

# 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 .....	24/06/2024 11:34 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	22/06/2024 17:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG BKE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGT1298M

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LYNDA LEE PUAY HOON
NRIC No .....	S7612457D
Email Address .....	POCAJAYDAS@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97975614
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Qashqai
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 .....	Private car
Transmission .....	Auto
CC .....	1200

### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P11015974R00

### DRIVER

Name of Driver .....	NG WEI KENG
NRIC No .....	S7814814D
Date Of Birth .....	04/06/1978
Occupation .....	Indoor

Driving Pass Date .....	10/11/2005
Driving experience .....	18 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96963063
Alt. Phone Number .....	-
Email Address .....	KENGSTAR78@HOTMAIL.COM
Address .....	BLK 106 BISHAN STREET 12 #09-218
Address complement .....	-
Postcode .....	570106
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
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 .....	-

#### PASSENGER 1

Name .....	LYNDA LEE PUAY HOON
Gender .....	Female

#### PASSENGER 2

Name .....	JAYDA NG
Gender .....	Female

#### PASSENGER 3

Name .....	JAYVIER NG
Gender .....	Male

#### 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 THE SKETCH PLAN AND POLICE REPORT

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... FBK7875P  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Motorcycle  
 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) ..... -

Budget Direct  
Vehicle - SGT, 298B  
24/06/2024

SKETCH PLAN

IMPORTANT NOTICE

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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 be 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 be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

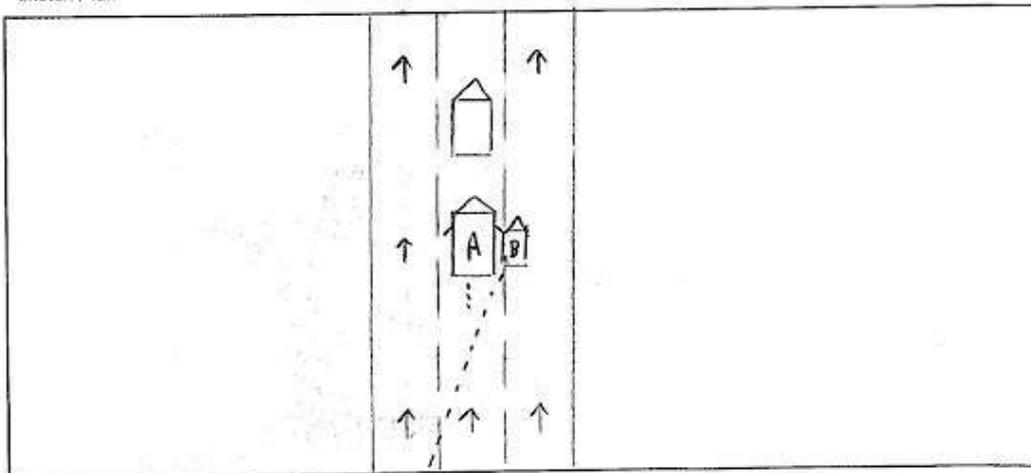
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*Mr 24/6/24*  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

*[Signature]*  
\_\_\_\_\_  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel (Name as in NRIC ID card) 24/06/2024

Sketch Plan



Describe Circumstance of the Accident  
Date of Accident: 22/06/2024 Time: 17:30H3 Location: along BKE  
My Vehicle A: SGT 1298m Vehicle B: FBK 7875k Vehicle C:

Refer to police report

Claim OD/TP at Ah Lim Motor  Claim OD/TP at other workshop  Reporting Only

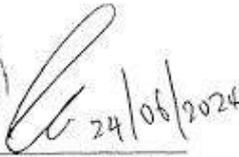
Remarks: Please forward a copy of my efile accident Report to:  
My Workshop: \_\_\_\_\_  
Workshop Email Address: \_\_\_\_\_

Note: Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information

Declaration

We declare the foregoing particulars are true in every respect.

My: 24/6/24   
Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) / Date & Time

  24/06/2024  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

24/06/2024, 10:55

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**SINGAPORE  
POLICE FORCE**



T/20240622/7089

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

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Report No. T/20240622/70

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2024 20:06	Vide Report No.:	Station Diary No.
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**Informant's Particulars**

Name of Informant: LYNDA LEE PUAY HOON		Address: 106 BISHAN STREET 12 #09-218 SINGAPORE 570106	
ID Type / ID No. NRIC NO / S7612457D		Contact No.: Home/Office:                      Mob. No. 97975614	
Nationality SINGAPORE CITIZEN		Email: pocajaydas@gmail.com	
Sex: Female	Age: 48	Date of Birth: 12/01/1976	Type of Informant: Passenger
Race: Chinese		Language: English	
Occupation: Media and broadcasting manager		Driving Licence Information: Class:                                      Date of Expiry	

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/06/2024 17:30	Type of Location: Straight Road
Location:  BUKIT TIMAH EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Traffic Volume: Moderate	
Traffic Flow:	Traffic Control: Not Controlled	Anyone conveyed by ambulance: No	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7875P	Motorcycle			Black	No Damage	0
SGT1298M	Motor car	NISSAN	Qashqai	Blue	Slightly Damaged	3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date

24/06/2024, 10:54

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**SINGAPORE  
POLICE FORCE**



T/20240622/7089

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

2 c

Report No. T/20240622/

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LYNDA LEE PUAY HOON	ID No	S7612457D
Related Vehicle	SGT1298M (Motor car)	Contact No.	97975614
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Passenger			
Name	NG YI YANG JAYVIER	ID No	T1026574B
Related Vehicle	SGT1298M (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Passenger			
Name	NG SHI QING JAYDA	ID No	T0815874B
Related Vehicle	SGT1298M (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

24/06/2024, 10:54

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**SINGAPORE  
POLICE FORCE**



T/20240622/7089

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

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Report No. T/20240622/7

CONTINUATION OF REPORT

Passenger			
Name	LYNDA LEE	ID No	S7612457D
Related Vehicle	SGT1298M (Motor car)	Contact No	97975614
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details**

We were travelling on BKE towards PIE (Changi) direction, after passing by Eco Link Bridge. A motorcyclist (FBK75) drove towards us at high speed and knock into my right side mirror. My side mirror side cover was broken off, flying onto the expressway, as shown in my video. The motorcyclist drove off without stopping to check. As he was travelling at high speed, we did not proceed to chase as it seems dangerous to do so.

24/06/2024, 11:32

(20) WhatsApp



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 400665  
Tel No: 65470000



T120240622/7089

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Report No. T120240622/7089

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
KASMAWATI BTE SAMIAN  
Contact No.: 65476368

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

Date/Time:  
22/06/2024 20:06

Classification Of Case:

This report is lodged at Bishan NPC Kiosk 1  
NP168

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