

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 Authorised 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 ability.
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 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 Report	19/12/2017 17:36
Date Of Accident	14/12/2017 22:00
Exact Location Of Accident	BUANGKOK DR TWDS HOUGANG AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA473E
Insured/Policyholder	
Name Of Registered Owner	LEE BIAW KOK
NRIC No	S1136182Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90700532
Alternative Phone No	OTHERS-90700532

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAQ INSURANCE BHD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	Z17VP05015858
Cover Note Number	

Driver

Name of Driver	LEE BIAW KOK
NRIC No	S1136182Z
Date Of Birth	05/11/1950
Occupation	OUTDOOR
Date Of Driving Pass	24/10/1978
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90700532
Fax Number	
Contact Number	OTHERS-90700532
Email Address	NOEMAIL

Address BLK 533 HOUGANG AVE 6
#02-333
Postcode 530533
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? YES
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ
Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171216/7011

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD3207K
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver THULASIOHARAN NAIR S/O BHASKARAN PILLAI
NRIC/Passport Number S1843748E
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	LEE BIAW KOK
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SGA473E
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

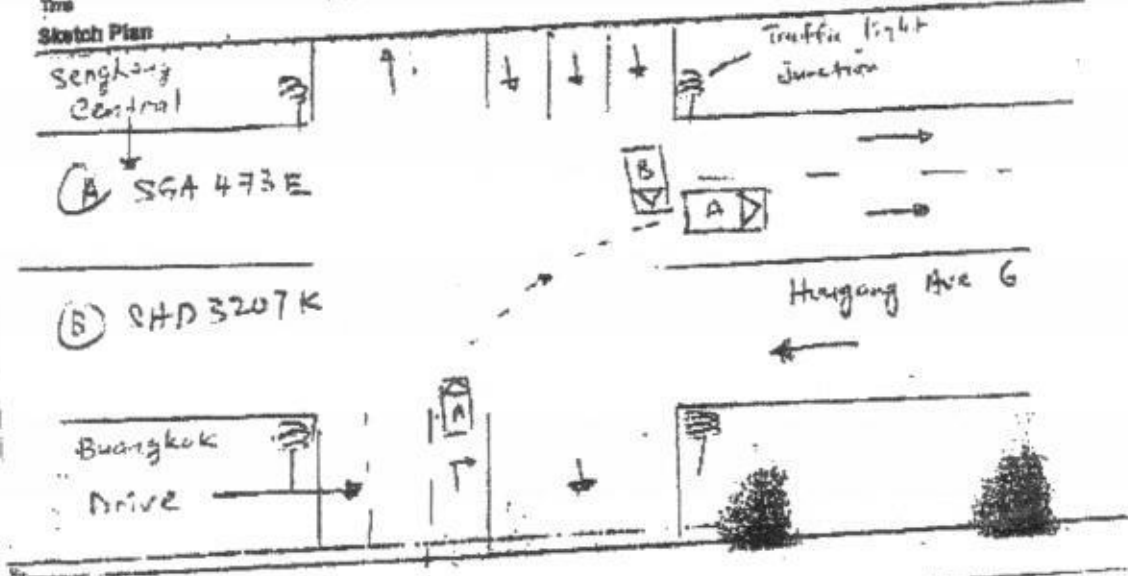
Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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. 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 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.
8. Consent under the Personal Data Protection Act (PDPA)
9. I understand, acknowledge, agree and consent that:
 - (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 firm/s, 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/postal packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (b) collectively the "Purposes"
 - (c) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firm/s, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (d) 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 firm/s), which may be called outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time _____
 Driver's Signature (if driver is not the policyholder) / Date & Time _____
 Witnessed by Reporting Centre Personnel _____




Sketch Plan #2

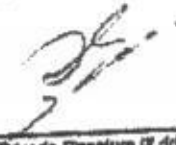
Describe Circumstances of the Accident

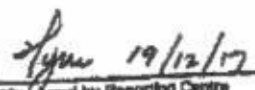
Refer to Police Report NO: T/2017/216/7011

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20171216/7011

1 of 4

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

Report No. T/20171216/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2017 21:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE WEILING			Address: APT BLK 293C COMPASSVALE CRESCENT #05-41 SINGAPORE 543293		
ID Type / ID No.: NRIC NO / S8631879B			Contact No.: Home/Office: Mobile: 92373820		
Nationality: SINGAPORE CITIZEN			Email: leeweiling08@gmail.com		
Sex: Female	Age: 31	Date of Birth: 14/10/1986	Type of Informant: Reporting on behalf of my father		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Medical diagnostic radiographer		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: 14/12/2017 22:00	Type of Location: X-Junction
Location: BUANGKOK DRIVE Cross junction along Buangkok Drive towards Hougang Avenue 6				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGA473E	Car	HONDA	Jazz	Black	Slightly Damaged	0
SHD3207K	Car	HYUNDAI	I40	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGA473E	LONPAC INSURANCE BHD.			



SINGAPORE POLICE FORCE



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Police Station Of Origin:
Traffic Police Division HQ
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Tel No: 65470000

Report No. T/20171216/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Reporting on behalf of my father			
Name	LEE WEILING	ID No.	S8631879B
Related Vehicle	SGA473E (Car)	Contact No.	92373820
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE BIAW KOK	ID No.	S1136182Z
Related Vehicle	SGA473E (Car)	Contact No.	90700532
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/12/2017	Date Discharge	15/12/2017
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	THULASIOHARAN NAIR S/O BHASKARAN PILLAI	ID No.	S1843746E
Related Vehicle	SHD3207K (Car)	Contact No.	NIL
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	NIL	Degree of Injury	NIL

Brief Details.

I, LEE BIAW KOK, S1136182Z on 14/12/2017 at about 2200 hours I was driving my vehicle SGA473E along Buangkok Drive, with my right hand signal on, turning right towards Hougang Avenue 6 as the traffic light was green.

I had stopped at the traffic light junction, to check for oncoming traffic before turning right. When the traffic was in my favour, I proceed towards Hougang Avenue 6. While finishing my right turn, I felt an impact from the rear. I immediately stopped and came out from the vehicle. A taxi SHD3207K had hit onto my rear left side portion of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20171216/7011

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Report No. T/20171216/7011

CONTINUATION OF REPORT

The next day, I felt giddy and some pain on my neck so I went to the emergency department of Singapore General Hospital to seek for medical check up, and was given 4 days MC. I wish to highlight that there were 2 chinese passengers when the accident had happened. They had alighted and boarded another taxi.



**SINGAPORE
POLICE FORCE**



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Report No. T/20171216/7011

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Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
GOH GEOK LYE
Contact No.: 65476148

Authentication Stamp
NP168

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

Date/Time:
16/12/2017 21:00

Classification Of Case: