

## 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	02/10/2018 17:30
Date Of Accident	02/10/2018 05:40
Exact Location Of Accident	W'LANDS CTR RD IN W'LANDS CHECKPOINT21W'LANDSCROS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX7987L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTOLINK HOLDINGS PTE LTD
Co Reg No	200501881C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98574499
Alternative Phone No	OFFICE-98574499

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO 1.4 AT 6R13E7
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5097518945
Cover Note Number	

### Driver

Name of Driver	LEE GEN CI
Passport No/FIN	G3291038L
Date Of Birth	24/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98574499
Fax Number	
Contact Number	OTHERS-98574499
EEmail Address	NOEMAIL

Address	KENSETSU INTERNATIONAL (S) PTE LTD
Postcode	
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?	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: : NIL GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181002/2010

#### 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	WUW4307
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN WEE LONG
NRIC/Passport Number	
Contact Number	97757883
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## 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.

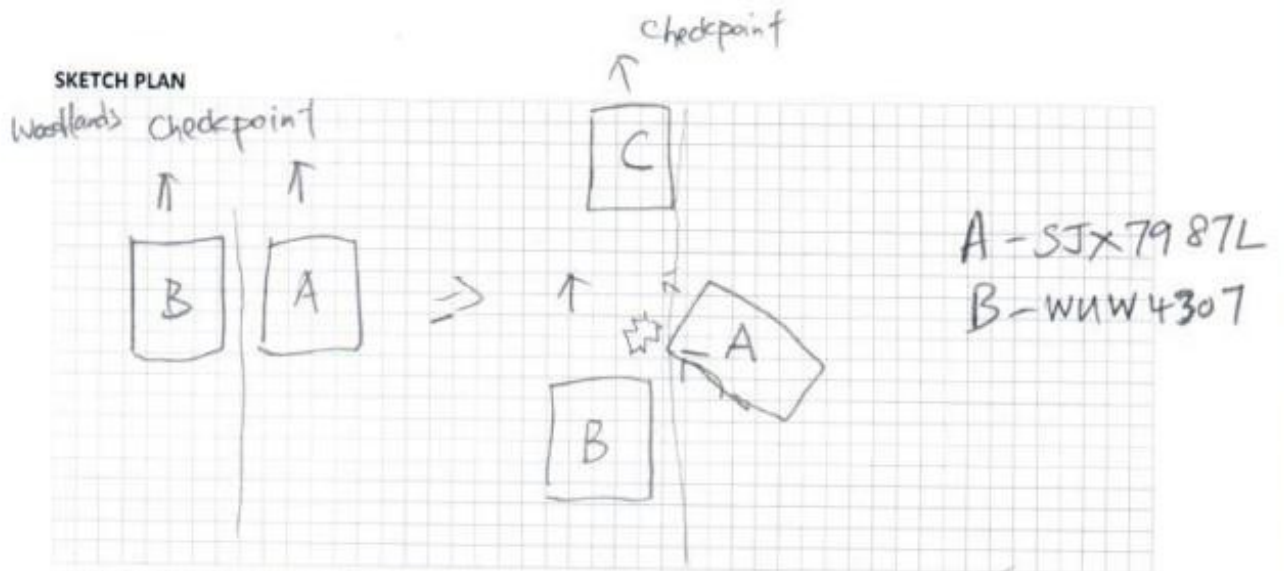


Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls Refer to the Police Report T/2018/002/2010*

### DECLARATION

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

Policyholder's Signature  
Date & Time:

Signature: [Signature]

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

Signature: [Signature]

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

Signature: [Signature]

2/10/2018



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20181002/2010

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20181002/2010

#### CONTINUATION OF REPORT

<b>Passenger</b>			
Name	LEONG CHEE HUAN	ID No.	S8984954C
Related Vehicle	SJX7987L (Car)	Contact No.	85235759
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 GEN CI	ID No.	G3291038L
Related Vehicle	SJX7987L (Car)	Contact No.	98574499
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
<b>Driver</b>			
Name	TAN WEE LONG	ID No.	921121016719
Related Vehicle	WUW4307 (Car)	Contact No.	97757883
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

#### Brief Details.

On the above mentioned date, time and location, I was driving a Singapore rental vehicle, SJX7987L when I met with an accident while returning back to Singapore. I wish to state that, I'll driven it into Malaysia, 01/10/2018 at about 1800hrs for revisiting back in Malaysia. I wish to state that the accident happened somewhere within the boundary of the Woodlands Checkpoint's vehicle clearance counter when I attempted to over take a Malaysian Vehicle, WUW4307 (Toyota Innova) on my left. While attempting to overtake the Malaysian vehicle, I am not sure whether the driver was aware of my intention to overtake into his lane thus my vehicle's frontal left area collided to the right frontal side (Driver side) of his vehicle. The accident happened too quickly thus I was not sure if the Malaysian vehicle continued to move even after the collision which caused a long stretch of scratches across the right side of the vehicle (all the way to the rear passenger door area).

#### Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20181002/2010

Police Station Of Origin:  
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20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20181002/2010

#### CONTINUATION OF REPORT

Both parties alighted to assess the accident, when I identified the driver as Tan Wee Long, Tel: 97757883 while I also noticed he had a male passenger onboard. The driver claimed that I was at fault for overtaking his vehicle along a single continuous white line on his right side. I was certain that overtaking can be done for single continuous white line thus I did the overtaking. The Malaysian driver was not willing to settle the matter privately thus I was advised by the ICA / Police at the Woodlands Checkpoint area to lodge a Traffic Accident Report for investigation purposes. I wish to state that no parties claimed injuries. This is the first time such incident happened. There is no in-car camera installed on my rental vehicle.

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

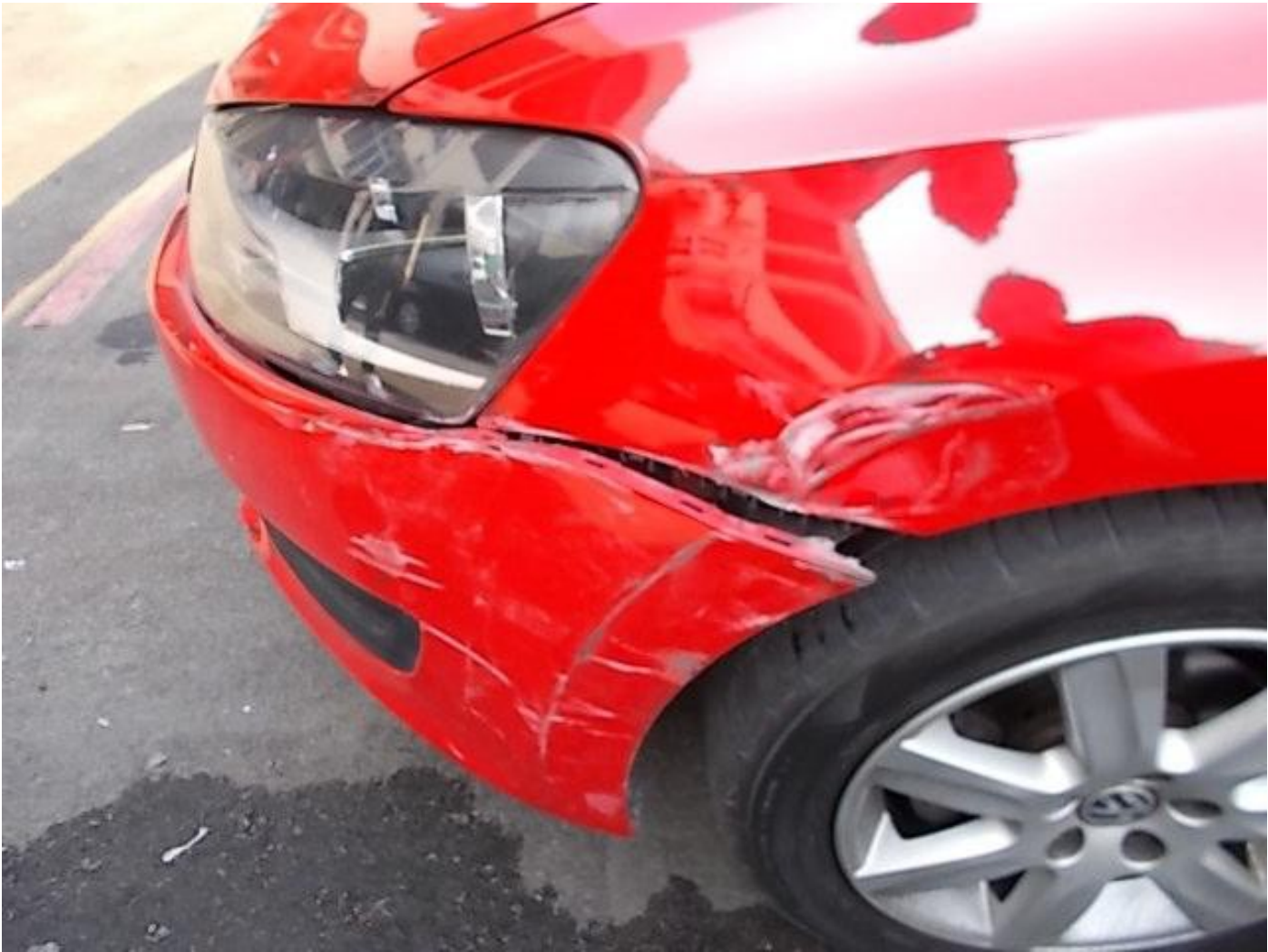


Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181002/2010

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20181002/2010

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2018 07:21	Vide Report No.:	Station Diary No.: 23
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### Informant's Particulars

Name of Informant: LEE GEN CI	Address: APT BLK 670 CHOA CHU KANG CRESCENT #11-509 SINGAPORE 680670		
ID Type / ID No.: FIN NO / G3291038L	Contact No.: Home/Office: Mobile: 98574499		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 26	Date of Birth: 24/07/1992	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: SALES EXECUTIVE	Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident: Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 02/10/2018 05:40	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS CENTRE ROAD  In Woodlands Checkpoint, 21 Woodlands Crossing			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SJX7987L	Car	VOLKSWAGO N	POLO	Red	Slightly Damaged	1
WUW4307	Car	TOYOTA	INNOVA	Silver	Slightly Damaged	1

### Details of Person Involved

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



# Police Report



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## CONTINUATION OF REPORT

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Police Report



**SINGAPORE  
POLICE FORCE**



T/20181002/2010

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SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20181002/2010

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 LOH YOU CONG, HARRY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/10/2018 07:21

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITI MARSITA BINTE BOHARI

Contact No: 65476219

Authentication Stamp

NP168

Classification Of Case:

**Singapore Police Force**