

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	25/11/2024 14:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/11/2024 23:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF SENGKANG WEST ROAD AND YIO CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8095P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHEE WEE
NRIC No	S7372798G
Email Address	LEEC0002@GMAIL.COM
Mobile Phone No	(Phone) +65-97682138
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
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	1498
Vehicle Fuel	Petrol
First Registration Date	09/02/2010
Chassis no	JN1BAAG11Z0110704
Effective Date/Time of Ownership	09/02/2010 03:02 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5022181

DRIVER

Name of Driver	LEE CHEE WEE
NRIC No	S7372798G
Date Of Birth	20/01/1973
Occupation	Indoor
Driving Pass Date	13/04/1996
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	28 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97682138
Alt. Phone Number	-
Email Address	LEEC0002@GMAIL.COM
Address	BLK 145 POTONG PASIR AVENUE 2 12-60 SINGAPORE 350145
Address complement	-
Postcode	-
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	Collision - Head to Rear
Weather Conditions	LIGHT RAINS
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	SHD4755M
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Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LOW JOO CHAI
NRIC No	S1313038H
Contact Number	(Phone) +65-98445155
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

[Signature] 25/11/2024
9:00 am

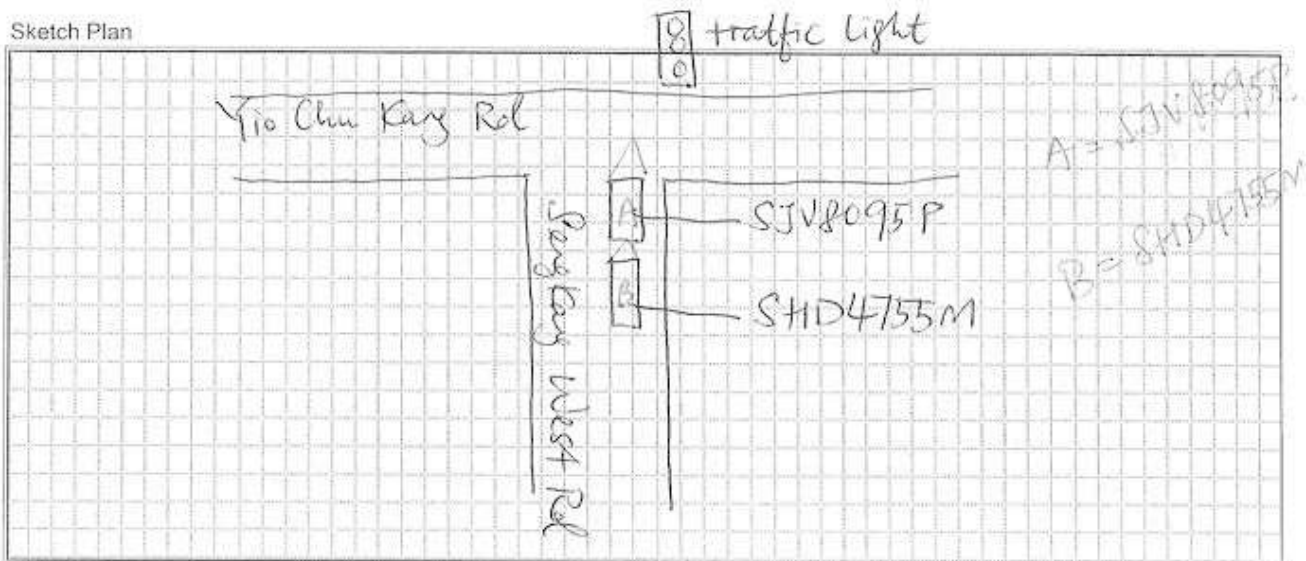
Policyholder's Signature / Date & Time

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

PCV ACCIDENT REPORT
COMFORTDELRG ENGINEERING PTE LTD
705 BRANDELL ROAD
SINGAPORE 579791

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

Sketch Plan



Describe Circumstance of the Accident


On 22/11/2024, at approximately 11pm, I was traveling along Sengkang West Rd, approaching the junction of Yio Chu Kang Rd. I intended to ~~make~~ make a right turn at the junction.

As i approached the traffic light, it changed from green to amber. I prepared to stop and came to a complete stop as the light turned red.

A few seconds after stopping, I heard a loud impact and felt my car being pushed forward. Upon inspection, I realized that a taxi (license plate number SHD 4735 M) had collided with the rear of my vehicle. This caused damage to the back of my car, as documented in the attached photos.

Declaration

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

 25/11/2024
9.00am

Policyholder's Signature / Date & Time

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

PCV ACCIDENT REPAIRS
COMFORTLORD ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 67000

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