

## 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	14/11/2018 13:47
Date Of Accident	14/11/2018 08:00
Exact Location Of Accident	KALLANG PAYA LEBAR EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLQ5260B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62414992

<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	VEZEL-1.5 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995072
Cover Note Number	

<b>Driver</b>	
Name of Driver	LEE BOBBY
NRIC No	S1837211H
Date Of Birth	10/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	10/09/1991
Driving Experience	27 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-83994690
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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?	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: : NONAME Gender: : Male

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACHED SKETCH

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO OVERWRITTEN
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB7749Y
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)

## Sketch Plan

### SKETCH PLAN

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  5. Any false reporting may be referred to the Police for investigation.
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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.

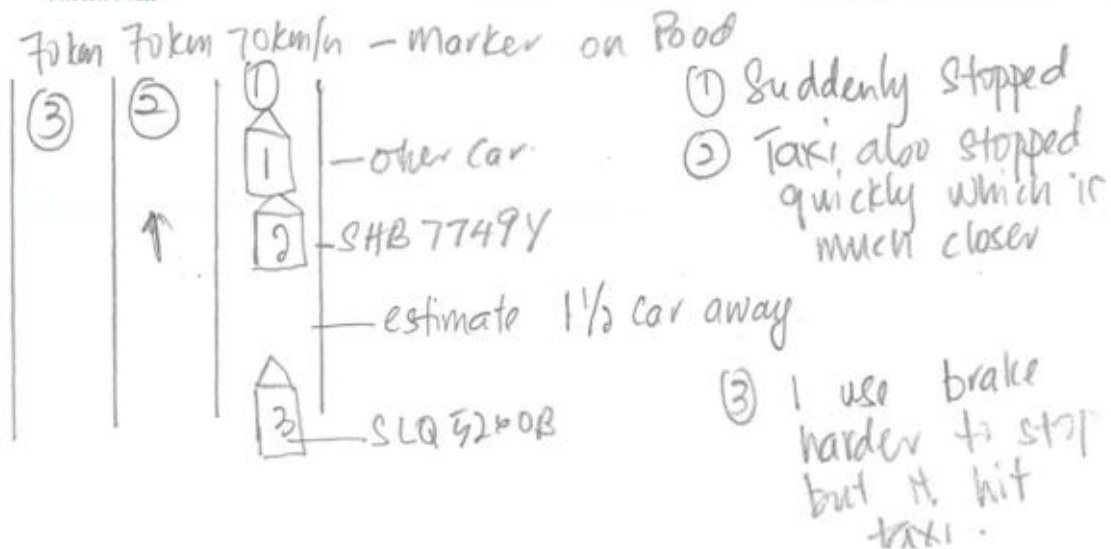


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Describe Circumstances of the Accident

Refu no police report

Declaration

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

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20181114/2023

1 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20181114/2023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/11/2018 09:35	Vide Report No.:	Station Diary No.: 61
<b>Informant's Particulars</b>		
Name of Informant: LEE BOBBY	Address: APT BLK 331C ANCHORVALE ST #16-579 SINGAPORE 543331	
ID Type / ID No.: NRIC NO / S1837211H	Contact No.: Home/Office:	Mobile: 85976956
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 51	Date of Birth: 10/10/1967
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: 2B,3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2018 08:00	Type of Location:
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY				
UNDERGROUND TUNNEL/ 70KM/H MARK ON ROAD				
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 - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB7749Y	Car				Slightly Damaged	1
SLQ5260B	Car				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4





**SINGAPORE  
POLICE FORCE**



T/20181114/2023

2 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20181114/2023

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SIAU TECK CHYE	ID No.	S7829063C
Related Vehicle	SHB7749Y (Car)	Contact No.	98797540
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 BOBBY	ID No.	S1837211H
Related Vehicle	SLQ5260B (Car)	Contact No.	85976956
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 14/11/2018, at about 0800hrs, I was driving my vehicle bearing SLQ5260B at KPE tunnel along with my wife namely Loo Su Fong, HP:91295535. Suddenly a vehicle (unknown plate number) had applied an emergency brake resulted to the taxi behind it, bearing plate number SHB7749Y to applied an emergency brake too. The taxi had not collided into the said car however, as it happens to sudden, I was unable to brake in time, despite applying the brake, which resulted to my front part of my vehicle to collide with the rear taxi.

There were no injuries between the taxi driver, the passenger and me. However, my wife suffered slight pain on her neck due to the collision.

I am lodging a report to assist in police investigation



**SINGAPORE  
POLICE FORCE**



T/20181114/2023

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20181114/2023

**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:  
F /  
Sgt 2 NOR' AISAH BINTE MOHD PERDAUS

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/11/2018 09:35

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

SN/095

Signature:


Classification Of Case:

Authentication Stamp  
NP168

Singapore Police Force



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1837211H





Name  
**LEE BOBBY**

Race  
**CHINESE**


Date of birth  
**10-10-1967**

Country of birth  
**SINGAPORE**

Sex  
**M**


Land Transport Authority



**VOCATIONAL LICENCE**  
Licence No: S1837211H  
Name: LEE BOBBY


Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1837211H  
Name: LEE BOBBY

Birth Date: 10 Oct 1967  
Issue Date: 14 Mar 2017



4112577



NRIC No. S1837211H




Date of issue: 10-10-2007

Address: APT BLK 331C ANCHORVALE ST #18-579  
SINGAPORE 543331

Issue Date: 15/09/2014

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	26/09/2018



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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	22 May 1997
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	10 Sep 1991

NP 428A



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



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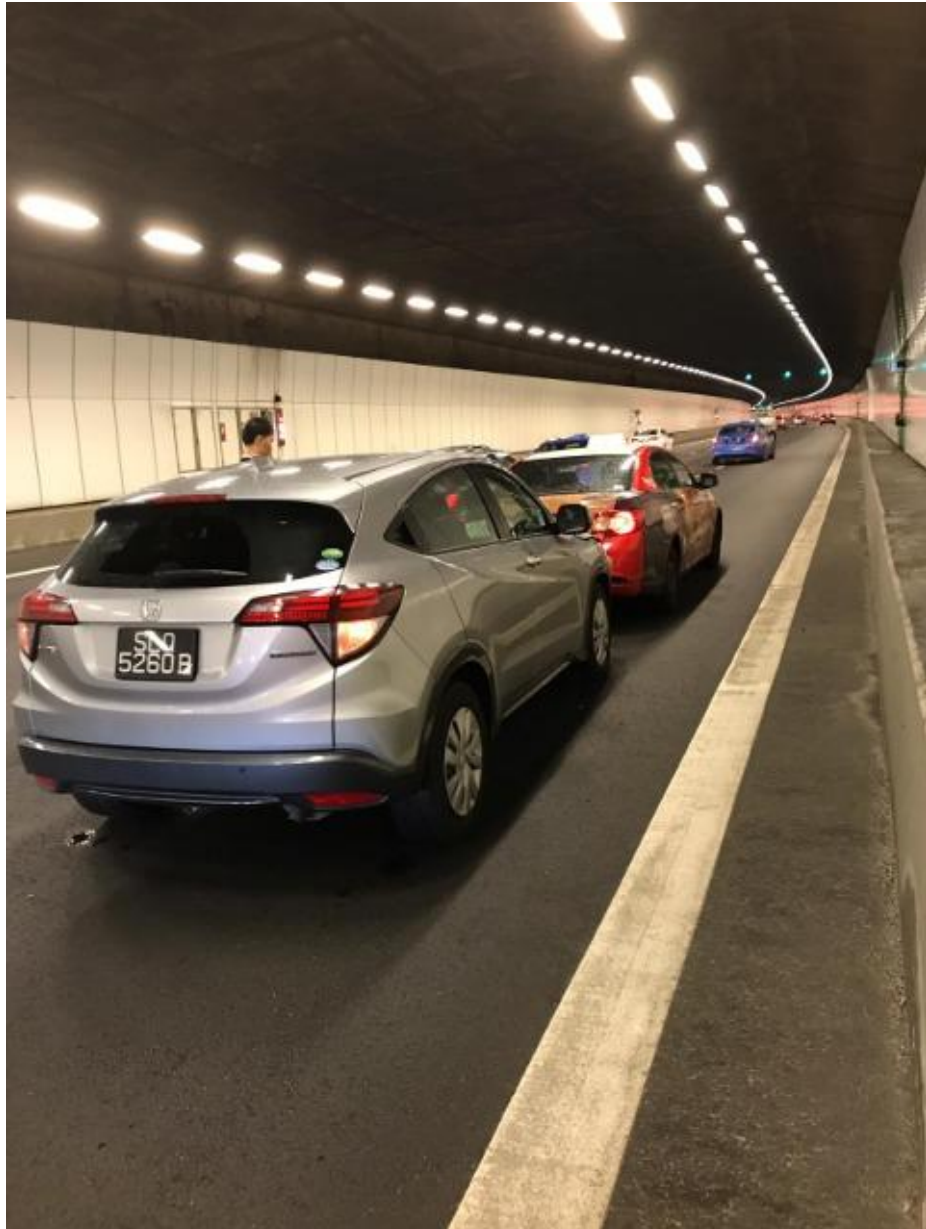


Accident Photo





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