

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	26/12/2017 13:30
Date Of Accident	23/12/2017 11:00
Exact Location Of Accident	KITCHENER LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ9458J
Insured/Policyholder	
Name Of Registered Owner	LAU KHIM SOON
NRIC No	S1255662D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83888324
Alternative Phone No	OTHERS-83888324

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	COLT VERSION-R 1.5 M
Exact Purpose for which vehicle was being used at time of accident	PTE 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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0016342-MVA
Cover Note Number	23/11/2017 - 22/11/2018

Driver

Name of Driver	LAU YONG WEE LESLIE
NRIC No	S8735191B
Date Of Birth	13/10/1987
Occupation	INDOOR
Date Of Driving Pass	17/04/2006
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98771987
Fax Number	
Contact Number	
EEmail Address	LAZYBOI87@HOTMAIL.COM

Address	BLK 897A TAMPINES ST 81 #12-704
Postcode	521897
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO.: T/20171223/2161.

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	SLQ1055D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JONES CHRISTINA MARIE
NRIC/Passport Number	G3370779M
Contact Number	88210438
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LAU YONG WEE LESLIE
Approximate Age	
Injuries Sustain	PAIN ON NECK
Injured person in which vehicle?	SGZ9458J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: S92 94587
INSURER : DBE
DATE & TIME: 23/12/17 @ 1100

IMPORTANT NOTICE

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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.

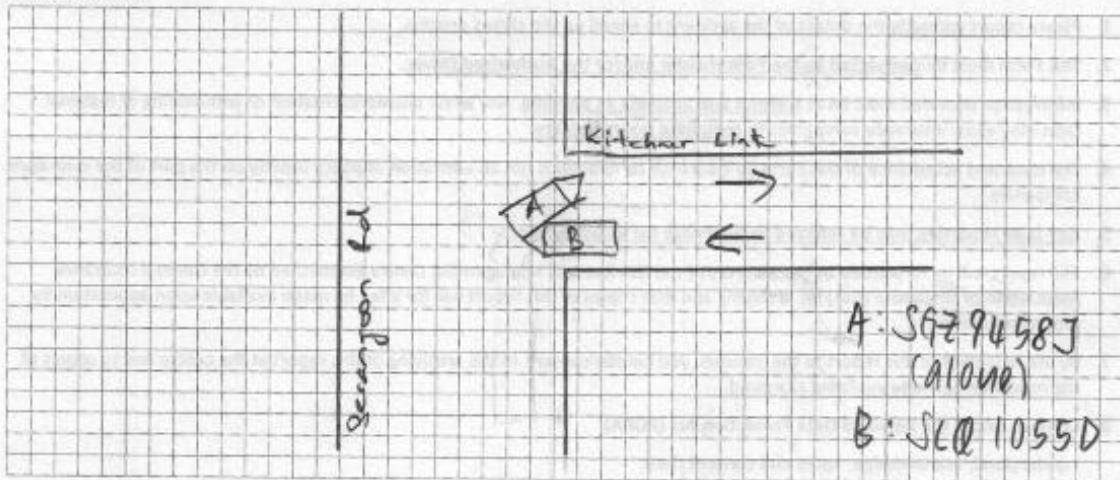
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: JOY YN (AMK)
NRIC/FIN No.: 26/12/17

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SJ92 9458J (ABE)
Date & Time: 23/12/17 @ 1100 (11pm/duy)
Refer to police report no: T/20171223/2161.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name: (AMK)
NRIC/FIN No.:

GLAMC SketchPlanForm V3

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop (Joe Kang)

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171223/2161

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20171223/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2017 21:33		Vide Report No.:		Station Diary No.: 158
Informant's Particulars				
Name of Informant: LAU YONG WEE, LESLIE		Address: APT BLK 897A TAMPINES STREET 81 #12-704 SINGAPORE 521897		
ID Type / ID No.: NRIC NO / S8735191B		Contact No.: Home/Office: Mobile: 98771987		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 30	Date of Birth: 13/10/1987	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: STARHUB INSTALLER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/12/2017 11:00	Type of Location: T-Junction
Location: Along Road 1 KITCHENER LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGZ9458J	Car	MITSUBISHI		Blue	Slightly Damaged	0
SLQ1055D	Car	TOYOTA		Black	Slightly Damaged	0

Details of Person Involved

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171223/2161

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20171223/2161

CONTINUATION OF REPORT

Driver			
Name	LAU YONG WEE, LESLIE	ID No.	S8735191B
Related Vehicle	SGZ9458J (Car)	Contact No.	98771987
Hospital/Clinic	MY FAMILY CLINIC (WOODLANDS)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/12/2017	Date Discharge	23/12/2017
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	JONES CHRISTINA MARIE	ID No.	G3370779M
Related Vehicle	SLQ1055D (Car)	Contact No.	88210438
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.

On the 23/12/2017 at around 1100hrs , I was driving along Serangoon Road and I wanted to make a right turn into Kitchener Link at the T Junction. There was a car SLQ 1055D which was stationary at the stop line on my right waiting to turn out from Kitchener Road. When I proceeded to make the right turn , the car suddenly dashed out and collided into the right side of my car. We stopped and took photographs of our cars and exchanged our particulars and contact numbers. After the accident , I felt pain on my neck and went to see a doctor and was given 4 days MC.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20171223/2161

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20171223/2161

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
Staff Sgt ZENG ZHIMIN, KEVIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/12/2017 21:33

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt LEE SOON LYE
Contact No.: 65476239

Classification Of Case:

Authentication Stamp
NP168

Signature:
Singapore Police Force

SN 085

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1255662D



Name: LAU KHIM SOON



Race: CHINESE
Date of Birth: 17-03-1957 Sex: M
Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1255662D
Name: LAU KHIM SOON



Birth Date: 17 Mar 1957
Issue Date: 04 May 2015



002411564D



SG 50

OWNER IC & DL BACK



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8735191B



Name
LAU YONG WEE, LESLIE

刘 荣 辉
Race
CHINESE

Date of birth 13-10-1987 Sex M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8735191B

Name
LAU YONG WEE, LESLIE

Birth Date 13 Oct 1987
Issue Date 20 Aug 2009



001776186C



DRIVER IC & DL BACK

3470855



NRIC No. **S8735191B**



Date of issue
13-02-2004

Address

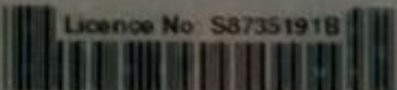
[Redacted Address]

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles =< 200 cc	06 Jan 2006
Class 2A Motorcycles between 201 cc and 400 cc	27 Feb 2007
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	17 Apr 2006

NP 425A

Licence No: S8735191B



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

