

## 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             | 04/08/2018 15:56                           |
| Date Of Accident           | 04/08/2018 06:10                           |
| Exact Location Of Accident | AYE (MCE) BEFORE SOUTH BUONA VISTA RD EXIT |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJQ1798S             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ZNOV SERVICES        |
| Co Reg No                   | 53340364B            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-98487730 |
| Alternative Phone No        | OFFICE-98487730      |

### Vehicle Particulars

|  |                 |
|--|-----------------|
| Manufacturer   | HYUNDAI         |
| Model  | HD AVANTE 1.6 A |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING         |
| 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 HIRE    |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5100626994                             |
| Cover Note Number         |  |

### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | LEE CHEE WEI (LI ZHIWEI) |
| NRIC No              | S8239873B                |
| Date Of Birth        | 20/11/1982               |
| Occupation           | OUTDOOR                  |
| Date Of Driving Pass | 15/08/2012               |
| Driving Experience   | 5 YEARS AND 11 MONTHS    |
| Gender               | MALE                     |
| Mobile Number        | (LOCAL) +65-98487730     |
| Fax Number           |                          |
| Contact Number       | OFFICE-98487730          |
| Email Address        | NOEMAIL                  |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 332 TAH CHING ROAD<br>#05-163 |
| Postcode  | 610332                            |
| 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 - CHANGE/CROSS LANE |
| 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)   | 3                             |
| Passenger 1   | NAME: : -<br>GENDER: : MALE   |
| Passenger 2   | NAME: : -<br>GENDER: : FEMALE |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | JURONG NEIGHBOURHOOD POLICE POST   |
| Police Station Address                    | <b>ROAD:</b> BLK 158 YUNG LOH ROAD , <b>POSTCODE:</b> 610158 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2659999 - <b>FAX NO:</b> 62664987                                    |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REORT - T/20180804/2048.

#### 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 | YM3338S            |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| 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 WEI (LI ZHIWEI) |
| Approximate Age                                     |                          |
| Injuries Sustain                                    | BODY                     |
| Injured person in which vehicle?                    | SJQ1798S                 |
| Were seat belts worn?                               | YES                      |
| Was this injured conveyed to hospital by ambulance? | NO                       |
| Address   |                          |
| Postcode  |                          |

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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

**ZNOV SERVICES**  
533403648

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.:

## Accident Sketch Plan

### SKETCH PLAN

|       |         |      |        |
|-------|---------|------|--------|
| AGE   | TOWARDS | MCQ  | BIFURK |
| SOUTH | BUONA   | USTA |        |

WATERGATE A - 5521795

viaticum Q - YM 33385



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NUMBER

T/2018 0904/2048

VEHICLE A - SJW 17995

VEHICLE B - YM 33395

## DECLARATION

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

**ZNOV SERVICES**  
53340364B

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/PIN No:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180804/2048

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

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Report No. T/20180804/2048

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>04/08/2018 13:03 | Vide Report No.: | Station Diary No.:<br>11 |
|--|------------------|--------------------------|

### Informant's Particulars

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>LEE CHEE WEI       |            |                              | Address:<br>APT BLK 332 TAH CHING ROAD #05-163 SINGAPORE<br>610332 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S8239873B |            |                              | Contact No.:<br>Home/Office: Mobile: 98487730                      |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |  |                            |
| Sex:<br>Male                             | Age:<br>35 | Date of Birth:<br>20/11/1982 | Type of Informant:<br>Driver                                       |  |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English   |  | Institution / School Name: |
| Occupation:<br>GRAB DRIVER               |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:           |  |                            |

### General Information of the Accident

|   |                  |                                    |  |                           |
|---|------------------|------------------------------------|--|---------------------------|
| Type of Accident:   | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>04/08/2018 06:10 | Type of Location:<br>Bend |
| Location:<br>Along Road 1<br>CLEMENTI ROAD<br><br>TOWARDS SOUTH BUONA VISTA |                  |                                    |  |                           |
| Weather:<br>Clear   |                  | Road Surface:<br>Dry               | Road Speed Limit:                          |                           |
| Traffic Flow:<br>One Way  |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Light                   |                           |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                  |                                    | Anyone conveyed by ambulance:<br>No        |                           |

### Details of Vehicle Involved

| Vehicle No. | Type  | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|-----------|-----------------|
| SJQ1798S    | Car   |      |       |       |           | 2               |
| YM3338S     | Lorry |      |       |       |           | 0               |

### Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180804/2048

Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999

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Report No. T/20180804/2048

## CONTINUATION OF REPORT

|                                   |   |                  |   |
|-----------------------------------|---|------------------|---|
| <b>Driver</b>                     |   |                  |   |
| Name                              | LEE CHEE WEI                                      |                  | ID No. S8239873B  |
| Related Vehicle                   | SJQ1798S (Car)                                    |                  | Contact No. 98487730  |
| Hospital/Clinic                   | PROHEALTH MEDICAL GROUP @<br>TAMAN JURONG PTE LTD |                  | Class of Driving Licence & Expiry Date<br>Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 04/08/2018  | Date Discharge   | 04/08/2018  |
| No. of Days granted Medical Leave | 03  | Degree of Injury | NIL   |
| <b>Driver</b>                     |   |                  |   |
| Name                              | Murugesan Thiruselvam                             |                  | ID No. G8385698Q  |
| Related Vehicle                   | YM3338S (Lorry)                                   |                  | Contact No. 81199655  |
| Hospital/Clinic                   | NIL   |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL   | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL   | Degree of Injury | NIL   |

## Brief Details.

On 04/08/2018 at about 0608hrs, I was driving, SJQ1798S, along Clementi Road towards South Buona Vista road. When I entered the bend, I was driving on the first lane and there is a lorry, YM3338S, were driving on the middle lane. While I was driving on the first lane, the lorry drive to my lane and collided onto my vehicle and hit my left side of the vehicle. I try to control my vehicle to avoid hit the right side of the barricade however the lorry hit again on to my vehicle. I then stop my vehicle and check with my passenger and both of them are not injured. I then went to meet up with the driver of the lorry. We then exchange particular. At that point of time there was no one injured thus no police or ambulance required. At about 1150hrs, I felt pain on my knee cap and my lower back thus I went to seek consultation and doctor gave me 3 days MC. I then check with my passenger and she told me that she felt slight pain on her left hand, neck and shoulder and I told her to see doctor for treatment. There is a in car camera in my vehicle however the SD card are faulty and not recorded.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180804/2048

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

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Report No. T/20180804/2048

### 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:<br>J /<br>Sgt 1 MUHAMMAD AQIL BIN MOHAMMAD<br>TASRIN  | Signature Of Informant:<br>    |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>04/08/2018 13:03 |
| Officer In Charge Of Case:<br>TP / AEIT /<br>Sr Staff Sgt ONG YONG HOCK<br>Contact No.: 65476436 | Classification Of Case:        |
| Authentication Stamp<br>NP168<br><br>Singapore Police Force                                      |                                |



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**





**Accident Photo**



**Accident Photo**



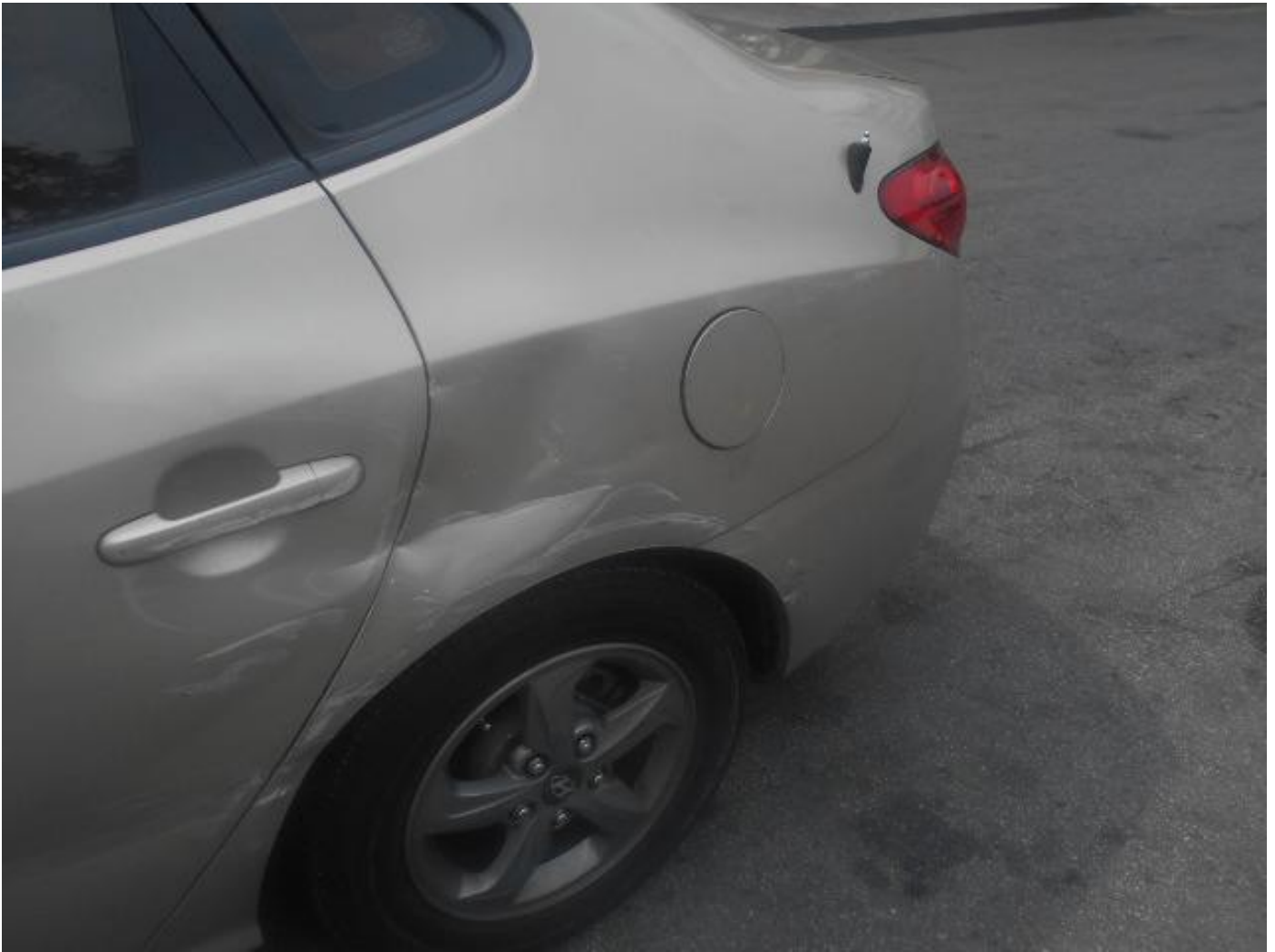
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