

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	23/08/2024 10:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/08/2024 18:15 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3803Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHOON CHIN
NRIC No	S0234119J
Email Address	SAMBATAROSG@GMAIL.COM
Mobile Phone No	(Phone) +65-97894245
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Daelim
Model	Daystar
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?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	250
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5073195002-09

DRIVER

Name of Driver	LEE CHOON CHIN
NRIC No	S0234119J
Date Of Birth	11/05/1951
Occupation	Indoor
Driving Pass Date	05/06/1976
Driving License Pass Class	2A
Driving License Validity	Valid
Driving experience	48 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97894245
Alt. Phone Number	-
Email Address	SAMBATAROSG@GMAIL.COM
Address	6 Fourth Avenue #07-17
Address complement	-
Postcode	268673
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 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	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
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

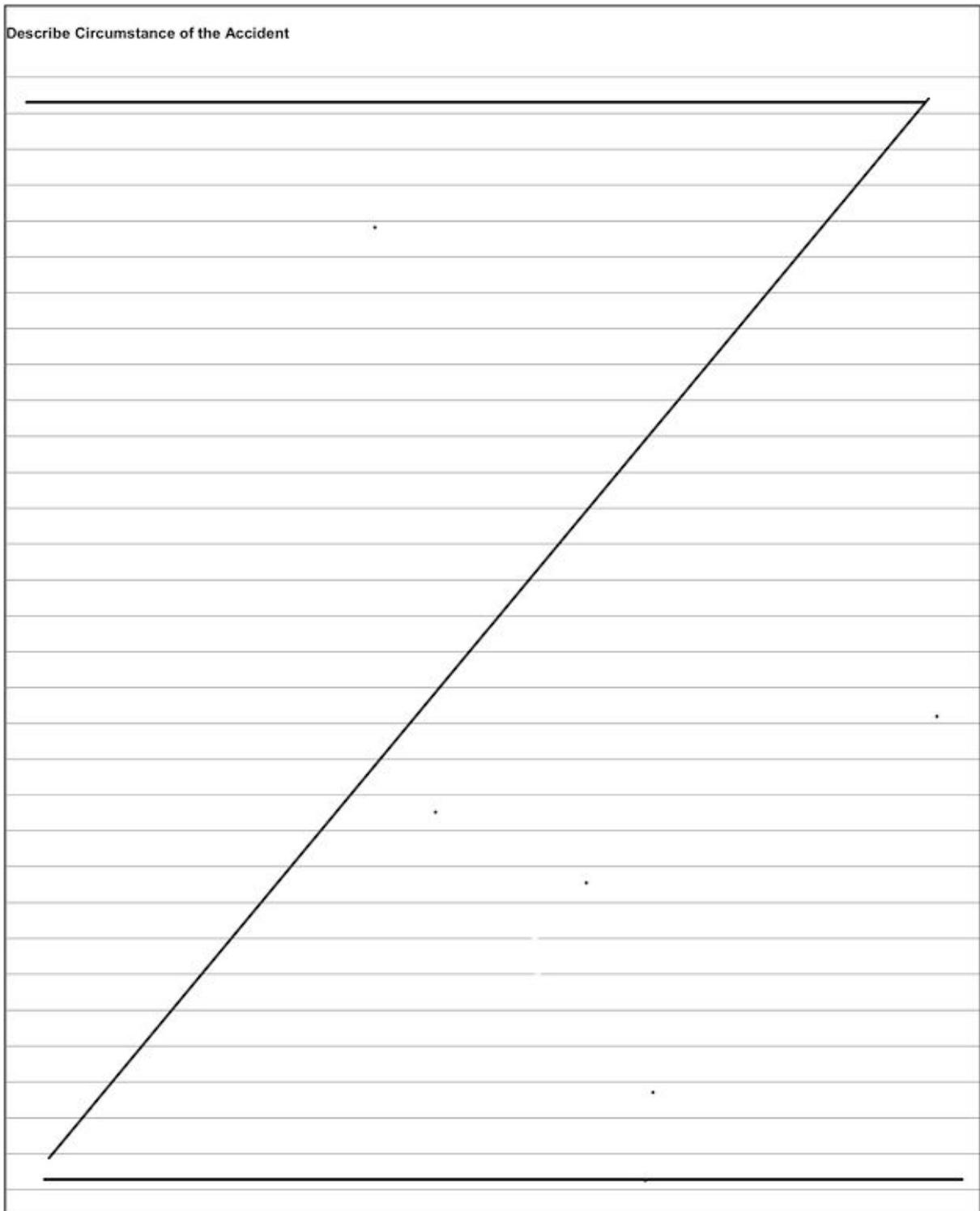
Vehicle Registration Number	SHC8857G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-96793721
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Lee Choon Chin
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBK3803Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident



Declaration

I/We declare the foregoing particulars are true in every respect.


23082024 & 1100HRS
Policyholder's Signature / Date & Time

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


Mohammad Ikhsan Bin Abdul Aziz
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

SKETCH PLAN

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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

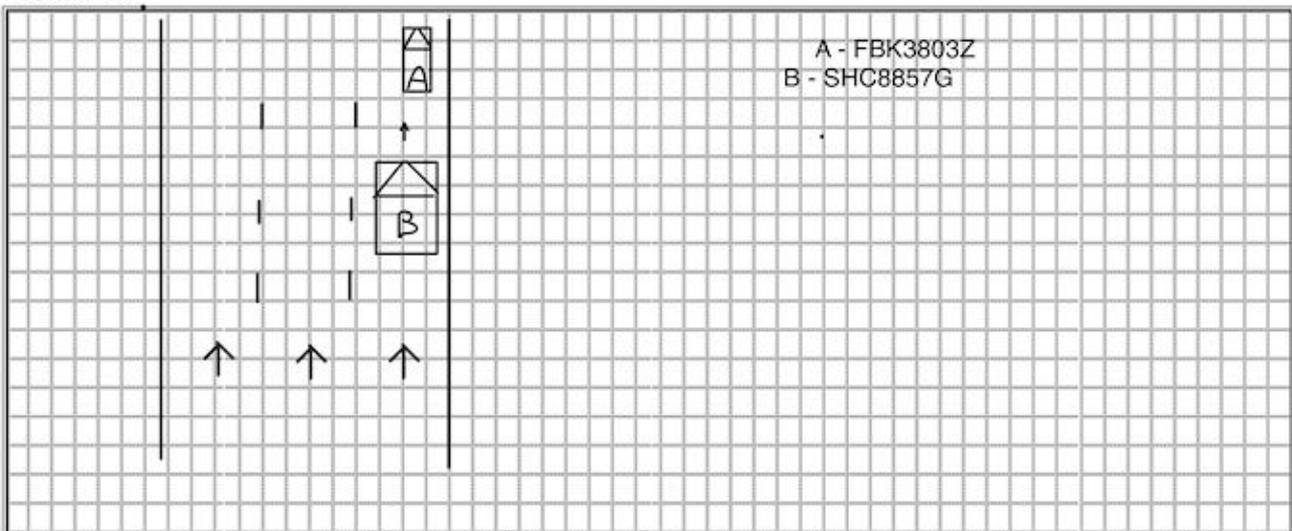
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 23082024 & 1100HRS
Policyholder's Signature / Date & Time

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

 Mohammad Ikhsan Bin Abdul Aziz
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



















**SINGAPORE
POLICE FORCE**



E/20240822/7010

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20240822/7010

Subjects Involved			
Suspect			
Person Name	Zhang		
Gender	Male	Race	Chinese
Language	English	Occupation	Taxi driver
Mobile No	96793721	Complexion	Fair
Build	Plump	Height About	165cm
Hair Colour	Grey		
Victim			
Person Name	Lee Choon Chin		
ID Type	NRIC NO	ID No	S0234119J
Gender	Male	Age	73
Race	Chinese	Language	Chinese
Occupation	Operations Assistant	Address	6 Fourth Avenue #07-17 Fourth Avenue Residences SINGAPORE 268673
Home/Office No	97612147	Mobile No	97894245
Relation To Informant	Father		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
22/08/2024 11:18

Classification Of Case:

3



SINGAPORE
POLICE FORCE



E/2024082



2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20240822/7010

Around 6:15 p.m., my father was in queue to perform a U-turn in front of Nanyang Girls' High School on Dunearn Road to Bukit Timah Road when he was hit from behind by a blue ComfortDelgro cab. SHC 8857 G.

My father thought his motorbike had an issue with the accelerator, so he applied the brakes, but this caused him and the bike to fly forward for about 2 meters. The bike crashed on him, pinning him to the ground on the left side of his body, while the cab driver watched (merely enquiring if he was okay and not stepping forward to help in any way). My father had to drag himself out of the bike and onto the roadside kerb, while the cab driver did nothing.

When I arrived at the scene at 6:36 p.m., the driver was standing next to his cab, telling me that he (quote) forgot to leave the foot on the brake (unquote). He repeatedly asked me to tell my family not to sue him for reckless driving. I'm not sure why he made such a request, but I noted he had a pregnant lady in his taxi.

He wanted to exchange numbers but wouldn't tell me his name. Throughout the incident, he was solely worried with the fine he would receive from the traffic police and whether we would sue him.

The SCDF ambulance sent my father to Tan Tock Seng Hospital with a swollen ankle, abrasions on his extremities (where flesh could be seen), and a suspected back injury. My father was released from the hospital last night on a 7-day medical leave.

IO Shaye has been assigned to his case.

Today, at 10:01 a.m., the taxi driver called again to implore me not to sue him. When I asked him if he was on the phone and why he didn't help my father up or even pick up the bike from him, he answered that (quote) my father last time told me that we cannot touch old people when they fall down (unquote). I declined to prolong the conversation, so I hung up.

2

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2024 11:18
Officer In-Charge Of Case:	Classification Of Case:

