

Date of Accident:	11/01/2018	Accident Time:	1000 hrs
Vehicle (A) No:	EK 3323G	Make Model:	Honda
Location:	T-Junction of Whitely Rd & Thomson		
Owner Name:	Jansen Trans		
Owner Address:	B1K 290 Bukit Batok St 24 #12-75		
Owner NRIC:	53362648W	Email:	
HP:		Home:	Office:
Insurance Company:	china	Insurance Policy No:	DMP LSN 303534700
(Comprehensive / Third Party / Third Party Fire & Theft)			
Driver Name:	Lee Kian Sing		
Driver NRIC:	S6832383E	Date of Birth:	4/9/1968
Driver Contact No:	92725090	Occupation:	indian
Driving License Pass Date:	7/11/1989	Relationship With Owner:	employee

Claiming Under: ( Own Damage Claim / Third Party Claim / Reporting Only )

Weather Condition: ( Clear / Raining / Drizzling / After Rained )

Road Surface: ( Wet / Dry )

Damage Portion of Vehicle(A): Rear / Front / Right Side / Left Side / Chain Collision

Anyone Injured: YES / NO	Name:	Lee Kian Sing (M)
Police Report: YES / NO	If YES, Where:	21 Bukit Batok East
Passenger In Vehicle (A):		
Witness Name:	NRIC:	HP:

Vehicle (B) No:	SGU 5747C	Vehicle (C) No:	
Driver Name:		Driver Name:	
Driver NRIC:		Driver NRIC:	
Contact No:		Contact No:	
Insurance:	china	Insurance:	
Damage portion of vehicle(B):		Damage portion of vehicle(C):	

Vehicle (D) No:		Vehicle (E) No:	
Driver Name:		Driver Name:	
Driver NRIC:		Driver NRIC:	
Contact No:		Contact No:	
Insurance:		Insurance:	
Damage portion of vehicle(D):		Damage portion of vehicle(E):	

## SKETCH PLAN

### 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 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. 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.



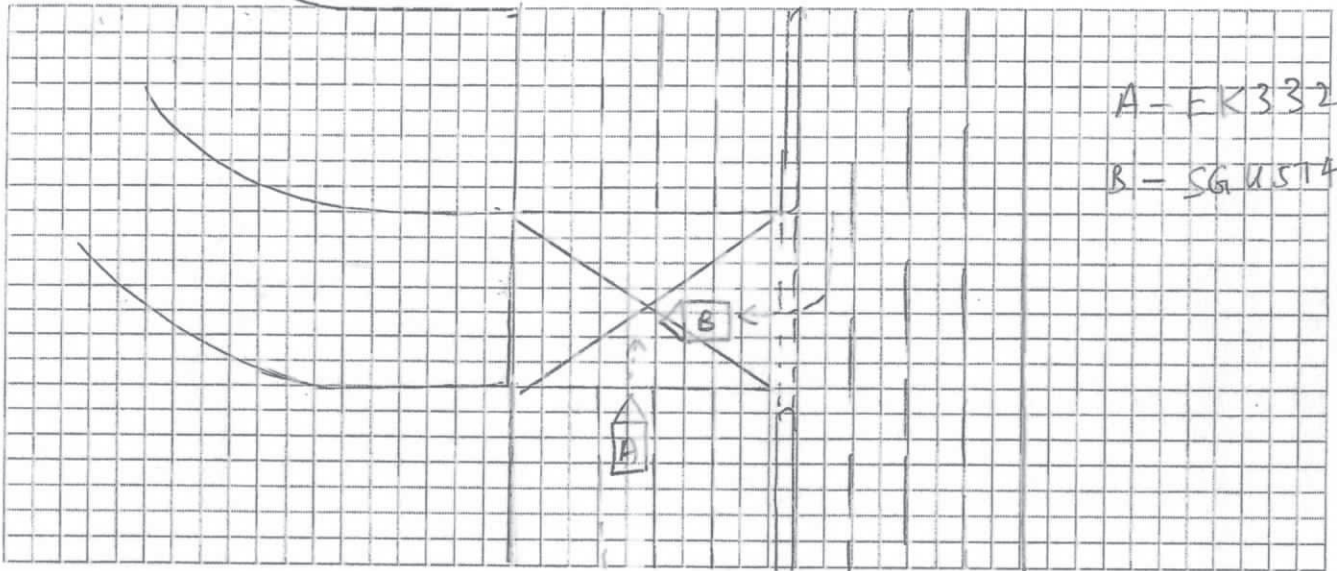
Policyholder's Signature  
Date & Time:

  
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**

Refer to the police report T/20180111/2107

**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:  
NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20180111/2107

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Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20180111/2107

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2018 14:23		Vide Report No.:		Station Diary No.: 91
<b>Informant's Particulars</b>				
Name of Informant: LEE KIAN SING		Address: APT BLK 290B BUKIT BATOK STREET 24 #12-75 SINGAPORE 653290		
ID Type / ID No.: NRIC NO / S6832383E		Contact No.: Home/Office: Mobile: 92725090		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 49	Date of Birth: 04/09/1968	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/01/2018 10:00	Type of Location: T-Junction
Location: WHITLEY ROAD THOMSON ROAD T-Junction of Whitley Road and Thomson Road before Thomson Medical Center opposite Cube 8 condominium. Lamp Post Number: 2A				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
EK3323G	Car				Seriously Damaged	1
SGU5747C	Car				Slightly Damaged	1





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**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LEE KIAN SING	ID No.	S6832383E
Related Vehicle	EK3323G (Car)	Contact No.	92725090
Hospital/Clinic	BUKIT BATOK POLYCLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/01/2018	Date Discharge	11/01/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	Ng Hon Kin (Wu Kang Jian)	ID No.	S7511886D
Related Vehicle	SGU5747C (Car)	Contact No.	90044215
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 11/01/2018, at around 1000hrs, I was driving in heavy traffic at the T-Junction of Whitely Road and Thomson Road. I was travelling on the 2nd lane from the left along Thomson Road towards Toa Payoh and started to move off when the traffic light turned green in my favour. Suddenly, a vehicle came from Thomson Road wanting to turn into Whitely Road drove very fast across in front of my vehicle despite the traffic light on his side already being red. I noticed that he had initially stopped at the red light before accelerating through the red light again. That vehicle, a silver colour Toyota Vios (SGU5747C) could not turn in smoothly resulting in the rear left portion of the vehicle colliding into the front left portion of my vehicle. The left front portion of my vehicle was damaged with the bonnet, skirting, headlight, bumper and radiator damaged pending further workshop report. The other vehicle's left rear passenger door area (skirting and bumper) was damaged. We move our vehicle to the road side and got off our vehicles to exchange particulars. He also provided his car insurance details to me. We also took photographs of the damages to our cars and affirm that no one was seriously damaged.

My passenger in my Grab during the incident, namely, Nixon Tan (S8512019J), HP: 94760860 also messaged me an account of what happened and can be my witness to the accident. I also wish to add that there was a SBS Transit Bus number 5 behind my car at the moment of accident and he may witness it as well. There is an in-car camera in my car that can provide some footage of the accident. There were also several street cameras along the road.

As I was feeling unwell after the accident, I went to see the doctors at Bukit Batok Polyclinic who gave me



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Report No. T/20180111/2107

**CONTINUATION OF REPORT**

a 7 days MC for neck sprain, chest contusion and shoulder sprain after road traffic accident.



**SINGAPORE  
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Report No. T/20180111/2107

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**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:

J/  
SAM WEE LEONG

Signature Of Interpreter:  
Not applicable

Signature Of Informant:

Date/Time:  
11/01/2018 14:23

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 YEO KIA HUAT  
Contact No.: 65476325

Classification Of Case:

Authentication Stamp  
NP168