

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	08/11/2018 18:13
Date Of Accident	28/10/2018 22:20
Exact Location Of Accident	AYE TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS1451D
Insured/Policyholder	
Name Of Registered Owner	LEE SEOW CHER
NRIC No	S0470723J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96685165
Alternative Phone No	OTHERS-96685165

Vehicle Particulars

Manufacturer	VESPA
Model	-
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5071491298-03
Cover Note Number	

Driver

Name of Driver	LEE SEOW CHER
NRIC No	S0470723J
Date Of Birth	21/04/1946
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1976
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	+65-96685165
Fax Number	
Contact Number	OTHERS-96685165
Email Address	NOEMAIL

Address	BLK 23 PENJURU WALK #01-84
Postcode	608537
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 - CHANGE/CROSS LANE
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	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181029/2004

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	SHC820P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEE SEOW CHER
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Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FS1451D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

02.11.2018

Signature of Policyholder (only)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

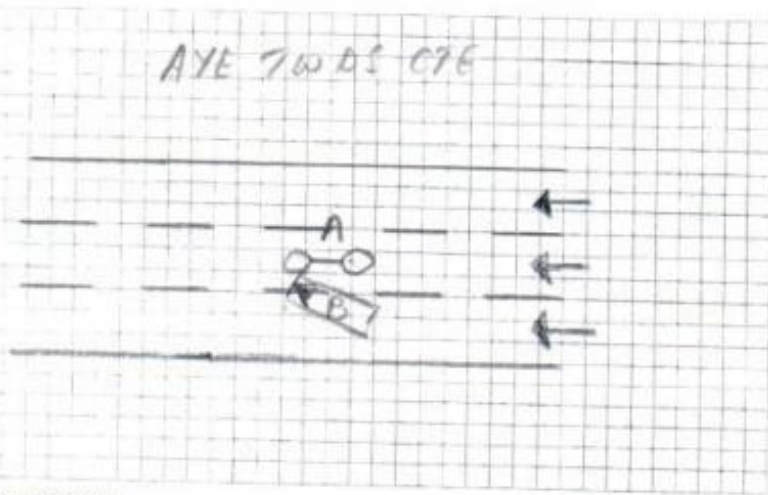
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A - FS1451D
B - 511C800A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report.

DECLARATION

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

Policyholder's Signature
Date & Time:

02.11.2018

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

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

08/10/18

Individual Statement



**SINGAPORE
POLICE FORCE**



T/2018102 2004

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 3

Report No. T/2, 1029 004

CONTINUATION OF REPORT

Cyclist			
Name	LEE SEOW CHER	ID No.	S0470723J
Related Vehicle	FS1451D (Motorcycle)	Contact No.	96685165
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	29/10/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 28/10/18 at about 10.20.p.m, I was riding my scooter bearing vehicle registration, FS 1451D along Ayer Rajah Express towards Central Expressway (CHIN SWEE TUNNEL), before the tunnel, most left lane and whereas a taxi vehicle bearing vehicle registration number, SHC820P(Referring to V2) travelling on my rear.

Suddenly I realised V2 was swerving to the central lane and V2's left side mirror knocked onto my scooter's right side mirror as such I skidded. V2 came to a stop and assisted me and ambulance came, but I was not conveyed. There was no government property involved.

I was granted with 7 days of medical leave by a doctor on the same day. I had sustained multiple injuries on my left arm and hand, and injury on my nose as well. my scooter was towed as it was damaged.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



A blue scooter is parked in a parking lot. A black helmet with the word 'PILOT' on it is placed on the seat. A white plastic bag is hanging from the handlebar, and a red plastic bag is on the floor next to the scooter. A silver storage box is mounted on the back. In the background, another motorcycle is parked near a building with a sign that says 'PILOT'.

Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181029/2004

Police Station Of Origin:
Toa Payoh N.P.C.
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2618869

FS14510

1 of 3

Report No: T/20181029/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2018 03:21	Video Report No.:	Station Diary No.: 17
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Informant's Particulars				
Name of Informant: LEE SEOW CHER			Address: APT BLK 23 PENJURU WALK #01-84 SINGAPORE 608537	
ID Type / ID No.: NRIC NO / S6470723J			Contact No.: Home/Office: Mobile: 96885155	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 72	Date of Birth: 21/04/1946	Type of Informant: Cyclist	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Private security officer			Driving Licence Information: Class: 2 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/10/2018 22:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY CENTRAL EXPRESSWAY (CHIN SWEE TUNNEL) AYER RAJAH EXPRESS TOWARDS CENTRAL EXPRESSWAY (CHIN SWEE TUNNEL), ABOUT 100m mark BEFORE ENTERING TUNNEL				
Weather: Clear		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

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FB1431D	Motorcycle			Blue	Slightly Damaged	0
BHC820P	Car	MERCEDES BENZ				0

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

Police Report



SINGAPORE
POLICE FORCE



T2018102 2004

Police Station Of Origin:

Toa Payoh N.P.C

83 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2518999

2 3

Report No. T/2. 1029 004

CONTINUATION OF REPORT

Cyclist			
Name	LEE SEOW CHER	ID No.	80470723J
Related Vehicle	FS1451D (Motorcycle)	Contact No.	86895135
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	28/10/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 28/10/18 at about 10.20 p.m, I was riding my scooter bearing vehicle registration, FS 151D along Ayer Rajah Express towards Central Expressway (CHIN SWEE TUNNEL), before the tunnel, I mist left lane and whereas a taxi vehicle bearing vehicle registration number, SHC820P(Referring to V2) travelling on my rear,

Suddenly I realised V2 was swerving to the central lane and V2's left side mirror knocked onto my scooter's right side mirror as such I skidded. V2 came to a stop and assisted me and ambulance call, but I was not conveyed. There was no government property involved.

I was granted with 7 days of medical leave by a doctor on the same day. I had sustained multiple injuries on my left arm and hand, and injury on my nose as well. my scooter was towed as it was damaged.

Police Report



SINGAPORE
POLICE FORCE



T/20181029/2004

Police Station Of Origin:

Toa Payoh N.P.C

83 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319164

Tel No: 1800-2518888

3 of 3

Report No: T/20181029/2004

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 3 TEOH PREECHA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/10/2018 03:21

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No: 65472078

Classification Of Case:

Authentication Stamp

JP158
90C 135



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0030 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S96550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118144557 Vehicle Registration No: FS1451D
 Name (as shown in NRIC) : LEE SEOW CHER NRIC/FIN/Passport No : 50470723J
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 33 PENJURU WALK #01-54 Singapore(608537)
 Contact (Tel) : _____ Mobile No.: 96685165
 Email Address : _____
 Date of Accident : 28/10/18 Time of Accident : 2230
 Place of Accident : AYE T W A S C I E
 Insurance Company: NIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND SKETCH PLAN

AYE T W A S C I E

A-FS1451D

B-SHC820P

Policyholder / Driver's Signature
 Date:

16/11/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: