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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	24/01/2018 17:49
Date Of Accident	23/01/2018 18:25
Exact Location Of Accident	ALONG MARYMOUNT ROAD TOWARDS ANG MO KIO
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN9715X
Insured/Policyholder	
Name Of Registered Owner	LEE CHEE YONG, JEFFREY
NRIC No	S8741398E
Email Address	JEFFGQL@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-93694941
Alternative Phone No	OTHERS-93694941
Vehicle Particulars	
Manufacturer	CITROEN
Model	C4-1.6 PICASSO (A)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091316849
Cover Note Number	
Driver	

Name of Driver LEE CHEE YONG, JEFFREY

 NRIC No
 \$8741398E

 Date Of Birth
 12/12/1987

 Occupation
 INDOOR

 Date Of Driving Pass
 27/10/2012

Driving Experience 5 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93694941

Fax Number

Contact Number OTHERS-93694941

EMail Address JEFFGQL@OUTLOOK.COM

Address BLK 631 ANG MO KIO AVENUE 4

#08-910

Postcode 560631

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 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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : FELREEN LEE SOCK TENG (WIFE)

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-4849999 - **FAX NO**: 62181399

Was notice of intended Prosecution given?

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? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKD6853P
Vehicle Make/Model/Colour CHEVROLET

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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.
- 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.
- 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.
- 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.
- 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:
 - 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:

240118 / 1655HRS

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

NRIC/FIN No.

SKETCH PLAN	ALONG	marymoup	ROAD	BF	AMIC 1/6.
		IA	1		
		IA			
		B			A) SLN 9715X B) SKD 6853P
DESCRIBE CIRCUM	ISTANCES OF TH	HE ACCIDENT			
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		10	0	31	/
		601	2/	/	2
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DECLARATION I/We declare the fore	going particulars a	re true in every respect.			
6	•				w 24/01/2018
Policyholder's Signatur Date & Time: 2401		Driver's Signature (If driver is not the policyhold Date & Time:	der)	Kepo	ring Centre Begsonnili's Signature





1 of 4 Report No. T/20180123/2131

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Station Diary No.: Vide Report No.: Date/Time Report Made:

23/01/2018 19:17				107	
Informa	nt's Particu	ulars		to the managed and the said	
Name of Informant: LEE CHEE YONG, JEFFEREY			Address: APT BLK 631 ANG MO KIO AVENUE 4 #08-910 SINGAPORE 560631		
ID Type / ID No.: NRIC NO / S8741398E			Contact No.: Home/Office:	Mobile: 93694941	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 12/12/1987	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: CIVIL SERVANT			Driving Licence Information Class:	n; Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 4-2 4-4 23/01/2018 06:25	Type of Location Straight Road	
Location: Along Road 1 MARYMOUN Along Marym Weather:	TROAD	Mo Kio Ave 1/6 @182	4hrs	oad Speed Limit:	
Clear		Dry			
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:	

AND DESCRIPTION OF THE PARTY OF	ehicle Invo	THE RESERVE OF THE PARTY OF THE	Madel	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	COIOI	Condition	140 of 1 doooringo
SKD6853P	Car					0
SLN9715X	Car	CITROEN	GRAND C4 PICASSO 1.6L EXCLUSIVE PSR HID	Brown	No Damage	1



T/20180123/2131

2 of 4

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Report No. T/20180123/2131

Tel No: 1800-4849999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN9715X	NTUC Income Insurance Co-Operative Limited	5091316849	26/05/2017	06/06/2018

Details of Perso Any Pedestrian Ir			-413		
No. of Pedestrian	Use of Pedestrian Crossing: NA				
Driver				21.534	A PROPERTY OF
Name	LEE CHEE YONG, JEFFEREY		ID No.		S8741398E
Related Vehicle	SLN9715X (Car)	(Contact No.		93694941
Hospital/Clinic	NIL			of e & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	-	NIL	
	ted Medical Leave NIL	Degree of I	njury	NIL	
Passenger				4869	The second of
Name	Felreen Lee Sock Teng		ID No.		S8716818B
Related Vehicle	SLN9715X (Car)		Contact No.		93650275
Hospital/Clinic	NIL		Class Driving Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch			
	ted Medical Leave NIL	Degree of I	njury	Serio	US:

On 23/01/2018 at 1824hrs, I was driving my vehicle of plate number SLN9715X along Marymount road before Ang Mo Kio Ave 6/1 together with my wife of the name Felreen Lee on board. As the traffic was red, I stopped behind a vehicle. A while later, a vehicle of plate number SKD6853P banged onto the rear on my vehicle, resulting my vehicle moved forward a little. I got down to make a check, both vehicle did not suffered any damages. He then gave me his number as 94588811. As the traffic was quite jam, I noted down his number, car plate number and left.

At about 1835hrs, while I reached my house down stair, I checked with my wife if she is fine, she informed that she feel giddy and wanted to vomit. I called up the Indian driver of vehicle SKD6853P at 94588811 but the line was unable to get through.

I wish to state that my wife is one month pregnant and after the accident, she feel giddy and feel like vomiting. I tried many times to contact the Indian driver but the line was unable to get through. I believed the Indian driver gave me a wrong hand phone number.





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

3 of 4 Report No. T/20180123/2131

Tel No: 1800-4849999

CONTINUATION OF REPORT

I am lodging this Traffic report for assistance. That's all,





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999 4 of 4 Report No. T/20180123/2131

CONTINUATION OF REPORT

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	P. 851	88.24		_	25.5

NP168

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 / Sgt 1 TAN CHING LIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2018 19:17
Officer In Charge Of Case; TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp	

















