@gmail.com
Address	BLK 113 YISHUN RING ROAD #08-467
Address complement	-
Postcode	760113
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	Chain Collision
Weather Conditions	Raining
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	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 T/20230718/7025

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	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN9180J
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YJ8900B
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	HUI WEN JIAN
Gender	Male
Phone No	(Phone) +65-92205277
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	XE4420J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



EJE(BKE) CITA CITA KAWA FYOUAR

A = XE4420J
B = YN 9180J
C = YJ 8900B

Describe Circumstances of the Accident

Pls refer to police report. 7/20230718/2025

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 18/07/2023

Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



T/20230718/7025

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

1 of 3

Report No. T/20230718/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2023 12:43	Vide Report No.: L/20230718/0034	Station Diary No.:
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Informant's Particulars

Name of Informant: HUI WEN JIAN	Address: 113 YISHUN RING ROAD #08-467 SINGAPORE 760113		
ID Type / ID No.: NRIC NO / S8929289A	Contact No.: Home/Office: Mobile: 92205277		
Nationality: SINGAPORE CITIZEN	Email: HUIWENJIAN@GMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 04/09/1989	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: Crane operator (on-site)	Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2023 07:10	Type of Location: Straight Road
Location: CHOA CHU KANG LOOP				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
XE4420J	Lorry					0
YJ8900B	Lorry					0
YN9180S	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20230718/7025

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

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Report No. T/20230718/7025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	HUI WEN JIAN	ID No.	S8929289A
Related Vehicle	XE4420J (Lorry)	Contact No.	92205277
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

At this morning 7:10am, I was driving my lorry crane in KJE(BKE), along Choa Chu Kang flyover an army truck parking at 4th lane, which was blocking the way. There was a lot of vehicle I couldn't have enough time to change to 3rd lane. I made a completed stop and two 14ft truck collided with the rear of my lorry crane.



**SINGAPORE
POLICE FORCE**



T/20230718/7025

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

3 of 3

Report No. T/20230718/7025

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JUN YAN
Contact No.: 65476311

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

Date/Time:
18/07/2023 12:43

Classification Of Case:

NP168



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: SN092371000D Vehicle Registration No: XE 4470J
 Name (as shown in NRIC): HUI WEN JIAN NRIC/FIN/Passport No: SXXXX289A
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 92205277
 Email Address: _____
 Date of Accident: 18/07/2023 Time of Accident: 07:10
 Place of Accident: RJE TOWARDS RKE (CK FLYOVER)
 Insurance Company: UPARTY

(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:

POLICY NUMBER To S022V14900/VCV/R02

Policyholder / Actual Driver's Signature
Date:

26/07/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: