

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	04/11/2024 10:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/11/2024 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 3 JALAN BUKIT MERAH OSCP,
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNR6285U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE JUN ZE
NRIC No	S9320255D
Email Address	junze.09@gmail.com
Mobile Phone No	(Phone) +65-96556171
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Octavia
Variant	HYBRID
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	1500
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	5148520124

DRIVER

Name of Driver	LEE JUN ZE
NRIC No	S9320255D
Date Of Birth	05/06/1993
Occupation	Indoor
Driving Pass Date	21/01/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96556171
Alt. Phone Number	-
Email Address	junze.09@gmail.com
Address	BLK 464B CLEMENTI AVENUE 1
Address complement	#02-64
Postcode	122464
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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

REFER TO POLICE REPORT T/20241103/7026

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	ADV TO SEND TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PD305K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	JEFFREY CHUNG JIE FEI
Contact Number	(Phone) +65-92971140
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

PASSENGER 1

Name	PAX1
Gender	Male

PASSENGER 2

Name	PAX2
Gender	Male

PASSENGER 3

Name	PAX3
Gender	Male

SKETCH PLAN

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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

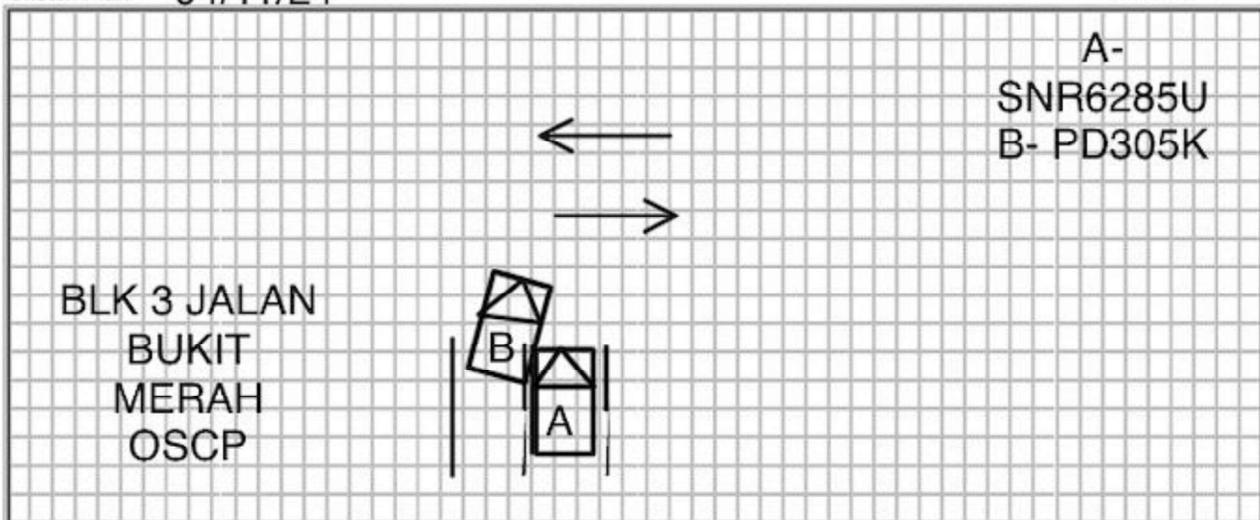
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card) Muhammad Farhan Bin Ghazali
 S997038

Sketch Plan 04/11/24



Describe Circumstance of the Accident

REFER TO CIRCUMSTANCES OF ACCIDENT

Declaration

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



Policyholder's Signature / Date & Time

4/11/24

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



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

Muhammad Farhan Bin Ghazali
S997038





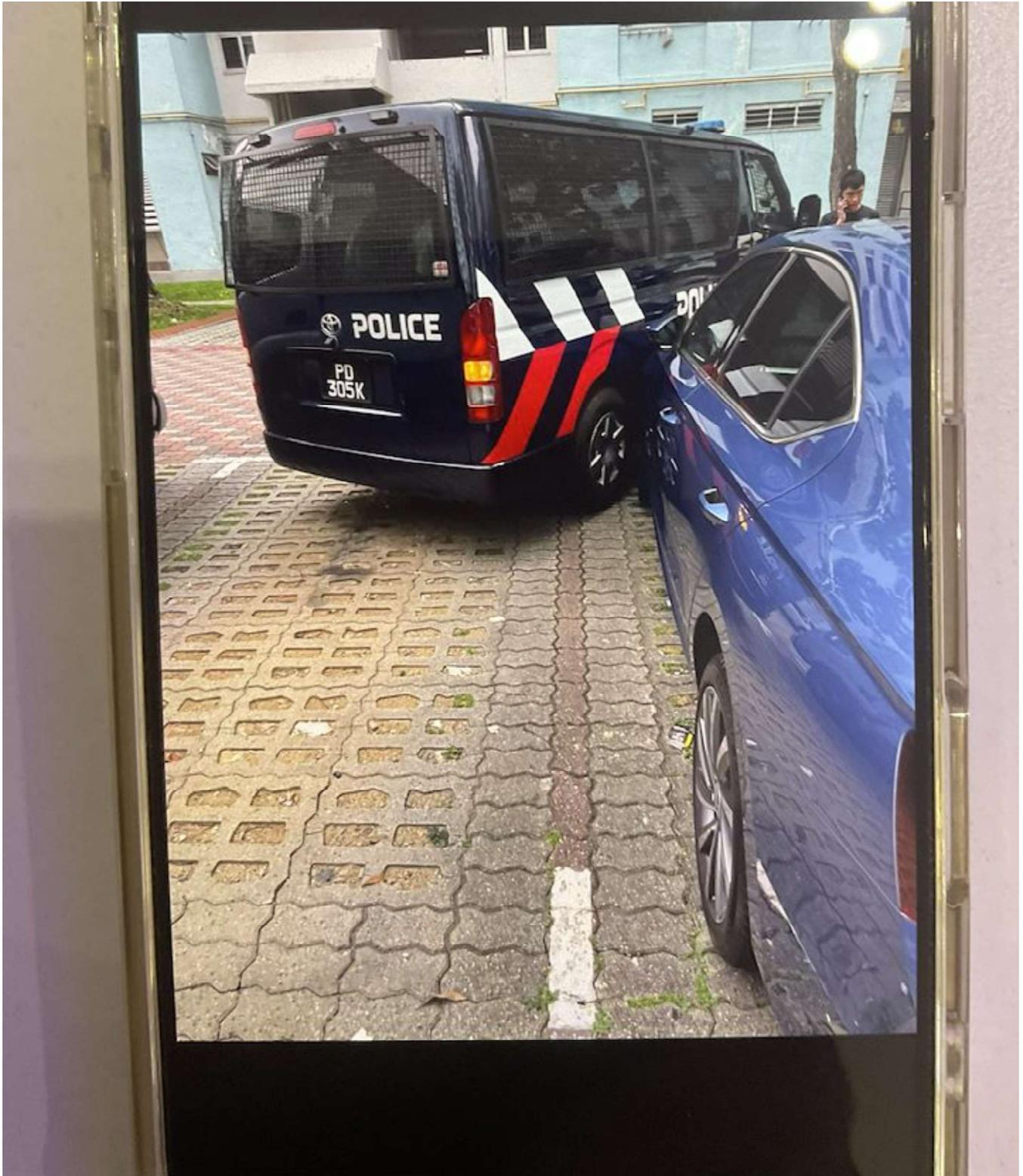




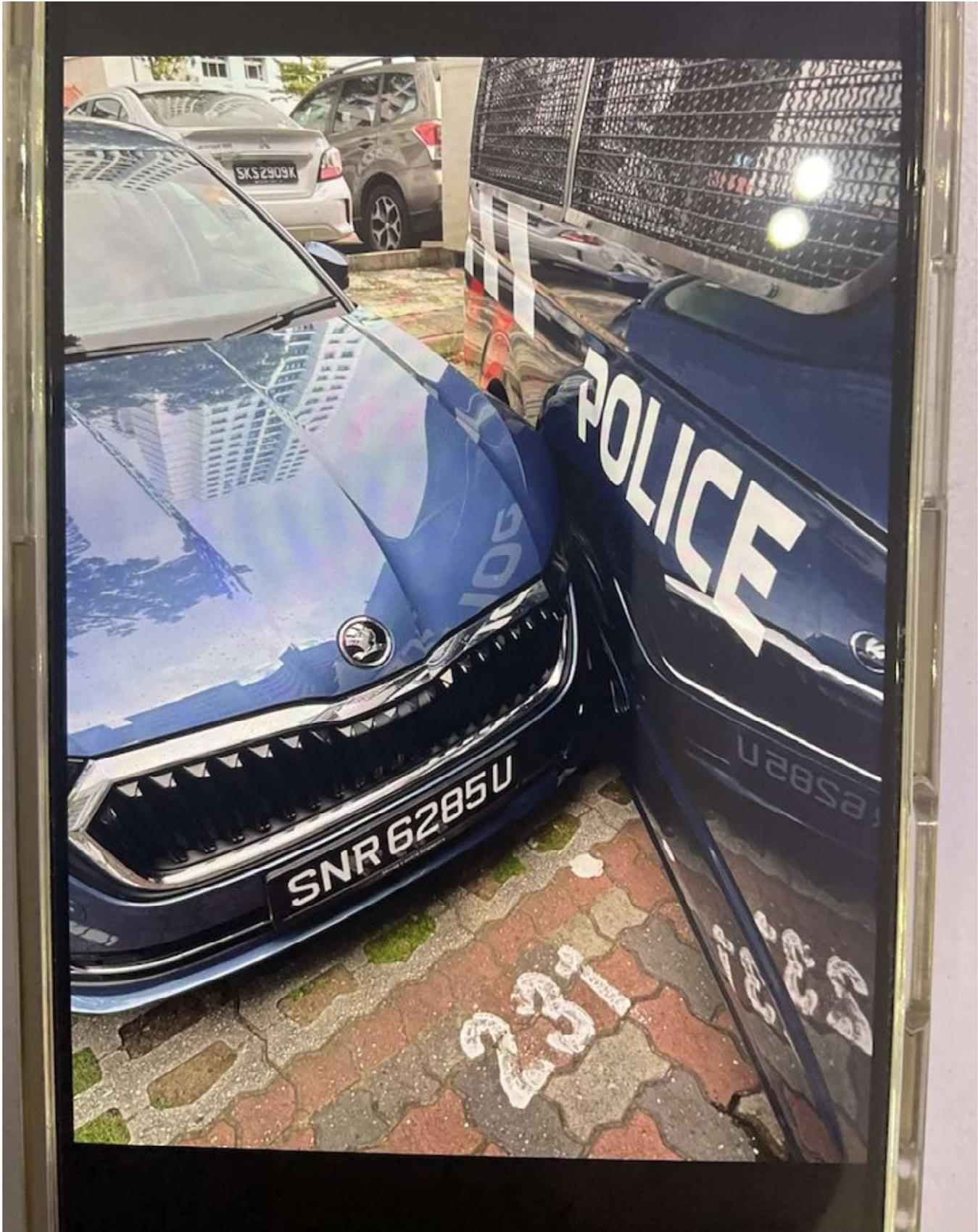














**SINGAPORE
POLICE FORCE**



T/20241103/7026

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

Report No. T/20241103/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2024 13:17	Vide Report No.: D/20241103/0060	Station Diary No.:
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Informant's Particulars

Name of Informant: Lee Jun Ze			Address: 464B CLEMENTI AVENUE 1 #02-64 CLEMENTI PEAKS SINGAPORE 122464		
ID Type / ID No.: NRIC NO / S9320255D			Contact No.: Home/Office: Mobile: 96556171		
Nationality: SINGAPORE CITIZEN			Email: junze.09@gmail.com		
Sex: Male	Age: 31	Date of Birth: 05/06/1993	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		
Occupation: ICT sales and services professional			Driving Licence Information: Class: 3		Date of Expiry: 03/11/2024

General Information of the Accident

Type of Accident: Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 03/11/2024 11:30	Type of Location: Car Park
Location: JALAN BUKIT MERAH			
Weather: Drizzling		Road Surface: Wet	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PD305K	Motor van	TOYOTA		Blue	Slightly Damaged	4
SNR6285U	Motor car	SKODA	Octavia	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNR6285U	NTUC Income	5148520124	21/08/2024	20/08/2025



**SINGAPORE
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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20241103/7026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JEFFREY CHUNG JIE FEI	ID No.	NIL
Related Vehicle	PD305K (Motor van)	Contact No.	92971140
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
Vehicle Owner			
Name	LEE JUN ZE	ID No.	S9320255D
Related Vehicle	SNR6285U (Motor car)	Contact No.	96556171
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 03/11/2024
Date Treatment	03/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

At 11.02am Vehicle SNR6285U entered carpark and parked in a lot to the right of police van PD305K.

At 11.30am Police Van PD305K turned right to exit their lot and collided with stationary vehicle SNR6285U causing damage to vehicle SNR6285U front left fender, bumper and headlights. No one was in SNR6285U.

At 11.44am, owner of SNR6285U returned to scene of accident to discover his vehicle being damaged from the accident. Reported to traffic police and traffic police provided a case card and advise owner to make police report.



**SINGAPORE
POLICE FORCE**

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



T/20241103/7026

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Report No. T/20241103/7026

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

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

Date/Time:
03/11/2024 13:17

Classification Of Case:

This report is lodged at Queenstown NPC Kiosk 1
NP168