

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	20/08/2018 15:23
Date Of Accident	19/08/2018 08:45
Exact Location Of Accident	ALONG SPRINGLEAF ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3702E
Insured/Policyholder	
Name Of Registered Owner	PROTESINGAPORE
Co Reg No	53323305D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	CHR
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 HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MI001930-R00
Cover Note Number	

Driver

Name of Driver	LEE ENG CHOON,JASON
NRIC No	S8234336I
Date Of Birth	11/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93360957
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 698B HOUGANG ST 61 #16-320
Postcode	532698
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180820/2025

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	WB8894B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KALIY AMOORTHY NANDA KUMAR
NRIC/Passport Number	035496521
Contact Number	85913889
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE ENG CHOON,JASON
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLV3702E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.
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 liability.
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. 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.

X 
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

ALONG SPRINGLEAF ROAD.

VEH "A" SLV 3702E



VEH "B" WB 8894B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Pls refer to Police Report.

DECLARATION

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

X

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.:

Signature Required

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180820/2025

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20180820/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2018 10:34	Vide Report No.:	Station Diary No.: 16
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: LEE ENG CHOON, JASON		Address: APT BLK 698B HOUGANG STREET 61 #16-320 SINGAPORE 532698	
ID Type / ID No.: NRIC NO / S8234336I		Contact No.: Home/Office: Mobile: 93360957	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 11/10/1982	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2018 08:45	Type of Location: Straight Road
Location: Along Road 1 SPRINGLEAF ROAD towards Upper Thomson Road, after turning right into Springleaf Road.				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Brief Details.

On 19/08/2018 at about 0845hrs, I was driving my rental car bearing SLV3702E and travelling along the outer lane along the 2 lane road of Springleaf Road. As I was travelling on the outer lane, I saw a tipper truck bearing WB8894B either parked or attempting a U-turn on the left lane. As I was driving, the said tipper truck collided onto the left centre side of my car resulting in dents, scratches and damages to the left front passenger door, left rear passenger door, left rear panel and the left rear tyre. We did not sustain any visible injuries and thus, did not call for ambulance or police assistance. I had my dog with me inside my car and I believe that the other driver was alone. We exchanged particulars and his particulars are as follows:

Kaliy Amoorthy Nanda Kumar
035496521

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180820/2025

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

2 of 3

Report No. T/20180820/2025

CONTINUATION OF REPORT

85913889

I am not able to tell if there were any damages to the tipper truck as it could also have had existing damages. I felt pain on my left shoulder blade, left lower half back and left thigh last night, thus, I went to seek medical treatment this morning, and I was given 3 days of medical leave.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180820/2025

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No: T/20180820/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2018 10:34		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: LEE ENG CHOON, JASON			Address: APT BLK 698B HOUGANG STREET 61 #16-320 SINGAPORE 532698		
ID Type / ID No.: NRIC NO / S82343361			Contact No.: Home/Office: Mobile: 93360957		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 11/10/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury: Others	Drink Driver: No	Date/Time of Accident: 19/08/2018 06:45	Type of Location: Straight Road
Location: Along Road 1 SPRINGLEAF ROAD				
towards Upper Thomson Road, after turning right into Springleaf Road				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Brief Details.

On 19/08/2018 at about 0845hrs, I was driving my rental car bearing SLV3702E and travelling along the outer lane along the 2 lane road of Springleaf Road. As I was travelling on the outer lane, I saw a tipper truck bearing WB8894B either parked or attempting a U-turn on the left lane. As I was driving, the said tipper truck collided onto the left centre side of my car resulting in dents, scratches and damages to the left front passenger door, left rear passenger door, left rear panel and the left rear tyre. We did not sustain any visible injuries and thus, did not call for ambulance or police assistance. I had my dog with me inside my car and I believe that the other driver was alone. We exchanged particulars and his particulars are as follows:

Kali Amoorthy Nanda Kumar
035496521

Police Report



**SINGAPORE
POLICE FORCE**



T/20180820/2025

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

2 of 3

Report No: T/20180820/2025

CONTINUATION OF REPORT

85913889

I am not able to tell if there were any damages to the tipper truck as it could also have had existing damages. I felt pain on my left shoulder blade, left lower half back and left thigh last night, thus, I went to seek medical treatment this morning, and I was given 3 days of medical leave.

Police Report



SINGAPORE
POLICE FORCE



T/20180820/2025

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20180820/2025

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 55474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Sgt 3 SATHYA VANI D/O PARAMASIVAN RAJU

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/09/2018 10:34

Officer In Charge Of Case:
TP / AEIT /
SIANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP108