

## 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             | 12/11/2018 14:32                     |
| Date Of Accident           | 12/11/2018 07:10                     |
| Exact Location Of Accident | TANJONG BEACH WALK AT THE ROUNDABOUT |
| Country/State of Loss      | SINGAPORE                            |

### DETAILS OF OWN VEHICLE

|                             |  |
|-----------------------------|--|
| Vehicle Registration Number | SMD9549A                               |
| <b>Insured/Policyholder</b> |  |
| Name Of Registered Owner    | QUAN FENG MOTORS (SINGAPORE) PTE. LTD. |
| Co Reg No                   | 201715821C                             |
| Email Address               | NOEMAIL                                |
| Mobile Phone No             |  |
| Alternative Phone No        | OFFICE-85044030                        |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | HONDA              |
| Model  | STREAM 1.8         |
| Exact Purpose for which vehicle was being used at time of accident           |                    |
| 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   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5102664992                             |
| Cover Note Number         |  |

### Driver

|                      |                         |
|----------------------|-------------------------|
| Name of Driver       | LEE WEI LONG            |
| NRIC No              | S8736965Z               |
| Date Of Birth        | 14/11/1987              |
| Occupation           | OUTDOOR                 |
| Date Of Driving Pass | 28/02/2014              |
| Driving Experience   | 4 YEARS AND 8 MONTHS    |
| Gender               | MALE                    |
| Mobile Number        | (LOCAL) +65-85044030    |
| Fax Number           |                         |
| Contact Number       |                         |
| Email Address        | WEILONGBABA87@GMAIL.COM |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 785A WOODLANDS RISE #10-112 |
| Postcode  | 731785                          |
| 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   | 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                       | BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST   |
| Police Station Address                    | <b>ROAD:</b> BLK 27 MARSILING DRIVE , <b>POSTCODE:</b> 730027 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-3689999 - <b>FAX NO:</b> 63682383                                     |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO ATTACHMENT

#### 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 | PC4973K                               |
| Vehicle Make/Model/Colour   |                                       |
| Details Of Properties       |                                       |
| Vehicle Category            | COMMERCIAL VEHICLE                    |
| Name of Driver              | ABDUL RAOF BIN MOHAMED MAGAD          |
| NRIC/Passport Number        | S1251192B                             |
| Contact Number              | 97392049                              |
| Address                     | BLK 5514 WOODLANDS DRIVE 44<br>#03-46 |
| Postcode                    |                                       |
| Insurance Company Name      |                                       |
| Nature Of Damage            |                                       |

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

|   |                                    |
|---|------------------------------------|
| Name  | LEE WEI LONG                       |
| Approximate Age                                     | 30                                 |
| Injuries Sustain                                    |                                    |
| Injured person in which vehicle?                    | SMD9549A                           |
| Were seat belts worn?                               | YES                                |
| Was this injured conveyed to hospital by ambulance? | NO                                 |
| Address   | BLK 785A WOODLANDS RISE<br>#10-112 |
| Postcode  | 731785                             |

# Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20181112/2070

1 of 3

Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

Report No. T/20181112/2070

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>12/11/2018 13:46 | Vide Report No.: | Station Diary No.:<br>25 |
|--|------------------|--------------------------|

### Informant's Particulars

|  |   |                              |                              |
|--|---|------------------------------|------------------------------|
| Name of Informant:<br>LEE WEI LONG       | Address:<br>APT BLK 785A WOODLANDS RISE #10-112 SINGAPORE<br>731785 |                              |                              |
| ID Type / ID No.:<br>NRIC NO / S8736965Z | Contact No.:<br>Home/Office: Mobile: 85044030                       |                              |                              |
| Nationality:<br>SINGAPORE CITIZEN        | Email:  |                              |                              |
| Sex:<br>Male                             | Age:<br>30  | Date of Birth:<br>14/11/1987 | Type of Informant:<br>Driver |
| Race:<br>Chinese                         | Language:   |                              | Institution / School Name:   |
| Occupation:<br>Grab Driver               | Driving Licence Information:<br>Class: 2B,3 Date of Expiry:         |                              |                              |

### General Information of the Accident

|  |            |   |  |                                 |
|--|------------|---|--|---------------------------------|
| General Information of the Accident                          |            |   |  |                                 |
| Type of Accident:  | Non-Injury | Drink Drive:<br>No                      | Date/Time of Accident:<br>12/11/2018 07:10 | Type of Location:<br>Roundabout |
| Location:<br>Along Road 1<br>TANJONG BEACH WALK              |            |   |  |                                 |
| at the round-about   |            |   |  |                                 |
| Weather:<br>Clear  |            | Road Surface:<br>Dry                    | Road Speed Limit:                          |                                 |
| Traffic Flow:<br>Two Way                                     |            | Traffic Control:<br>Pedestrian Crossing | Traffic Volume:<br>No Traffic              |                                 |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |            |   | Anyone conveyed by ambulance:<br>No        |                                 |

### Details of Vehicle Involved

| Vehicle No. | Type                  | Make | Model | Color | Condition           | No of Passenger |
|-------------|-----------------------|------|-------|-------|---------------------|-----------------|
| PC4973K     | Bus/Coach/Mi<br>nibus |      |       |       | Slightly<br>Damaged | 0               |
| SMD9549A    | Car                   |      |       |       | Slightly<br>Damaged | 0               |

### Details of Person Involved

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

## Sketch Plan #2



**SINGAPORE  
POLICE FORCE**



T/20181112/2070

Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

2 of 3

Report No. T/20181112/2070

### CONTINUATION OF REPORT

| Driver                            |                         |  |                                    |
|-----------------------------------|-------------------------|--|------------------------------------|
| Name                              | LEE WEI LONG            | ID No.                                 | S8736965Z                          |
| Related Vehicle                   | SMD9549A (Car)          | Contact No.                            | 85044030                           |
| Hospital/Clinic                   | HORIZON MEDICAL PTE LTD | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                    | 12/11/2018              | Date Discharge                         | 12/11/2018                         |
| No. of Days granted Medical Leave | 05                      | Degree of Injury                       | NIL                                |

### Brief Details.

On the 12/11/2018 at about 0710hrs, I was driving my vehicle (SMD9549A) in Sentosa along Tanjong Beach Walk. When approaching a zebra crossing, I slowed down to make a check for any pedestrians before moving across. When I was driving across the zebra crossing, I suddenly felt an impact from the back of my vehicle and my vehicle jerked forward. I immediately came to a stop however I was not injured. I came out to make a check and discovered a bus(PC4973K, Tanjong Beach Club Bus) had collided into the rear-right side of my vehicle. The bus's front left-side of the vehicle had collided into my rear. I noticed that the bus was positioned in a way that it came from the opposite side of the road, which was the opposite direction lane. Subsequently we agreed to claim our own insurance respectively and we exchanged particulars before we left. I have seek medical attention at Horizon Medical Pte Ltd and I was given 5days MC (No: M23110/R1).

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20181112/2070

3 of 3

Report No. T/20181112/2070

Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

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 /

Sgt 2 YEO CHANG WU, DENNETH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/11/2018 13:46

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Signature:

Singapore Police Force



## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.

12/11/18  
Policyholder's Signature  
Date & Time:



W 12/11/18  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

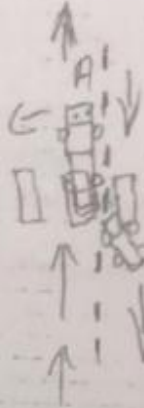
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



SM9549A



PC4973K

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report

## DECLARATION

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

12/11/18

Policyholder's Signature  
Date & Time:



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

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo

