

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 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. 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	05/10/2018 17:26
Date Of Accident	04/10/2018 16:30
Exact Location Of Accident	SLIP RD OF TAMPINES AVE 7 TOWARDS TAMPINES AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN3940B
Insured/Policyholder	
Name Of Registered Owner	TAN THIAM JOO
NRIC No	S1763555G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98336475
Alternative Phone No	OTHERS-81824230

Vehicle Particulars

Manufacturer	NISSAN
Model	PULSAR-1.2 (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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-002133
Cover Note Number	

Driver

Name of Driver	LEE KENG LIAN
NRIC No	S1756415C
Date Of Birth	22/03/1966
Occupation	INDOOR
Date Of Driving Pass	27/10/1992
Driving Experience	25 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81824230
Fax Number	
Contact Number	OTHERS-98336475
Email Address	NOEMAIL

Address	BLK 51 TAMPINES AVENUE 1 #12-06
Postcode	529771
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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	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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20181005/2038

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	GBA4546L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SAM CHEE LEONG
NRIC/Passport Number	G2184964U
Contact Number	91461916
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LEE KENG LIAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLN3940B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

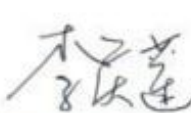
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

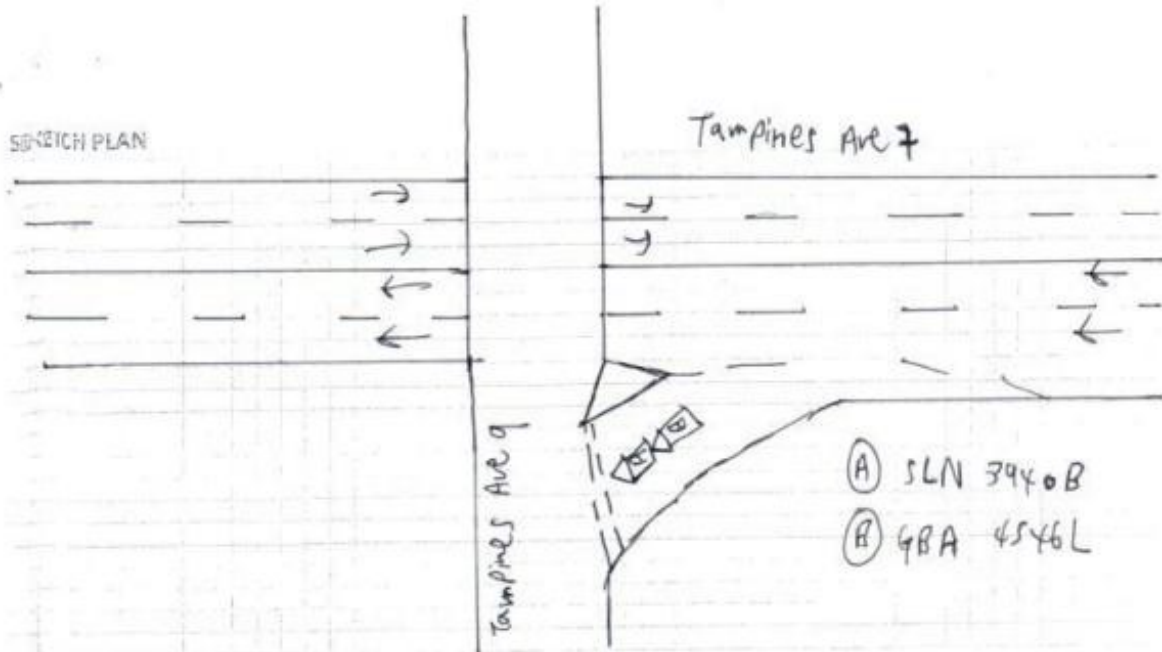

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/10/18 @ about 4.30pm, I am travelling along Tampines Ave 7 towards Tampines Ave 9. At the Slip Road of Tampines Ave 7, I stopped my vehicle to give way to oncoming traffic of Tampines Ave 9. Before the traffic could even be clear, I felt an impact on my rear and the strong impact cause me (the driver) to feel unwell on my neck, shoulder, and I felt giddy and wants to vomit after the accident.

POLICE REPORT 7/2018/005/2038

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/Pass No:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181005/2038

1 of 3

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

Report No. T/20181005/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/10/2018 11:59		Vide Report No.:		Station Diary No.: 76	
Informant's Particulars					
Name of Informant: LEE KENG LIAN			Address: BLK 51 TAMPINES AVENUE 1 #12-06 SINGAPORE 529771		
ID Type / ID No.: NRIC NO / S1756415C			Contact No.: Home/Office:		Mobile: 81824230
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 52	Date of Birth: 22/03/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PART TIME WORKER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/10/2018 16:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 7 TAMPINES AVENUE 9 TAMPINES AVENUE 7 & 9 X-JUNCTION				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Pedestrian Crossing		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
GBA4546L	Van					0
SLN3940B	Car				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181005/2038

2 of 3

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

Report No. T/20181005/2038

CONTINUATION OF REPORT

Driver			
Name	SAM CHEE LEONG		ID No. G2184964U
Related Vehicle	GBA4546L (Van)		Contact No. 91461916
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 KENG LIAN		ID No. S1756415C
Related Vehicle	SLN3940B (Car)		Contact No. 81824230
Hospital/Clinic	SIN MIN CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	05/10/2018	Date Discharge	05/10/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 04 October 2018, at about 4.30pm, I was driving my vehicle (SLN3940B) along Tampines Avenue 7 towards Tampines Avenue 9. While I was near the junction, I turn left into the slip road leading into Tampines Avenue 9, as there was oncoming traffic, I slowed down and checked to make sure it was clear. As I was slowing down, I felt an impact from the rear of my vehicle. I immediately applied brakes to prevent my vehicle from surging forward.

Thereafter, I alighted from my vehicle and observed that a van(GBA4546L) had collided to the rear of my vehicle. I then exchange particulars with the other parties and carried on my journey. After the accident, I felt pain at my back and neck as well as giddiness and vomiting however, it was still tolerable. However, On 05 October 2018, it began to be intolerable. As such, I seek medical treatment at Sin Min Clinic and was given 7 days of Medical Leave. The accident also resulted in dents and scratches on the rear of my vehicle.

I wish to state that I do have an in vehicle camera which captured the whole accident process. I am lodging this police report for insurance claim and in compliance to the road traffic act.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181005/2038

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

3 of 3

Report No. T/20181005/2038

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 1 CHENG XINLIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/10/2018 11:59

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 061

SIGNATURE

ID

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1756415C**

Name: **LEE KENG LIAN**

Birth Date: **22 Mar 1966**

Issue Date: **18 Dec 2002**

Barcode: **1000019767H**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1756415C**

Name: **LEE KENG LIAN**

李庆连

Race: **CHINESE**

Date of Birth: **22-03-1966** Sex: **F**

Country of Birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Oct 1992

NP 428A



0707370



NRIC No: **S1756415C**

TAMPINES NORTH NEIGHBOURHOOD POLICE POST

TEL: **67365306**

Blood Group: **A+** Date of issue: **30-12-1992**



BLK 51 TAMPINES AVENUE 1 #12-06

SINGAPORE 529771

NRIC No: **S1756415C**

Date: **27/03/2011**

No: **67365306**

Driver

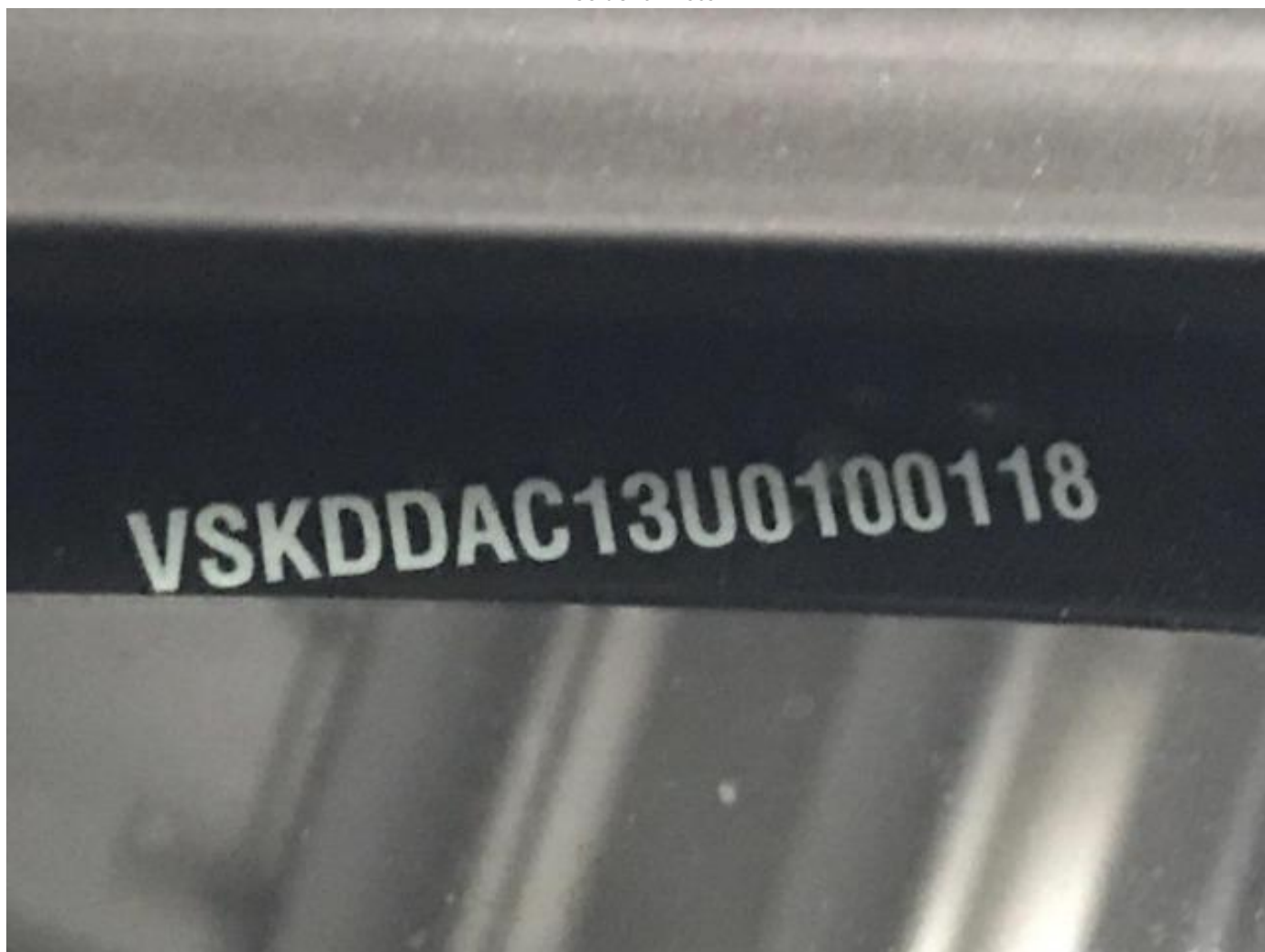
Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

