

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	11/01/2018 18:38
Date Of Accident	10/01/2018 16:35
Exact Location Of Accident	SLE TOWARDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK7674H
Insured/Policyholder	
Name Of Registered Owner	LEE POH SIONG
NRIC No	S6916324F
Email Address	GALAXY21@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91133858
Alternative Phone No	OFFICE-64680438

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094579017
Cover Note Number	

Driver

Name of Driver	LEE POH SIONG
NRIC No	S6916324F
Date Of Birth	21/05/1969
Occupation	INDOOR
Date Of Driving Pass	24/11/1994
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91133858
Fax Number	
Contact Number	OFFICE-64680438
EEmail Address	GALAXY21@SINGNET.COM.SG

Address	BLK 689D WOODLANDS DRIVE 75 #08-120
Postcode	734689
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH CLIENT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA9646E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALVIN TAN PENG HUAT
NRIC/Passport Number	S8521814Z
Contact Number	86687768
Address	
Postcode	
Insurance Company Name	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LEE POH SIONG
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SJK7674H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

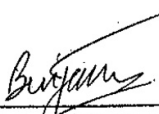
SKETCH PLAN

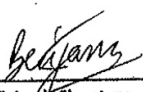
IMPORTANT NOTICE

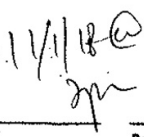
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

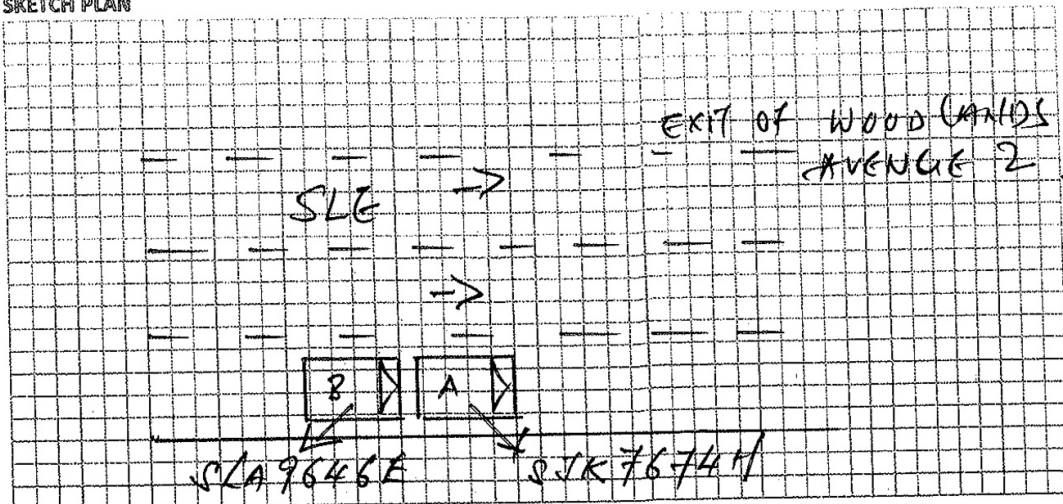
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

AS PER POLICE REPORT.

F/20180111/701P.

*Begin at other workshop.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Benjamin
 Policyholder's Signature
 Date & Time:

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

11/11/18 @
 2pm

[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



E/20180111/7019

F/20180111/7019

POLICE REPORT (NP299)

Report No. F/20180111/7019

Date/Time Report Made 11/01/2018 13:06	Vide Report No.	Station Diary No.
Name Of Informant LEE POH SIONG	Address APT BLK 689D WOODLANDS DRIVE 75 #08-120 SINGAPORE 734689	
ID Type / ID No. NRIC NO / S6916324F	Contact No. Home/Office: Mobile: 81133858	
Nationality SINGAPORE CITIZEN	Email Address galaxy21@singnet.com.sg	
Occupation Assistant manufacturing engineer	Sex Male	Age 48
Institution/School Name	Date of Birth 21/05/1969	Race Chinese
Date/Time Of Incident 10/01/2018 16:34	Location Of Incident APT BLK 689D SELETAR EXPRESSWAY #08-120 NIL SINGAPORE 734689	

On 10.01.2018 evening about 1634 Hrs, when I , Lee Poh Siong NRIC : S6916324F was driving along SLE by the extreme right lane towards TPE, before Exiting woodlands avenue 2, a vehicle SLA9646E from behind suddenly hits onto the back of my Car SJK7674H.

Due to the great impact, My car's Rear portion was damaged, and I sustain pains from my back & shoulder.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2018 13:06
Officer In-Charge Of Case:	Classification Of Case:

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**SINGAPORE
POLICE FORCE**



F/20180111/7019

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180111/7019

I consulted a doctor given 3 days of Medical leave.

Subjects Involved			
Victim			
Person Name	LEE POH SIONG		
ID Type	NRIC NO	ID No	S6916324F
Gender	Male	Age	48
Race	Chinese	Language	English
Occupation	Assistant manufacturing engineer	Address Type	
Address	APT BLK 689D WOODLANDS DRIVE 75 #08-120 SINGAPORE 734689	Mobile No	81133858
Is Informant A Victim?	Yes		
Person Name	LEE POH SIONG (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Not applicable	
Signature Of Interpreter:	
Not applicable	Date/Time: 11/01/2018 13:06
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

