

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	07/12/2024 10:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/12/2024 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7922T
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHEE SHYAN
NRIC No	S8221072E
Email Address	SHYAN_LEE82@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94773613
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	B.M.W.
Model	X5 3.0 XDRIVE35I A
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	2979
Vehicle Fuel	Petrol
First Registration Date	01/10/2010
Chassis no	WBAZV42050LL57375
Effective Date/Time of Ownership	01/04/2024 04:04 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5024217

DRIVER

Name of Driver	LEE CHEE SHYAN
NRIC No	S8221072E
Date Of Birth	23/07/1982
Occupation	Indoor
Driving Pass Date	19/06/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94773613
Alt. Phone Number	-
Email Address	SHYAN_LEE82@HOTMAIL.COM
Address	BLK 937 BUKIT TIMAH ROAD 02-36 SINGAPORE 589646
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	3
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	MDN2366
Vehicle Category	Private car

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

AS PER SKETCH PLAN AND POLICE REPORT ATTACHED.

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 CB7530U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver -
Contact Number -
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 LEE CHEE SHYAN
Gender Male
Phone No (Phone) +65-94773613
Address 937 BUKIT TIMAH ROAD
Address Complement 02-36
Post Code 589646
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SJY7922T
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

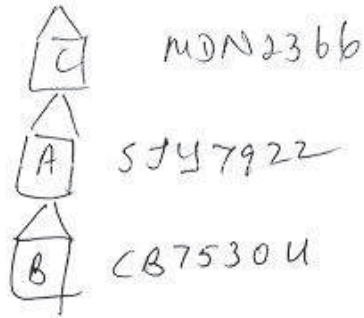
1. This report is completed by the Police and the relevant police officers involved in the accident.
2. The report is completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any false information or withholding of material facts may lead to the insurers' refusal to repudiate policy liability.
4. The report and contents are provided to the insurers and may be used by the insurers, their lawyers, law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature, Date
& Time

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: 7/2024/207/700P
attached.

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

DECLARATION

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

Car Owner 7/12/24

Driver's Signature:

7/12/24

Road Traffic Department's Signature:



**SINGAPORE
POLICE FORCE**



T/20241207/7004

1 of 3

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

Report No. T/20241207/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2024 01:00			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: LEE CHEE SHYAN			Address: 937 BUKIT TIMAH ROAD #02-36 SINGAPORE 589646			
ID Type / ID No.: NRIC NO / S8221072E			Contact No.: Home/Office: Mobile: 94773613			
Nationality: SINGAPORE CITIZEN			Email: SHYAN_LEE82@HOTMAIL.COM			
Sex: Male	Age: 42	Date of Birth: 23/07/1982	Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: Bank exec			Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2024 16:30	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY7922T	Motor car	BMW	X5 3.0 XDRIVE35I A	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJY7922T	GREAT EASTERN GENERAL INSURANCE LIMITED	V5024217	27/03/2024	30/03/2025



**SINGAPORE
POLICE FORCE**



T/20241207/7004

2 of 3

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

Report No: T/20241207/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE CHEE SHYAN	ID No.	S8221072E
Related Vehicle	SJY7922T (Motor car)	Contact No.	94773613
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)	03	Degree of Injury	Serious

Brief Details.

On the stated date and time I vehicle SJY7922T was travelling straight on lane 2 (from right) along PIE (tuas).

As the vehicle in front stopped, i also stop gradually...

Suddenly vehicle CB7530U came from behind and slammed into my vehicle's rear portion.

The impact was great and propelled my vehicle forward to hit onto vehicle MDN2366.

I later realised that i was involved in a 3 vehicles chain collision and I am the 2nd car.

After a while i start to feel pain on my neck, shoulders and back areas.

I then proceeded to iDoc clinic to seek treatment and i was given 3 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20241207/7004

3 of 3

Report No. T/20241207/7004

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

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

Date/Time:
07/12/2024 01:00

Classification Of Case:

NP168