

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	23/12/2024 14:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/12/2024 07:30 (SGT)
Exact Location of Accident	Pasir Ris Dr 8, Singapore
Additional Location Information	PASIR RIS DRIVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM313L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEGAN LEE CHIH WEI (LI ZHIWEI)
NRIC No	S7807249J
Email Address	KEGAN0313@YAHOO.COM
Mobile Phone No	(Phone) +65-81687817
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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 hire
Transmission	Auto
CC	1797
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	5121603759-03

DRIVER

Name of Driver	KEGAN LEE CHIH WEI (LI ZHIWEI)
NRIC No	S7807249J
Date Of Birth	13/03/1978
Occupation	Indoor
Driving Pass Date	29/08/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81687817
Alt. Phone Number	-
Email Address	KEGAN0313@YAHOO.COM
Address	85 PASIR RIS GROVE
Address complement	#14-09
Postcode	518212
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?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to attach

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 SLV4394D
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category NA / Unknown
 Name of Driver ZULKARNAIN BIN JOFFRE
 NRIC No S1712683J
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XE9733Z
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver WANG JIATAO
 Passport No/FIN G3137391W
 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 ZULKARNAIN BIN JOFFRE
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLV4394D
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 2


Name of injured person	PASSENGER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV4394D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes


circumstance of the Accident

(as per Police report)
T/20241221/2036

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
21/12/24


Driver's Signature (if driver is not the policyholder) / Date & Time
21/12/24


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

SKETCH PLAN

IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.**
 - This report will be forwarded by the insurers to 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.
 - 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.
 - 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

21/12/24

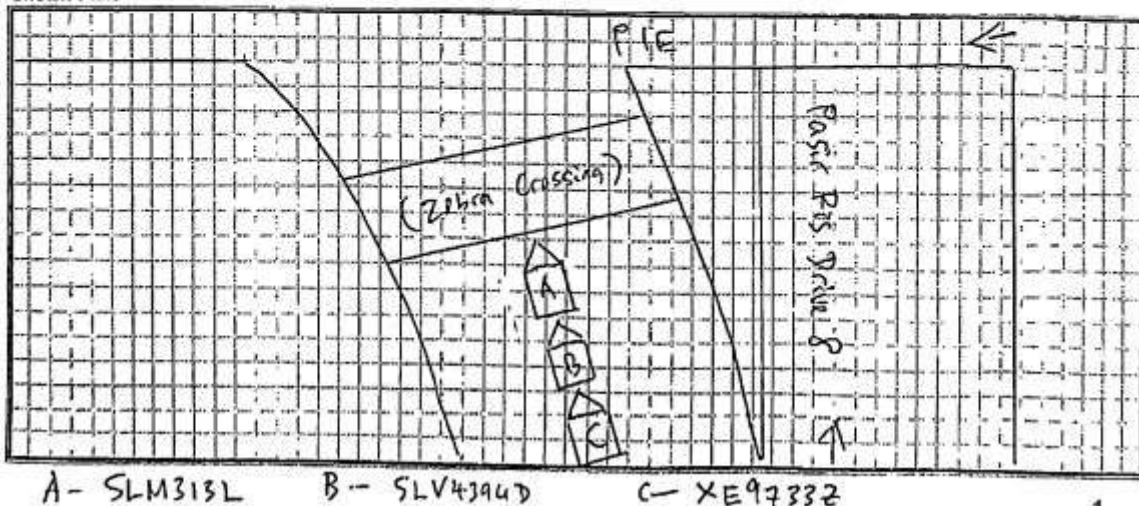
Driver's Signature (If driver is not the policyholder) / Date & Time

21/12/24

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



Sketch Plan




**SINGAPORE
POLICE FORCE**


T/20241221/2036

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Report No. T/20241221/2036

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2024 11:00	Vide Report No.: G/20241221/0043	Station Diary No.: 17
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Informant's Particulars

Name of Informant: KEGAN LEE CHIH WEI		Address: 85 PASIR RIS GROVE #14-09 SINGAPORE 518212	
ID Type / ID No.: NRIC NO / S7807249J		Contact No.: Home/Office:	Mobile: 81687817
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 13/03/1978	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: PRIVATE HIRE		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/12/2024 07:30	Type of Location: Bend
Location: PASIR RIS DR 8				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SLM313L	Motor car	TOYOTA		White	Seriously Damaged	3
SLV4394D	Motor car	MAZDA		Grey	Seriously Damaged	1
XE9733Z	Motor car	HINO		White		0


**SINGAPORE
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Tel No: 1800-5852999



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Report No. T/20241221/2036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	KEGAN LEE CHIH WEI	ID No.	S7807249J
Related Vehicle	SLM313L (Motor car)	Contact No.	81687817
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	ZULKARNAIN BIN JOFFRE	ID No.	S1712683J
Related Vehicle	SLV4394D (Motor car)	Contact No.	96539493
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	WANG JIATAO	ID No.	G3137391W
Related Vehicle	XE9733Z (Motor car)	Contact No.	91850525
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.

On the above-mentioned date, time and place, I was involved in an accident at Pasir Ris Drive 8, on the slip road into PIE.

I was driving along Pasir Ris Dr 8 and approached a zebra crossing. There were pedestrians crossing, as such I came to a stop just before the zebra crossing.

Suddenly, I heard and felt something colliding into the back of my vehicle. I came out of my vehicle to make a check and saw that it was a car (SLV4394D) and a heavy lorry (XE9733Z)



**SINGAPORE
POLICE FORCE**



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Report No. T/20241221/2036

Police Station Of Origin:
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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

behind my vehicle.

Shortly after, ambulance and Traffic Police arrived. The driver and passenger of the car was conveyed to ambulance while the rest of us spoke to the Traffic Officer.

One of the pedestrians informed that he saw me and the car behind me come to a stop. However, the lorry was still driving quite quickly, as such he decided to stay at the sidewalk. He then saw the lorry crashing into the car behind me, which ended up crashing onto the rear of my vehicle.

The Traffic Police Officer then took one SD card from my dashcam and advised me to lodge a police report.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



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Report No: T/20241221/2036

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SGT 2 CHUA JIAN XIONG,
ALWYN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/12/2024 11:00

Officer In Charge Of Case:
TP / GIT /
STAFF SGT YAN MINGSHENG DANIEL
Contact No.: 65476252

Classification Of Case:

NP168