

## 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 .....	11/11/2024 15:27 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	08/11/2024 16:00 (SGT)
Exact Location of Accident .....	75 Jalan Senang, Singapore 418388
Additional Location Information .....	JALAN SENANG (BESIDE HOUSE NO.75)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBD2309C
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	L RENO
Company Reg No .....	5XXXX572E
Email Address .....	Lsreno333@gmail.com
Mobile Phone No .....	(Phone) +65-86555293
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
Variant .....	150 MANUAL
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 .....	Manual
CC .....	2982
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	MZD00700

#### DRIVER

Name of Driver .....	LEE SENG WAH
NRIC No .....	SXXXX563I
Date Of Birth .....	10/02/1959
Occupation .....	Outdoor
Driving Pass Date .....	16/06/1987
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	37 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86555293
Alt. Phone Number .....	-
Email Address .....	Lsreno333@gmail.com
Address .....	10C BENDEMEER ROAD
Address complement .....	#29-125
Postcode .....	SINGAPORE 333010
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	SOLE PROPRIETOR
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 on collision
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? .....	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

ON 08.11.2024, I WAS DRIVING STRAIGHT ALONG JALAN SENANG. ALL OF A SUDDEN, A CERTIS CAR (SMM 8167C) COLLIDED HEAD ON WITH MY LORRY (GBD 2309C). AFTER THE ACCIDENT, I FELT UNWELL AND WENT TO SEE DOCTOR. I WAS GIVE 5 DAYS MC

#### 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 .....	SMM8167C
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	Avante
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	FRONT
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LEE SENG WAH
Gender .....	Male
Phone No .....	-
Address .....	10C BENDEMEER ROAD
Address Complement .....	#29-125
Post Code .....	SINGAPORE 333010
Approximate Age Years Old .....	65
Injuries Sustained .....	CHEST, NECK
Injured person in which vehicle? .....	GBD2309C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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

*[Signature]*

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

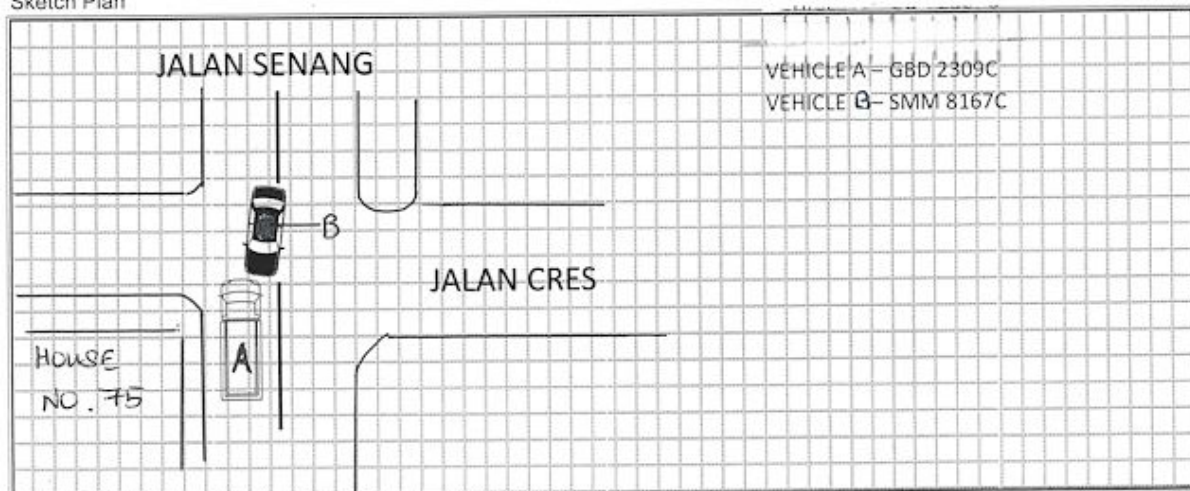
11 NOV 2024



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

11 NOV 2024

**Sketch Plan**



Describe Circumstance of the Accident

AS PER POLICE REPORT, T/20241111 / 7022 (TP - UBI AVE 2)

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

11 NOV 2024



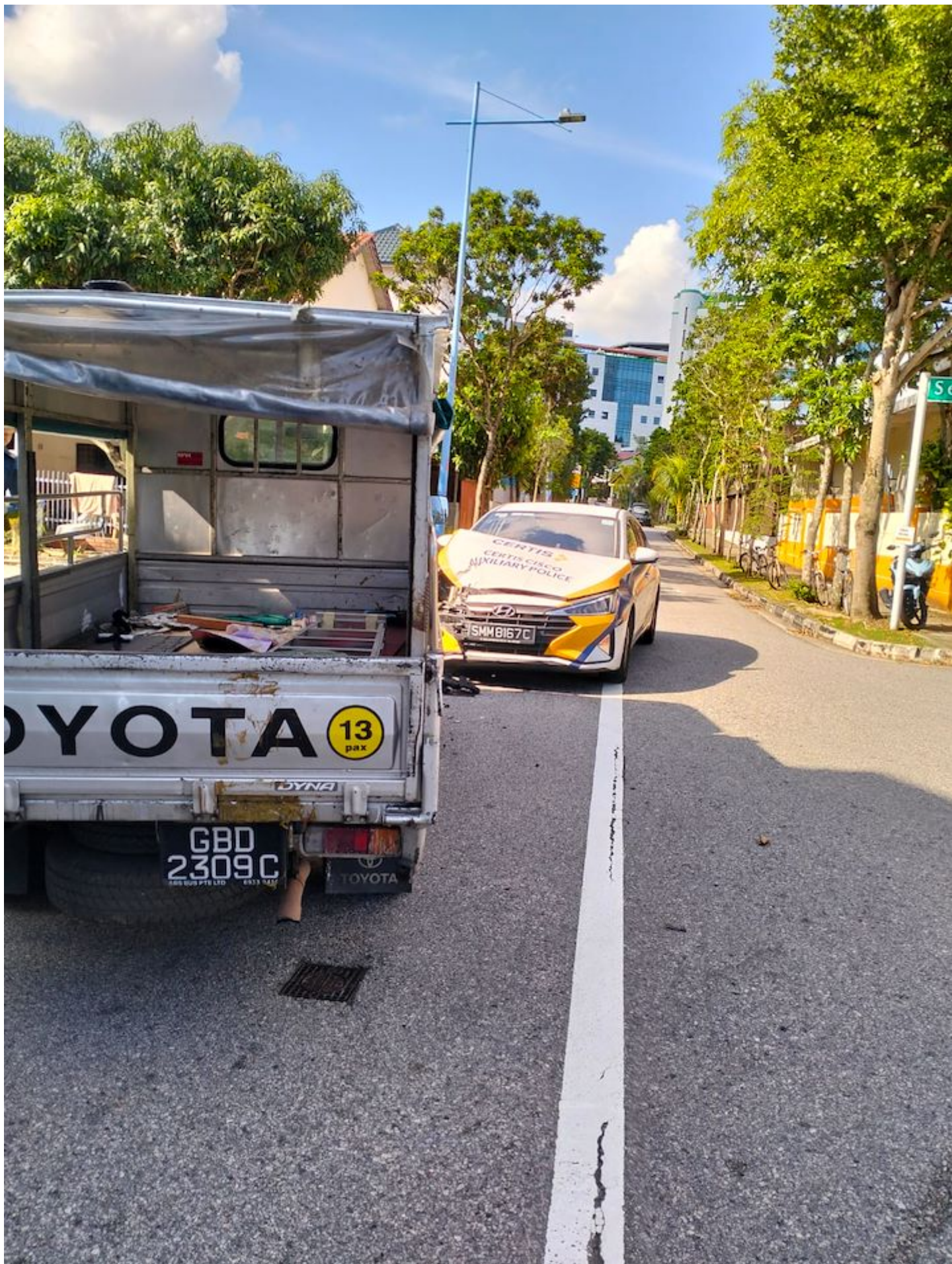
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

11 NOV 2024

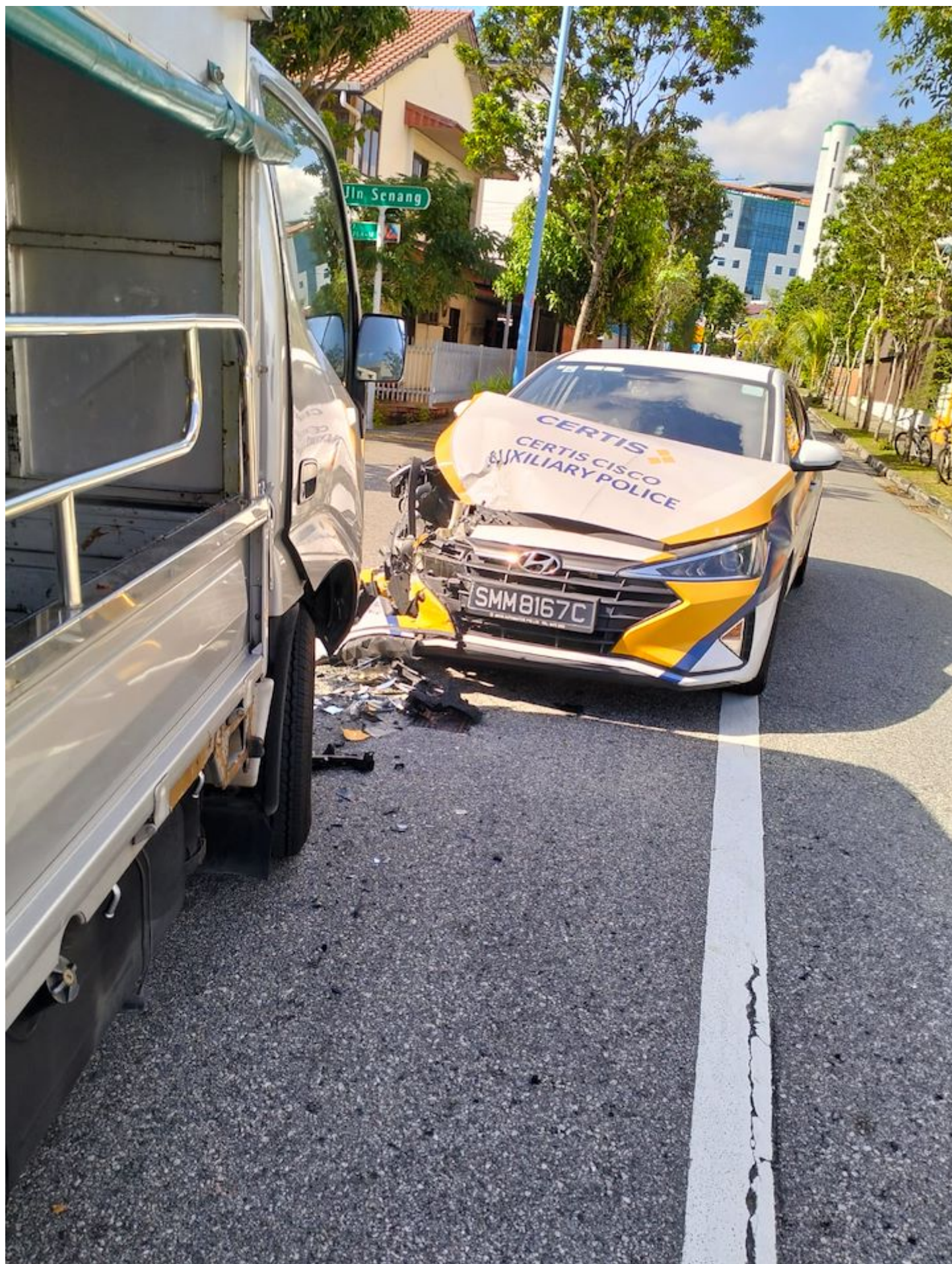
































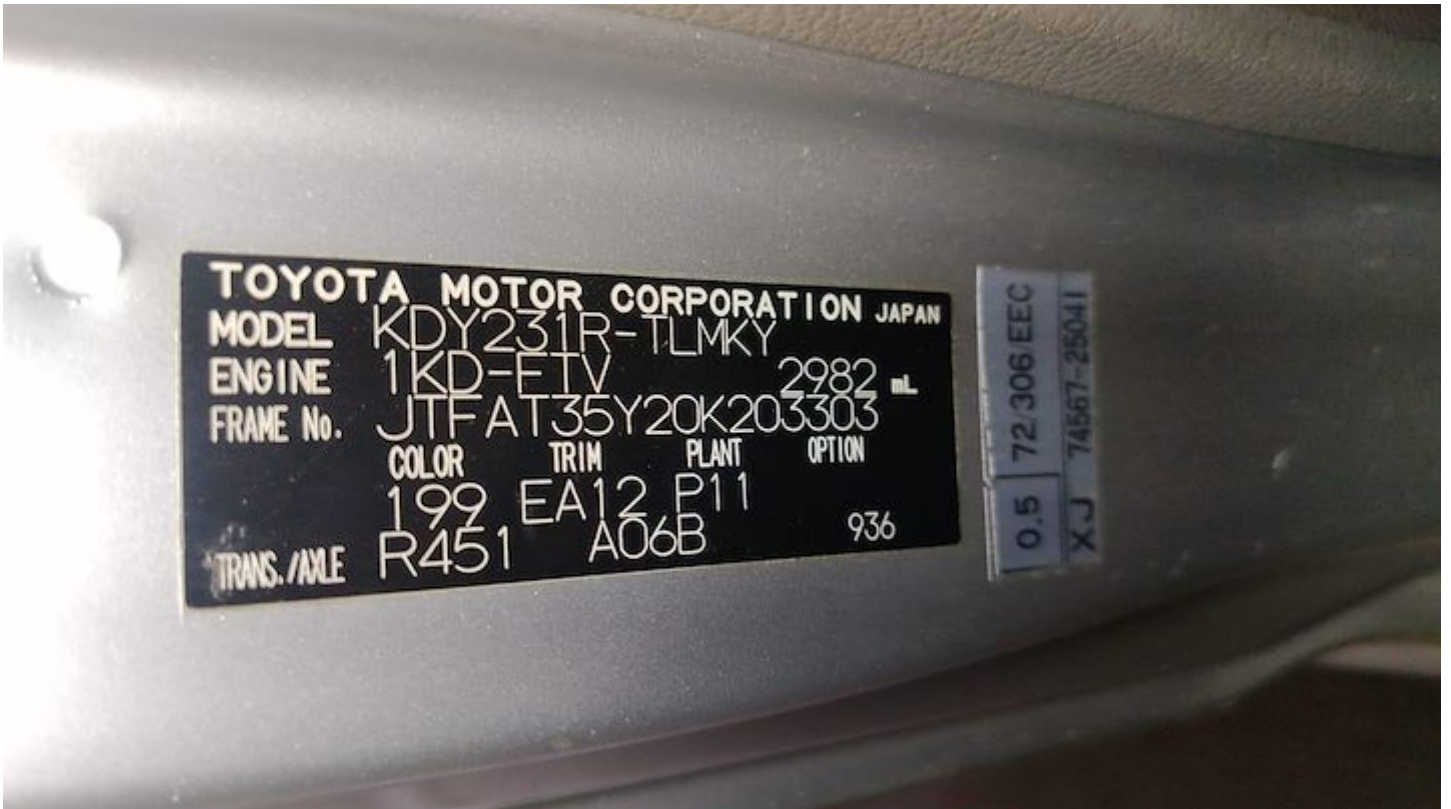


















**SINGAPORE  
POLICE FORCE**



T/20241111/7022

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

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Report No. T/20241111/7022

CONTINUATION OF REPORT

Driver			
Name	LEE SENG WAH		ID No. S2596563I
Related Vehicle	GBD2309C (Lorry)		Contact No. 86555293
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)	05	Degree of Injury	Serious

**Brief Details.**

On the date stated i was driving straight on my lane , out of sudden a car(SMM8167C) certis car just hit on my front and head on me.

After the accident i felt unwell and went to see doctor given 5 days mc



**SINGAPORE  
POLICE FORCE**

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



T/20241111/7022

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Report No. T/20241111/7022

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
PHNG KAR SOON  
Contact No.: 65476439

NP168

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

Date/Time:  
11/11/2024 11:00

Classification Of Case: