

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 17:55
Date Of Accident	02/10/2018 11:00
Exact Location Of Accident	AYE TO CITY 6KM LAMPPOST 306A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW5616P
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Insured/Policyholder

Name Of Registered Owner	LEE KIAT FONG ALEXANDER
NRIC No	S8846526A
Email Address	ALEXLEE1911@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91377908
Alternative Phone No	OFFICE-91377908

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200-2.0 AVANTGARDE (R17 LED) (A)
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 CAR

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC17S017042
Cover Note Number	

Driver

Name of Driver	LEE KIAT FONG ALEXANDER
NRIC No	S8846526A
Date Of Birth	19/11/1988
Occupation	INDOOR
Date Of Driving Pass	16/10/2007
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91377908
Fax Number	
Contact Number	OFFICE-91377908
EMail Address	ALEXLEE1911@GMAIL.COM

Address	BLK 32 CASSIA CRESCENT #03-70
Postcode	390032
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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT & SKETCH PLAN ATTACHED

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	SHA3896L
Vehicle Make/Model/Colour	HYUNDAI COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM CHOONG SENG
NRIC/Passport Number	S1164765J
Contact Number	96713095
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM CHOONG SENG
Approximate Age	
Injuries Sustain	FELT UNWELL
Injured person in which vehicle?	SHA3896L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

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 in 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 based outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to process 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 funds, regulatory, 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

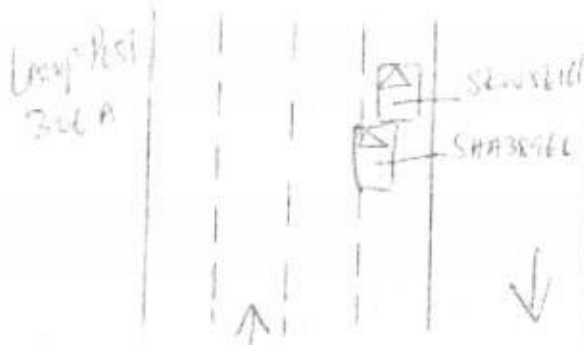
Insurer's Signature
Insurance Brokerage/Agent's Name
Date & Time

Insuring General Association's Signature
Name
Date & Time

Sketch Plan #2

SKETCH PLAN

July 21st 1862



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To police Report NV: 7/20181002/2127

DECLARATION

6 We define the following formulas to be true in every respect.

Policyholder Signature _____
Date & Time _____

Driver's Signature _____
(If driver is not the ponyholder)
Date & Time _____

Reporting Centre Personnel's Signature
Name
Title/Title



**SINGAPORE
POLICE FORCE**



T/20181002/2127

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 4

Report No. T/20181002/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2018 16:48	Vide Report No.: D/20181002/0064	Station Diary No.: 105
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Informant's Particulars

Name of Informant: LEE KIAT FONG, ALEXANDER			Address: APT BLK 32 CASSIA CRESCENT #03-70 SINGAPORE 390032		
ID Type / ID No.: NRIC NO / S8846526A			Contact No.: Home/Office: Mobile: 91377908		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 19/11/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/10/2018 11:00	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYER RAJAH EXPRESSWAY (CITY) 6Km, Lamp post 306A Lamp Post Number: 306A				
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: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3896L	Car				Seriously Damaged	0
SKW5616P	Car	MERCEDES BENZ	C200 AVANTGAR DE (R17 LED)	Silver	Seriously Damaged	0



SINGAPORE POLICE FORCE



T/20181002/2127

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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20181002/2127

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW5616P	SHC INSURANCE PTE. LTD.	DMPC17S017042	07/11/2017	06/11/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM CHOONG SENG	ID No.	S1164765J
Related Vehicle	SHA3896L (Car)	Contact No.	96713095
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 KIAT FONG, ALEXANDER	ID No.	S8846526A
Related Vehicle	SKW5616P (Car)	Contact No.	91377908
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 2/10/2018 at about 11am, I was driving my vehicle (SKW5616P) along AYE towards the city on lane 1. The traffic volume was moderate. I noticed that the vehicle in front slowed down to a stop. Hence, I also slowed down and stopped my vehicle behind SLP2525M. However, the taxi (SHA3896L) behind did not stop in time and collided head-to-rear into my vehicle (SKW5616P). I have a front and rear in-car CCTV which recorded the whole incident. The rear in-car CCTV also showed that taxi (SHA3896L) was initially travelling on lane2 and changed lane2 to lane 1 then accelerated and collided into my vehicle. After the accident, the traffic police attended to us. The taxi driver of (SHA3896L) felt unwell so was conveyed to the hospital by an ambulance. No pedestrian or passenger affected. Due to the accident, it caused serious damage to my vehicle car boot and rear bumper area. I have no visible injuries on me. The incident vide to D/20181002/0064 and the IO incharge is Yusmastari. I am lodging police report for insurance claim.

Taxi driver particulars as follows:
LIM CHOONG SENG



**SINGAPORE
POLICE FORCE**



T/20181002/2127

3 of 4

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20181002/2127

CONTINUATION OF REPORT

S1164765J

10/11/1956

96713095

SHA3896L



**SINGAPORE
POLICE FORCE**



T/20181002/2127

4 of 4

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20181002/2127

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:

E /

Sgt 2 LIM LI CHENG

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

02/10/2018 16:48

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 061

Authentication Stamp

NP168

SIGNATURE