

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 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 | 19/02/2018 17:48 |
| Date Of Accident | 18/02/2018 05:40 |
| Exact Location Of Accident | WOODLANDS AVE 12 TOWARDS WOODLANDS AVE 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SLK6677H |
| Insured/Policyholder | |
| Name Of Registered Owner | YAP SHIA HUI |
| NRIC No | S8326411Z |
| Email Address | CARISLEE888@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-84888113 |
| Alternative Phone No | OTHERS-81888113 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | HARRIER |
| 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 | 5087540275-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | LEE CHING YEE (LI JINGYI) |
| NRIC No | S8121373I |
| Date Of Birth | 21/07/1981 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/03/2002 |
| Driving Experience | 15 YEARS AND 11 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-81888113 |
| Fax Number | |
| Contact Number | OTHERS-84888113 |
| EEmail Address | CARISLEE888@GMAIL.COM |

| | |
|---|--|
| Address | BLK 950 JURONG WEST STREET 91 #03-639 |
| Postcode | 640950 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - GIRL FRIEND |
| 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | WOODLANDS EAST N.P.C |
| Police Station Address | ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180218/2034

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------------|
| Vehicle Registration Number | SGN6319K |
| Vehicle Make/Model/Colour | TOYOTA ALTIS |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SHUM JIAN ZHI |
| NRIC/Passport Number | S9714735C |
| Contact Number | 93271900 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

| | |
|---|---------------------------|
| Name | LEE CHING YEE (LI JINGYI) |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | SLK6677H |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Sketch Plan

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: 19/02/2018
11:55am

Driver's Signature (If driver is not the policyholder)

Date & Time: 19/02/2018
11:55am

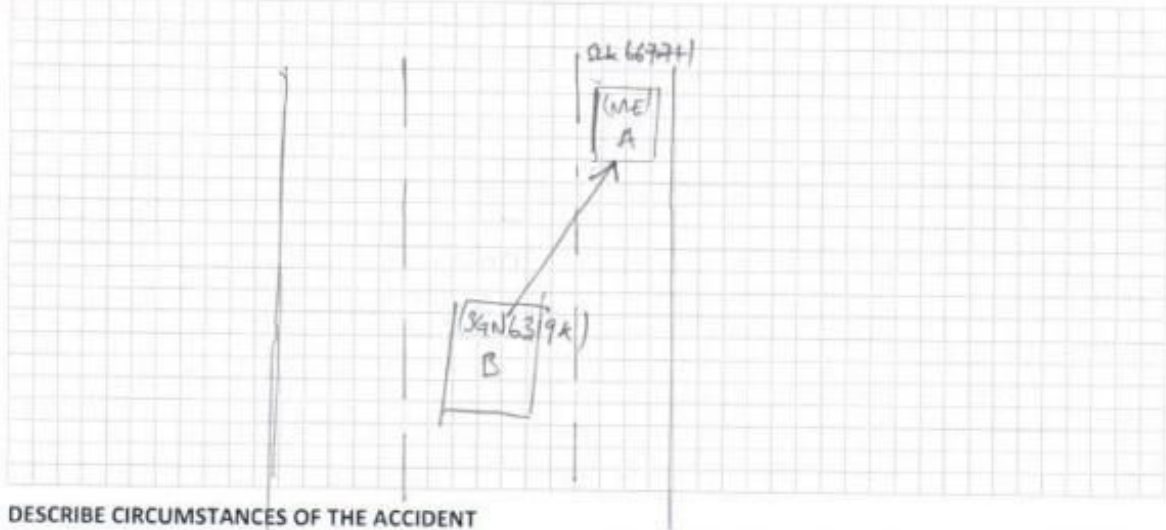
Reporting Centre Personnel's Signature

Name: ROSLI WAHAB

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18 February 2018 around 5:35 am, I was exiting Woodlands Ave 12 from CTE to go onto Woodlands Ave 12 itself.

I was driving on the right lane of the exit, and naturally went to the extreme right lane after I exit the highway.

Very shortly after I exit the highway, and is travelling along Woodlands Ave 12 still, a vehicle hit me from the rear suddenly, around 5:39 am. (SGN 6319K)

I was still on the extreme right lane travelling around 60-70 km/h when the vehicle (SGN 6319K) first hit me. The impact pushed my car (SLK 6677H) to the second lane.

Recovering from the initial shock, I immediately put hazard light checked for other vehicles, and moved my car to the extreme left lane and stopped the car.

SGN 6319K also stopped the car by the roadside after that.

(refer to my video recording clips of the accident) .

DECLARATION

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

Policyholder's Signature

Date & Time: 14/02/2018

11:55AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/02/2018

11:55AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

19/02/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180218/2034

1 of 3

Report No. T/20180218/2034

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 18/02/2018 13:01 | Vide Report No.: J/20180218/0068 | Station Diary No.: 87 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: LEE CHING YEE | | | Address: APT BLK 950 JURONG WEST STREET 91 #03-639 SINGAPORE 640950 | |
| ID Type / ID No.: NRIC NO / S8121373I | | | Contact No.: Home/Office: | Mobile: 81888113 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Female | Age: 36 | Date of Birth: 21/07/1981 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: Real estate agent | | | Driving Licence Information: Class: | Date of Expiry: |

General Information of the Accident

| | | | | | |
|--|---------------------------------|------------------------------------|---|--|------------------------------------|
| General Information of the Accident | | | | | Type of Location: Straight Road |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 18/02/2018 05:40 | | |
| Location: Along Road 1 WOODLANDS AVENUE 12 | | | | | |
| ALONG WOODLANDS AVENUE 12 TOWARDS WOODLANDS AVENUE 1 | | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light | |
| 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 |
|-------------|------|------|-------|-------|----------------------|-----------------|
| SGN6319K | Car | | | | Seriously Damaged | 0 |
| SLK6677H | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | Use of Pedestrian Crossing: NA |
| No. of Pedestrians Injured: NIL | |

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180218/2034

2 of 3

Report No. T/20180218/2034

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|------------------|---|
| Driver | | | |
| Name | LEE CHING YEE | | ID No. S8121373I |
| Related Vehicle | SLK6677H (Car) | | Contact No. 81888113 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | 18/02/2018 | Date Discharge | 18/02/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | SHUM JIAN ZHI | | ID No. S9714735C |
| Related Vehicle | NIL | | Contact No. 93271900 |
| 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 the above mentioned date, time and location, I was driving my vehicle, ~~S8121373I~~ ^{SLK6677H} along Woodlands Ave 12 towards Woodlands Ave 1 after SLE Exit on the first lane when suddenly a vehicle SGN6319K, hit my vehicle from the rear.
My vehicle suffered damages at the rear of the vehicle, while the other vehicle had damages on the front bonnet.

I managed to exchange particulars with the driver and I was conveyed to the Khoo Teck Puat Hospital by the ambulance as I suffered ~~back pains~~ ^{multiple pains}.
I was given 3 days MC by the doctor. ^{signature}

Traffic Police was at scene ref to J/20180218/0068. Ambulance was at scene. No government property involved.

I am lodging this report for insurance and reporting purposes.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180218/2034

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20180218/2034

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 /

Sgt 2 TENGKU MUHAMMAD HAZWAN BIN
TENGKU AZMI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No: 65476367

SN 130

Authentication Stamp

NP168

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

18/02/2018 13:01

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



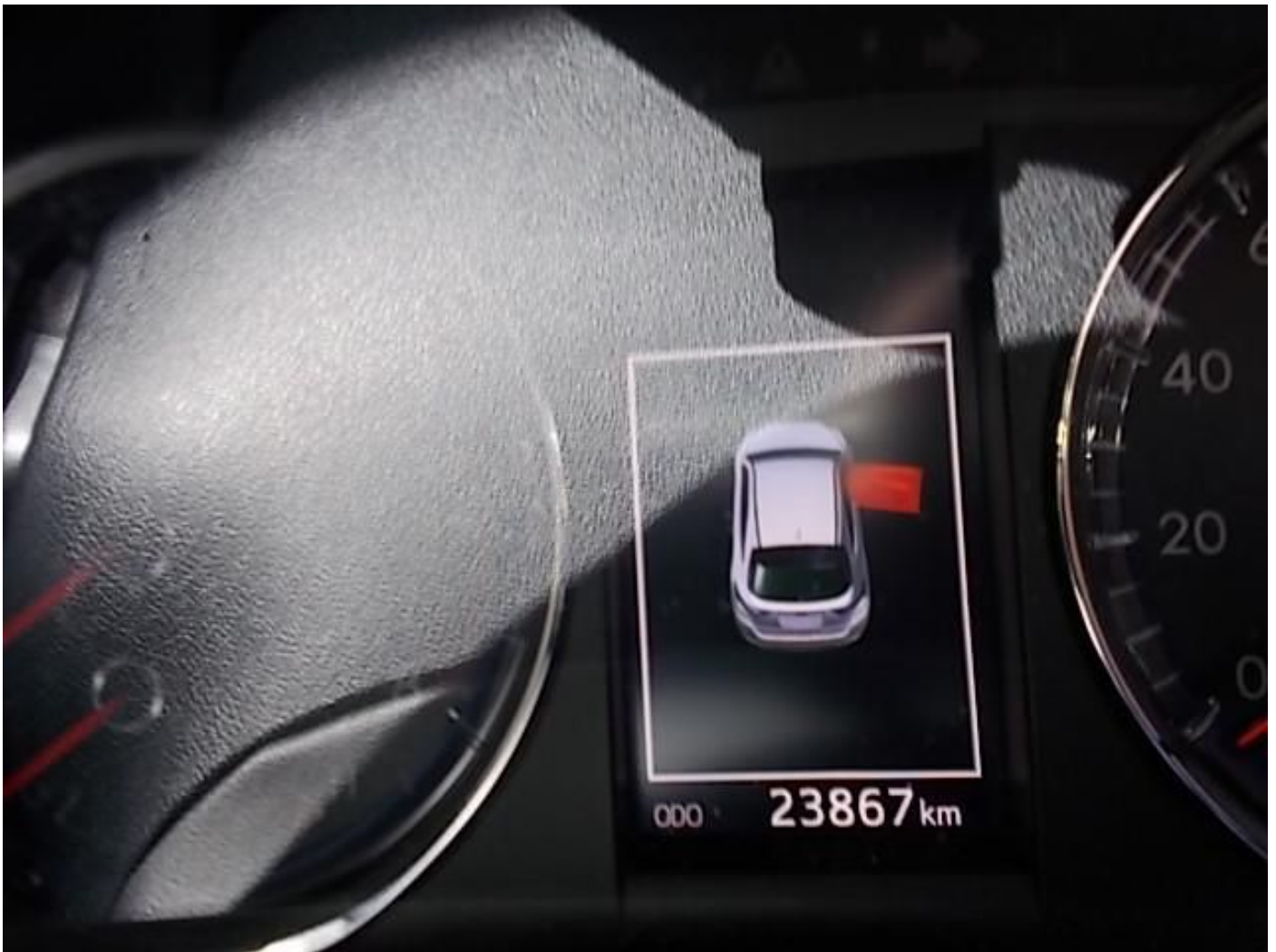
Accident Photo



Accident Photo



Accident Photo



Accident Photo

