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 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.

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
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	S8741398E
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?	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)	2

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 NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 51 ANG MO KIO AVE 9 , **POSTCODE:** 569784 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4849999 - **FAX NO**: 62181399
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?	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)

DETAILS OF INJURED PERSON 1	
Name	LEE CHEE YONG, JEFFREY
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLN9715X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	FELREEN LEE SOCK TENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLN9715X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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:

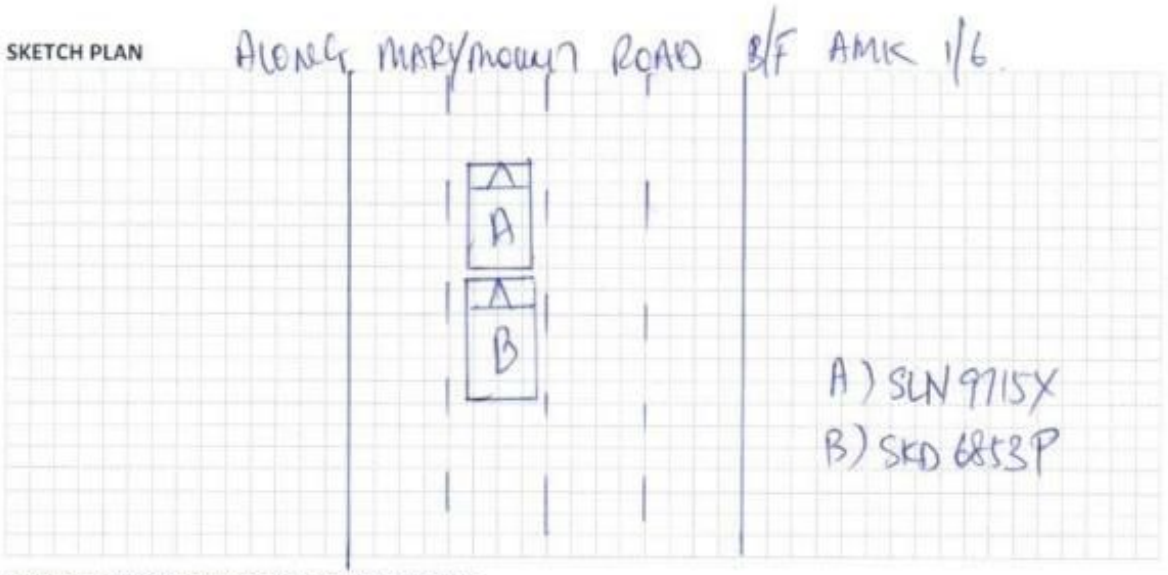
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 24/01/18 / 1655HRS	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PCS REFER TO POLICE REPORT T/20180123/2137

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 240118/1655	(If driver is not the policyholder)	24/01/2018
	Date & Time:	Name:
		NRIC/FIN No.:

Sketch Plan #3

SINGAPORE POLICE FORCE

T/20180123/2131

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

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
23/01/2018 19:17		107

Informant's Particulars

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
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 30	Date of Birth: 12/12/1987	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2018 06:25	Type of Location: Straight Road
Location: Along Road 1 MARYMOUNT ROAD Along Marymount road before Ang Mo Kio Ave 1/6 @1824hrs				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD6853P	Car					0
SLN9715X	Car	CITROEN	GRAND C4 PICASSO 1.6L EXCLUSIVE PSR HID	Brown	No Damage	1

Sketch Plan #4

SINGAPORE POLICE FORCE

T/20180123/2131

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

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 Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	LEE CHEE YONG, JEFFEREY		ID No.	S8741398E	
Related Vehicle	SLN9715X (Car)		Contact No.	93694941	
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	
Passenger					
Name	Felreen Lee Sock Teng		ID No.	S8716818B	
Related Vehicle	SLN9715X (Car)		Contact No.	93650275	
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	Serious	

Brief Details.

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.

Sketch Plan #5

SINGAPORE POLICE FORCE

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

CONTINUATION OF REPORT

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

Sketch Plan #6

SINGAPORE POLICE FORCE

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 No. T/20180123/2131

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 / 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

NP168

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0050
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA4180 12175 Vehicle Registration No: SJN9715X

Name(as shown in NRIC) : LEE COFFEE YONG, JEFFREY NRIC/FIN/Passport No : S8741398E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 93694941

Email Address :

Date of Accident : 23/01/2018 Time of Accident : 18:25

Place of Accident : ALONG MARYMOUNT ROAD TOWARDS ANG MO KIO

Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSERT INJURED PARTIES.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 24/01/2018