

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	05/08/2024 14:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/08/2024 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	403 ANG MO KIO AVENUE 10 OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK8975K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE RONGJIE
NRIC No	S9202408C
Email Address	leerongjie92@gmail.com
Mobile Phone No	(Phone) +65-96838358
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALPHARD 2.5S C-PACKAGE CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2493
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPU24B00011600

DRIVER

Name of Driver	LEE RONGJIE
NRIC No	S9202408C
Date Of Birth	25/01/1992
Occupation	Outdoor
Driving Pass Date	28/04/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96838358
Alt. Phone Number	-
Email Address	leerongjie92@gmail.com
Address	BLK 403 ANG MO KIO AVENUE 10 #06-621
Address complement	-
Postcode	560403
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 - Major/Minor Rd
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)	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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SAME AS SKETCH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNM4913E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MOHANA D/O SAWANDRA RAJAM
NRIC No	S9039809A
Contact Number	(Phone) +65-88394046
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 RONGJIE
Gender	Male
Phone No	(Phone) +65-96838358
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNK8975K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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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)**

(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 yers/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.

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

Witnessed by Reporting Centre Personnel	
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Sketch Plan

barbage place

Ang mo kio Ave 10

(A) Sunk 897 SK

(B) SNM 4918E

Rik 403

Amk Ave 10

Describe Circumstances of the Accident

AS Per Police Report

Vehicle Repair at HAPLE Automobile Trading Co.

Video with James L.

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20240804/2032

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20240804/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2024 12:29		Vide Report No.:		Station Diary No.: 45	
Informant's Particulars					
Name of Informant: LEE RONGJIE			Address: 403 ANG MO KIO AVENUE 10 #06-621 SINGAPORE 560403		
ID Type / ID No.: NRIC NO / S9202408C			Contact No.: Home/Office: Mobile: 96838358		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 25/01/1992	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/08/2024 12:30	Type of Location: Car Park
Location: ANG MO KIO AVENUE 10				
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
SNK8975K	Motor car					0
SNM4913E	Motor car					2

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



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569929
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Report No. T/20240804/2032

CONTINUATION OF REPORT

Driver			
Name	LEE RONGJIE	ID No.	S9202408C
Related Vehicle	SNK8975K (Motor car)	Contact No.	96838358
Hospital/Clinic	C&K FAMILY CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	04/08/2024	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of	Slight
Driver			
Name	Mohana D/O Sawadra Rajan	ID No.	S9039809A
Related Vehicle	SNM4913E (Motor car)	Contact No.	88394046
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 03/08/2024 at about 1230hrs, I was driving, my car plate SNK8975K, in the car park of Blk 403 Ang mo kio avenue 10 carpark. I was driving towards the gantry to exit, and a vehicle was at the pickup point at Blk 403.

As I was driving forward, the vehicle, car plate SNM4913E, wanted to drive out of the pickup point. I saw that she was speeding up and was about to hit me and I swerved to avoid getting hit.

The car then hit my car's left side doors.

We both then exited the vehicle and exchanged particulars. There is damage to my left side front and rear door. The other car suffered damage to the front right bumper. The other driver was not injured. She had 2 passengers in her car.

Today, I woke up and felt pain on my neck, right shoulder and my right side of my back. I went to the doctor. I received 7 days mc. I have an in-car camera and it was recording the incident.

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T/20240804/2032

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Tel No: 1800-4519999

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Report No. T/20240804/2032

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 1 NURUL AMELINA BINTE
ABDULLAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
INSP (2) LOW MENG FATT
Contact No.: 97577566

Signature Of Informant:

Date/Time:
04/08/2024 12:29

Classification Of Case:

NP168













