

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	16/09/2024 11:53 (SGT)
Reported by	Actual Driver
Date of Accident	14/09/2024 07:05 (SGT)
Exact Location of Accident	Sembawang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS8499L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAYMOND LEE
NRIC No	S7860913C
Email Address	REBECCA.YOON@PETS-GLOBAL.SG
Mobile Phone No	(Phone) +65-91188823
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	XJ 5.0L AT ABS D/AB 2WD 4DR GAS/D SR
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	5000
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	SAJAC22F8BLV20457
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00072902400

DRIVER

Name of Driver	YOON SZU WEI
NRIC No	S7665553G
Date Of Birth	28/12/1976
Occupation	Indoor
Driving Pass Date	23/04/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91188823
Alt. Phone Number	-
Email Address	REBECCA.YOON@PETS-GLOBAL.SG
Address	145 SPRINGSIDE VIEW
Address complement	-
Postcode	786102
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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?	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	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 TRAFFIC POLICE REPORT NO: T/20230914/7050

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	36280MID
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	LEE ZHENG RUI
NRIC No	T0113496A
Contact Number	-
Address	275C JURONG WEST STREET 25 #11-85
Address complement	-
Postcode	643275
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	YOON SZU WEI
Gender	Female
Phone No	(Phone) +65-91188823
Address	145 SPRINGSIDE VIEW
Address Complement	-
Post Code	786102
Approximate Age Years Old	47
Injuries Sustained	INJURED
Injured person in which vehicle?	SKS8499L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 center 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

14 SEP 2024
2000HRS



SEMBAWANG ROAD
A-SKS8499L
B-36280-MID

Describe Circumstances of the Accident

PLEASE REFER TO TRAFFIC POLICE REPORT NO: T/20230914/7050

Declaration

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

14 SEP 2024
2000HRS

Witnessed by Reporting Centre Personnel





**SINGAPORE
POLICE FORCE**



T/20240914/7050

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

1 of 3

Report No. T/20240914/7050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2024 15:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Yoon Szu Wei			Address: 145 Springside View SINGAPORE 786102		
ID Type / ID No.: NRIC NO / S7665553G			Contact No.: Home/Office: Mobile: 91188823		
Nationality: SINGAPORE CITIZEN			Email: rebecca.yoon@pets-global.sg		
Sex: Female	Age: 47	Date of Birth: 28/12/1976	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Personnel/Human resource manager			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: 14/09/2024 07:05	Type of Location: X-Junction
Location: SPRINGSIDE GREEN				
Weather: Raining		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKS8499L	Motor car		Jaguar XJL	Gold	Totally Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKS8499L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW00072902 400	18/08/2024	17/08/2025



**SINGAPORE
POLICE FORCE**



T/20240914/7050

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

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Report No. T/20240914/7050

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Yoon Szu Wei	ID No.	S7665553G
Related Vehicle	SKS8499L (Motor car)	Contact No.	91188823
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/09/2024	Date Discharge	14/09/2024
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

Brief Details.

Accident take place at the traffic junction of Sembawang Road Transit Road. I'm heading the direction from Upper Thomson Road towards Sembawang and the Army Truck (vehicle # 36280MID) coming in from opposite direction. I was driving through the traffic lights when is clear Green sign, the army truck wanted to turn right heading to Transit Road going back to the camp. Collision was unavoidable and I'm unable to break on time as not expecting any vehicle will go through the traffic lights when is clearly Red arrow sign on their side.
The driver of the army truck is Lee Zheng Rui, I/C number T0113496A



**SINGAPORE
POLICE FORCE**

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



T/20240914/7050

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Report No. T/20240914/7050

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD KHAIRI SUFRIE BIN SUHAIMI
Contact No.: 96207105

NP168

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

Date/Time:
14/09/2024 15:29

Classification Of Case:



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: SJ0G249G000K Vehicle Registration No: SKS8499L
 Name (as shown in NRIC): YOON SZU WEI NRIC/FIN/Passport No: SXXXX553G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 91188823
 Email Address: _____
 Date of Accident: 14/09/2024 Time of Accident: 07:05
 Place of Accident: Sembawang Rd,
 Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd.

(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:

UPDATE CLAIM STATUS

UPDATE INJURED PERSON GENDER

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 17.09.2024