

## 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	14/08/2018 08:36
Date Of Accident	11/08/2018 15:00
Exact Location Of Accident	YISHUN CENTRAL 1 TOWARDS YISHUN CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5317K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUMENS AUTO PTE LTD
Co Reg No	201426961K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68767944

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5087588097-01
Cover Note Number	

### Driver

Name of Driver	LEE HWEE SIANG ( LI HUIXIANG)
NRIC No	S8725461E
Date Of Birth	13/08/1987
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2006
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96518018
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 507 BEDOK NORTH AVE 3 #14-347
Postcode	460507
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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	
Was any body injured in the Accident?	NO
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to police report No.: T/20180813/2005.

#### 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	SKZ9508B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM JAU WOEI
NRIC/Passport Number	S7737048Z
Contact Number	93889785
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGG6132T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KIM HOE
NRIC/Passport Number	S7321039I
Contact Number	96934063
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



Policyholder's Signature  
Date & Time:

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

*[Signature]*  
13 Aug 2018  
11-20am



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



A → SLX 5317 K  
 B → 29508 B  
 C → 366 6132 F  
 567 6132 T

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.:



13 Aug 2018  
 11:20 am



**SINGAPORE  
POLICE FORCE**



T/20180813/2005

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20180813/2005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/08/2018 00:41	Vide Report No.:	Station Diary No.: 10
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**Informant's Particulars**

Name of Informant: LEE HWEE SIANG			Address: APT BLK 507 BEDOK NORTH AVENUE 3 #14-347 SINGAPORE 460507	
ID Type / ID No.: NRIC NO / S8725461E			Contact No.:	Mobile: 96518018
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 31	Date of Birth: 13/08/1987	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			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: 11/08/2018 15:00	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 YISHUN CENTRAL 1 YISHUN CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SGG6132T	Car					0
SKZ9508B	Car					0
SLX5317K	Car				Seriously Damaged	0



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Report No. T/20180813/2005

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN KIM HOE	ID No.	S7321039I
Related Vehicle	SGG6132T (Car)	Contact No.	96934063
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
<b>Driver</b>			
Name	LIM JAU WOEI	ID No.	S7737048Z
Related Vehicle	SKZ9508B (Car)	Contact No.	93889785
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
<b>Driver</b>			
Name	LEE HWEE SIANG	ID No.	S8725461E
Related Vehicle	SLX5317K (Car)	Contact No.	96518018
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/08/2018	Date Discharge	12/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 11/08/2018, at about 3pm, I was driving on the right most lane of Yishun Central 1 towards Yishun Central. I am a Grab driver driving a white coloured Toyota Vios, bearing vehicle number SLX5317K, making my way to pick up a passenger at Xin Wang Cafe at Northpoint City. The second lane from the rightmost lane I was on was a little congested as there was a queue to enter the drop-off point. Suddenly, I saw a silver coloured car from the second lane, coming out and entering the lane I was driving on. I applied my brakes but could not avoid colliding with the said car. The collision caused the car to collide with another car in front of it.



**SINGAPORE  
POLICE FORCE**



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Report No. T/20180813/2005

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CONTINUATION OF REPORT

The drivers immediately drove to the side to avoid causing any unnecessary congestion. After coming to a complete stop, I made a check to my vehicle, and also the drivers of the other two vehicles. No one was injured and no ambulance was called. I noticed that the front left tire of my vehicle was punctured and the entire front bumper was dislodged from the body of the car. I had to hire a tow truck to remove my vehicle from the scene.

The driver of the silver coloured car, a Toyota Altis bearing vehicle number, SKZ9508B said that he signaled his intention to turn right and into the lane I was on. But I could not remember seeing it. There is an in-vehicle camera inside my car but I am unable to retrieve the footage as it was towed away.

I was granted 3 days of outpatient sick leave from Mount Alvernia, from 12/08/18 to 14/08/18 due to a mild neck strain/sprain and anxiety after the road traffic accident.





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Report No. T/20180813/2005

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: G / Sgt 2 SHAHRIN AZHAR BIN JUMADI <i>Sgt KAFIZAN ASK</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2018 00:41
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65476151	Classification Of Case:
Authentication Stamp NP168 <i>[Signature]</i> SINGAPORE POLICE FORCE SIGNATURE	