

## 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 .....	20/11/2024 15:34 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	19/11/2024 19:34 (SGT)
Exact Location of Accident .....	Boon Lay, Singapore
Additional Location Information .....	Jalan Boon Lay Towards Pier Road
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGJ7009U
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LEE KWOK SENG
NRIC No .....	S7601680A
Email Address .....	ANDY_LEE88@YMAIL.COM
Mobile Phone No .....	(Phone) +65-85337009
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	COROLLA ALTIS 1.6 CVT
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Manual
CC .....	1598
Vehicle Fuel .....	Petrol
First Registration Date .....	15/02/2017
Chassis no .....	MR053REH104555964
Effective Date/Time of Ownership .....	17/03/2021 03:03 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5121406590-03

#### DRIVER

Name of Driver .....	LEE KWOK SENG
NRIC No .....	S7601680A
Date Of Birth .....	19/01/1976
Occupation .....	Indoor
Driving Pass Date .....	07/07/1994
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	30 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85337009
Alt. Phone Number .....	-
Email Address .....	ANDY_LEE88@YMAIL.COM
Address .....	BLK 606 JURONG WEST STREET 65 12-584 SINGAPORE 640606
Address complement .....	12-584
Postcode .....	640606
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	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 .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Police

#### 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 .....	FBL2120L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	Krishnan S/O Thanga Velu
NRIC No .....	S1723026C
Contact Number .....	(Phone) +65-92351121
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	CB6259K
Vehicle Manufacturer .....	Isuzu
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	Chua Teck Seng
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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)**

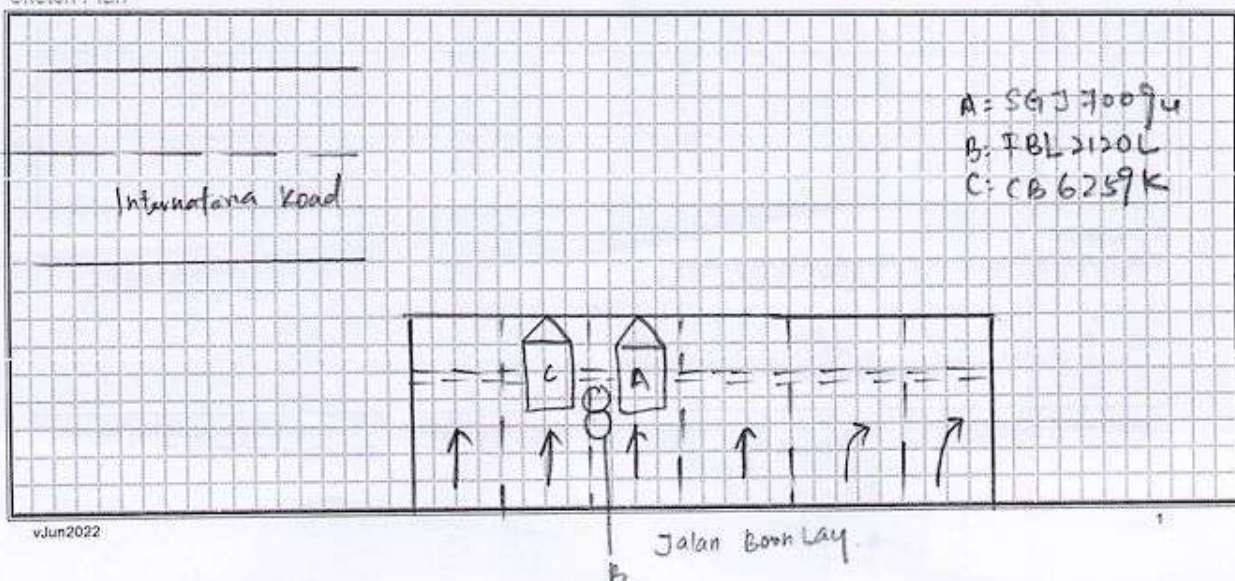
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/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.

July 20/11/2016 11:00am  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



vJun2022



**SINGAPORE  
POLICE FORCE**



T/20241119/2102

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 4  
Report No. T/20241119/2102

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/11/2024 22:04			Vide Report No.: J/20241119/0107		Station Diary No.: 217
<b>Informant's Particulars</b>					
Name of Informant: LEE KWOK SENG			Address: 606 JURONG WEST STREET 65 #12-584 SINGAPORE 640606		
ID Type / ID No.: NRIC NO / S7601680A			Contact No.: Home/Office: Mobile: 85337009		
Nationality: SINGAPORE CITIZEN			Email: ANDY_LEE88@YMAIL.COM		
Sex: Male	Age: 48	Date of Birth: 19/01/1976	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Sales manager			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/11/2024 19:35	Type of Location: Straight Road
Location:  JALAN BOON LAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB6259K	Bus (Passenger)				Slightly Damaged	15
FBL2120L	Motorcycle				Slightly Damaged	0
SGJ7009U	Motor car				Slightly Damaged	0





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T/20241119/2102

Police Station Of Origin:  
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Tel No: 1800-2689999

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Report No. T/20241119/2102

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA TECK SENG	ID No.	S1469121I
Related Vehicle	CB6259K (Bus (Passenger))	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LEE KWOK SENG	ID No.	S7601680A
Related Vehicle	SGJ7009U (Motor car)	Contact No.	85337009
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Rider			
Name	KRISHNAN S/O THANGAVELU	ID No.	S1723026C
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

V1) SGJ7009U  
V2) FBL2120L  
V3) CB6259K

On 19/11/24, around 1935hrs, I was stationary along Jln Boon Lay in V1) SGJ7009U, next to V3) CB6259K, which was in the next lane. Subsequently, V2) FBL2120L lane split in between V1 or V3. Subsequently, while moving off, V2 wobbled and subsequently side swiped V1's left side and V3's right side, causing significant damage to V1. The rider of V2 was conveyed to hospital.



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T/20241119/2102

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Report No. T/20241119/2102

CONTINUATION OF REPORT

via ambulance. No one else other than the rider of V2 was injured.





**SINGAPORE  
POLICE FORCE**



T/20241119/2102

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Police Station Of Origin:  
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Report No. T/20241119/2102

CONTINUATION OF REPORT

Signature of Officer Recording The  
J/

STAFF SGT MUHAMMAD  
ZHARIF BIN ZAINUDIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
19/11/2024 22:04

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMAD BURHAN BIN SABTU  
Contact No.: 65476214

Classification Of Case:

NP168