

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	09/05/2018 14:13
Date Of Accident	08/05/2018 10:45
Exact Location Of Accident	PIE (TUAS) BEFORE ADAM RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX6903K
Insured/Policyholder	
Name Of Registered Owner	ELISABETH SERENE LIM
NRIC No	S8130271E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90992533
Alternative Phone No	OFFICE-90992533

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA8 2.3L 5EAT
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	5098697696
Cover Note Number	

Driver

Name of Driver	STANLEY LEE DE SHUN
NRIC No	S8209180G
Date Of Birth	01/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	28/09/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90992533
Fax Number	
Contact Number	OFFICE-90992533
Email Address	NOEMAIL

Address	BLK 507 JELAPANG ROAD #16-14
Postcode	670507
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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
Passenger 1	NAME: : BRAVEN LEE YONG ZHI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180508/2169.

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	SJY4395J
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SNG YEOW KHUAN
NRIC/Passport Number	S7537821A
Contact Number	96789236
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKE8547E

Vehicle Make/Model/Colour HONDA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver JIANG YONGRRUI

NRIC/Passport Number S7863397B

Contact Number 92376499

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name STANLEY LEE DE SHUN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJX6903K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name BRAVEN LEE YONG ZHI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJX6903K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

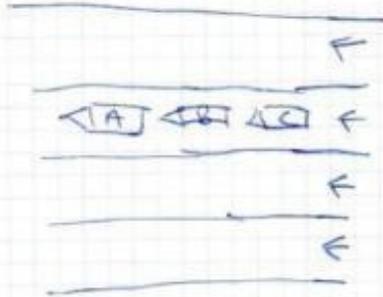
Address

Postcode

Accident Sketch Plan

SKETCH PLAN

PIE TOWARDS TUNAS. 300m before ADAM EXIT.



A = SJX6903K
B = SJY4315J
C = SKE8547E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180508/2169

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20180508/2169

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2018 20:50	Vide Report No.:	Station Diary No.: 149
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Informant's Particulars

Name of Informant: STANLEY LEE DE SHUN		Address: APT BLK 507 JELAPANG ROAD #16-14 SINGAPORE 670507	
ID Type / ID No.: NRIC NO / S8209180G		Contact No.: Home/Office: Mobile: 90992533	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 01/04/1982	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: SAF REGULAR		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/05/2018 10:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS TUAS, 300M BEFORE ADAM ROAD EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SJX6903K	Car	MAZDA		Black	Slightly Damaged	1
SJY4395J	Car	TOYOTA		Silver	Slightly Damaged	0
SKE8547E	Car	HONDA		Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180508/2169

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX6903K	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	STANLEY LEE DE SHUN	ID No.	S8209180G	
Related Vehicle	SJX6903K (Car)	Contact No.	90992533	
Hospital/Clinic	GLENEAGLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	08/05/2018	Date Discharge	08/05/2018	
No. of Days granted Medical Leave	03	Degree of Injury	NIL	
Driver				
Name	SNG YEOW KHUAN	ID No.	S7537821A	
Related Vehicle	SJY4395J (Car)	Contact No.	96789236	
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	
Driver				
Name	JIANG YONGRUI	ID No.	S7863397B	
Related Vehicle	SKE8547E (Car)	Contact No.	92376499	
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	

Police Report



**SINGAPORE
POLICE FORCE**



T/20180508/2169

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Report No. T/20180508/2169

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Brief Details.

On 08/05/2018 at 1045hrs, I was driving in my vehicle bearing the registration number SJX6903K along PIE towards Tuas. My son namely Braven Lee Yong Zhi T0527232C was seated at the front passenger seat at that point of time. The traffic was moderate and I was driving at the second lane from the right. Just 300m before Adam Road exit, the traffic started to slow down due to the road work on the very first lane. As such, I also decelerated. Shortly, I felt a very big impact from the rear.

After the accident, I alighted from my vehicle and realized that it was a chain collision involving 3 vehicles. The vehicle bearing the registration number SJY4395J had collided into me and the impact was so big that their air bags were being deployed. The third vehicle bearing the registration number SKE8547E then collided into the second vehicle.

No one was injured at that point of time. No government property was involved. Traffic Road Marshal was at scene. Particulars were exchanged. There is a car in-built camera installed in my vehicle that had captured the whole accident.

After the accident, my son and I went to Gleneagles Hospital for a check-up and were given 3 days of MC. Due to the impact, my son and I felt pain on all over our body.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180508/2169

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Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180508/2169

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 /
Staff Sgt KOH HONG CHIN, STANLEY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/05/2018 20:50

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:
SN 117

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

