

## 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	05/09/2018 16:37
Date Of Accident	05/09/2018 12:30
Exact Location Of Accident	OUTSIDE E MAISON AT 28 BRADELL RD (L/P14)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR6578Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE SIANG CHENG
NRIC No	S1790252J
Email Address	LEE.SIANGCHENG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97483540
Alternative Phone No	OFFICE-97483540

### Vehicle Particulars

Manufacturer	HONDA
Model	JADE 1.5 RS CVT-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	P/USED
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10826995
Cover Note Number	

### Driver

Name of Driver	LEE SIANG CHENG
NRIC No	S1790252J
Date Of Birth	23/06/1967
Occupation	INDOOR
Date Of Driving Pass	28/12/1990
Driving Experience	27 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97483540
Fax Number	
Contact Number	OFFICE-97483540
Email Address	LEE.SIANGCHENG@YAHOO.COM.SG

Address	5 SENNETT DRIVE
Postcode	S466975
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 - 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?	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)	2
Passenger 1	NAME: : JAEDON SENG CHONG EN (SON) GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

NOBODY INJURY DURING THE ACCIDENT

#### 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	SHB4822M
Vehicle Make/Model/Colour	HYUNDAI/I40/YELLOW
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PEH PENG SIN
NRIC/Passport Number	S1218707F
Contact Number	96570641
Address	
Postcode	

Insurance Company Name

MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Vehicle No

SJR 6578Y

**SKETCH PLAN**

Annex D

**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 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;
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.

Policyholder's Signature / Date & Time  
5/9/18 3:46pm

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

28, 30, 32  
Bradell Rd  
4p14  
E Maïson  
Bradell Rd

Bartley Under Pass

A = SJR 6578Y  
B = SHB 4822M

Please continue to Annex E

Sketch Plan Pg. 2

Vehicle No SJR 65784


Annex E

Describe Circumstances of the Accident

Refer to Police Report No: T/20180905/2088

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

16:16pm  
05 SEP 2018  
ARY CHUA  
Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20180905/2088

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

1 of 3

Report No. T/20180905/2088

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/09/2018 14:30		Vide Report No.:	Station Diary No.: 71
<b>Informant's Particulars</b>			
Name of Informant: LEE SIANG CHENG		Address: 5 SENNETT DRIVE SINGAPORE 466975	
ID Type / ID No.: NRIC NO / S1790252J		Contact No.: Home/Office: Mobile: 97483540	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 51	Date of Birth: 23/06/1967	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Housewife		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/09/2018 12:30	Type of Location: Bend
Location: Along Road 1 BRADDELL ROAD				
Outside of E maison at 28 braddell road				
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
SHB4822M	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0
SJR6578Y	Car	HONDA	JAZZ 1.5 CVT	Grey	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20180905/2088

Police Station Of Origin:

2 of 3

Geylang N.P.C

Report No. T/20180905/2088

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR6578Y	AVIVA LTD	10826995	13/04/2018	12/04/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PEH PENG SIN	ID No.	S1218707F
Related Vehicle	SHB4822M (Car)	Contact No.	96570641
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	LEE SIANG CHENG	ID No.	S1790252J
Related Vehicle	SJR6578Y (Car)	Contact No.	97483540
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 05/09/2018 at about 1230hrs, while I was driving along Braddell Road, the car who is in front of me stopped all of the sudden, and swerve into the condominium named (E-Maison). Due to her actions, I also sudden brake as such the taxi (SHB4822M) who was behind me at the time hit onto my vehicle.

We both then got down and exchanged our particulars. I would like inform that no one was injured during the incident and I have in-car camera installed in my vehicle. The rear of my vehicle is dented due to the incident and the taxi vehicle also had a slight dent on the front left of the vehicle.



**SINGAPORE  
POLICE FORCE**



T/20180905/2088

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20180905/2088

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 ANG YI FENG, ELSON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/09/2018 14:30

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

