

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	02/12/2024 17:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/11/2024 20:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG DUNEARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB5197E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAI LEE SAN
NRIC No	S7869357F
Email Address	ALLENWKSHOP@GMAIL.COM
Mobile Phone No	(Phone) +65-94521771
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ford
Model	Focus
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	Auto
CC	1596
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	5143735429

DRIVER

Name of Driver	LAI LEE SAN
NRIC No	S7869357F
Date Of Birth	20/10/1978
Occupation	Indoor
Driving Pass Date	10/10/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94521771
Alt. Phone Number	-
Email Address	ALLENWKSHOP@GMAIL.COM
Address	BLK 307C ANG MO KIO AVE 3 #13-455
Address complement	-
Postcode	563307
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	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)	2
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	YUKEE KWOK
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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 SH7169J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 Name of Driver -
 Contact Number (Phone) +65-83636602
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LAI LEE SAN
 Gender Male
 Phone No (Phone) +65-94521771
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained REFER TO POLICE REPORT
 Injured person in which vehicle? SLB5197E
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

Describe Circumstances of the Accident

Refer to Police Report attached.

☐ Claim OD ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :


Email address :


Myself email :

Note: Please take note that your Insurer have 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.

 2/12/24
Policyholder's Signature / Date & Time

 2/12/24
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 2/12/24
Policyholder's Signature / Date & Time

[Signature] 2/12/24
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



A-SLB 5197E

B-SH 71693



**SINGAPORE
POLICE FORCE**



T/20241202/2043

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20241202/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2024 14:18		Vide Report No.:		Station Diary No.: 69	
Informant's Particulars					
Name of Informant: LAI LEE SAN			Address: 307C ANG MO KIO AVENUE 1 #13-455 SINGAPORE 563307		
ID Type / ID No.: NRIC NO / S7869357F			Contact No.: Home/Office: Mobile: 94521771		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 46	Date of Birth: 20/10/1978	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Automotive mechanic			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2024 20:45	Type of Location: Y-Junction
Location: DUNEARN ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Stationary vehicle head to rear.				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SH7169J	Taxi					1
SLB5197E	Motor car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20241202/2043

2 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20241202/2043

CONTINUATION OF REPORT

Driver			
Name	LAI LEE SAN	ID No.	S7869357F
Related Vehicle	SLB5197E (Motor car)	Contact No.	94521771
Hospital/Clinic	WELL FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	02/12/2024	Date Discharge	02/12/2024
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the above-mentioned date and I was travelling in my vehicle (SLB5197E) along Dunearn Road with a passenger. I was going to make a U-turn as such I stop my vehicle and waited for the on-coming car to pass, however I felt an impact from the rear, as such I went down to make a check. There was a Taxi (SH7169J) rear ended my vehicle. As such my vehicle rear bumper dented in and there were scratches.

I made a check with my passenger, and she said she was fine. I wish to inform that there was no police or ambulance at scene no was injured. I have in car-camera installed I can provide the footage however is only the front view. Today 02/12/2024 morning I woke up feeling pain in my neck, as such I went to consult a doctor and was given 3 days of MC.

I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20241202/2043

3 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20241202/2043

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SGT 1 TOH JIAXI EDWIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
INSP (1) GOH SEOW PING SHAYE
Contact No.: 65476310

Signature Of Informant:

Date/Time:
02/12/2024 14:18

Classification Of Case:

NP168