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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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.
- Any false reporting may be referred to the Police for investigation.
- 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

	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
A HEROCHEL ENGINEERING OF ANDRES	ETAILS 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	3001
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	500 YO 400 YO HAD WATER
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	982.005+38105+ W.C.
Contact Number	OTHERS-93694941
	TO en appetitiste to property at tacker and at the case of the cas

JEFFGQL@OUTLOOK.COM

BLK 631 ANG MO KIG AVENUE 4

Address

#08-910 560631

Postcode

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

NO

ambulance?

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

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

SINGAPORE

Police Station Contact

Police Station Address

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

#### **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**

- 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 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:
  - 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 /1655HOS

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

Reporting Centre Personnel's Signature
Name: On WATTO

NRIC/FIN No.:





4

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

	ne Report N 018 19:17	Made:	Vide Report No.:	Station Diary No.: 107
Informa	nt's Partic	ulars		
	f Informant: EE YONG,	JEFFEREY	Address: APT BLK 631 ANG M 560631	O KIO AVENUE 4 #08-910 SINGAPORE
	/ ID No.: O / S87413	98E	Contact No.: Home/Office:	Mobile: 93694941
National SINGAP	ity: PORE CITIZ	EN.	Email:	
Sex: Male	Age: 30	Date of Birth: 12/12/1987	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat	tion: ERVANT		Driving Licence Inform Class:	nation: Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 3244 23/01/2018 06:25	Type of Location: Straight Road
Location: Along Road 1 MARYMOUN	TROAD .	Mo Kio Ave 1/6 @1824	hrs	130 No Avo 9 13≥pone 559784 14 4649999
Weather:	4	Road Surface:	R	oad Speed Limit:
Clear		Dry		
Traffic Flow:		Traffic Control: Traffic Light - Wor		raffic Volume: eavy
	sion:		A	nyone conveyed by

Vehicle No.	Туре	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





2 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

#### CONTINUATION OF REPORT

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

Details of Person	n Involved		Comment of			
Any Pedestrian In	volved: No				acondoto Acada	
No. of Pedestrian	Use of Pe	Use of Pedestrian Crossing; NA				
Driver					007440005	
Name	LEE CHEE YONG, JEFFEREY		ID No.	R.	S8741398E	
Related Vehicle	SLN9715X (Car)		Conta	ct No.	93694941	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date		e &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	ate Discharge NIL			
No. of Days gran	ted Medical Leave NIL	Degree o	f Injury	NIL		
Passenger		il illiant			TO REAL PROPERTY.	
Name	Felreen Lee Sock Teng		ID No.		S8716818B	
Related Vehicle	SLN9715X (Car)		Conta	ct No.	93650275	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dis		NIL		
M - ( D	ted Medical Leave NIL	Degree of	of Injury	Serio	us	

#### 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.





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

Report No. T/20180123/2131

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

CONTINUATION OF REPORT

4 of 4 Report No. T/20180123/2131

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	

Accident MT/0979359					
Policy No.	5091316849	Vehicle No.	5LN9715X		
Policyhalder Name	LEE CHEE YONG, JEFFREY	J. J	DENSY138	GST Registration No.	
Product Code	PILIVATE CAR INSURANCE	Cover Type	Vancor and State S	Felicyholder NREC	
Contact No.(Mithile)	83694941	Contact No. (Office)	drive CLASSIC	Loading	
Email Address				Contact No. (Home)	
KFK	@ No Yes	Special Remark		&Code	
NCD Protection		TCA	Gi No Yes	eCode Reason	
	No	NCD Entitlement(%)	D.	Private Hire	No
Accident Details				Secretary Control	New York
Report Date	24/01/2019 18:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision -
Date of Accident	23/01/2018	Time of Acodent hhumm	18-25		
Reporting Centre		Grange Force	1400000	Country of Accident	Singapon
Accident Location	ALONG MARYMOUNT ROAD TOWARDS AN			ICM No.	
▽ Benefits					
♥ Excess					
Own damage Excess	600.00	Additional Excess			
Unnamed Driver Excess	0.00		0,00	Windscreen Excess	
Third Party Excess		Outside Singapore OD Excess	600.00		
GST Registered Informa	0.00	Duteide Singapore TP Excess	0.00		
ST Registered					
35T Registration No.	No		GST Registration Date		
Modification History			GST Status Verified	Yes	
Policyhuider Mailing Ad	4.24				
Address 1					
	BLK 631 #08-910	Address 2	ANG MO KID AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Init No.	06-910	Related Policy Number	5091316849		
OI Driver Info					
Priver Name	LEE CHEE YONG JEFFREY	Driver Type	Main Driver		
Innamed driver Name		Driver NRIC	58741398E	Driver DOB	
legister Data of Driver License	01/01/2010	Driver Age	30		
untact No. (Mobile)		Contact No.(Office)	170	Orlving Experience	
ddress 1	BLK 631 #88-910	Address 2	AND AND DESCRIPTION OF A	Contact No.(Home)	
ddress 4			ANG MO KID AVENUE 4	Address 3	
mit No.	09-910	Produces 1 year	Singapore address	Post Code	
THE PROPERTY.					
loes he own a Singapore					
loes he own a Singapore	Yes @ No	Oriver Vehicle No.	SLN9715X	Driver Insurer Company	
Does he own a Singapore Registered car?		Driver Vehicle No.	\$149715X	Driver Insurer Company	
Oces he own a Singapore legistered car? eclaration	Yes @ No	Oriver Vehicle No.	SLN97 5X	Driver Insurer Company	
Does he own a Singapore legistered car? eclaration		Oriver Vehicle No.  Any injury?	SL697 (SX Yes G No	Driver Insurer Company	
loes he own a Singapore egistered car? ecteration reathalyser or Blood Test	Yes @ No			Driver Insurer Company	
Des he own a Singapore egistered car?  coloracion reathalyser in Blood Test bedding?  coldification History  Claim 001 New	Yes @ No	App injury?	* Yes © No		
oes he own a Singapore egistered car?  coaraction reathalyser in Blood Test beding?  cliffication History  Claim 001 New	Yes ☑ No.	Any injury? Insured Name		Insured NEEL	
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# SINGAPORE ARMED FORCES

**IDENTITY CARD** 

Name

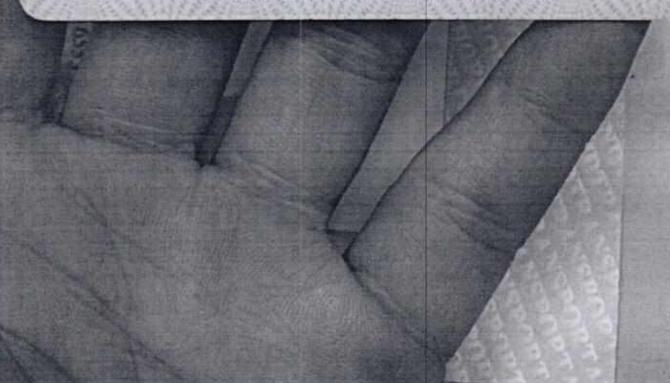
LEE CHEE YONG, JEFFEREY

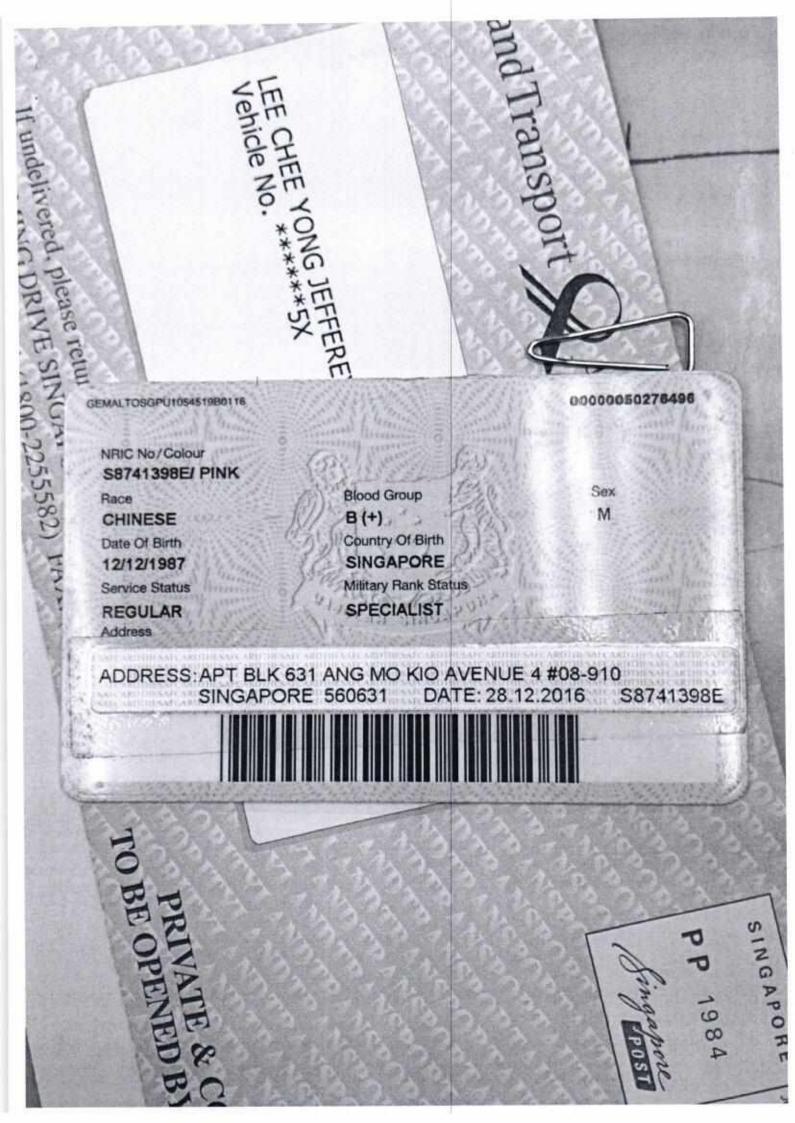
NRIC No

S8741398E



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.







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

EFFECTIVE DATE

ass 3 Motor cars with unladen weight =< 3000kg with =< 7 27 Oct 2012 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:58741398E

NP 428A

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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE Tel (65),6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 - 17:00 UEN: \$665500200 / 037 Reg. No.: M40001773\$

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

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(A) PARTICULARS OF PERSON			
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