

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	26/11/2018 11:25
Date Of Accident	23/11/2018 16:30
Exact Location Of Accident	JLN TOA PAYOH JUNC UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ7966X
Insured/Policyholder	
Name Of Registered Owner	LEE HOCK LEONG
NRIC No	S6842561A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97854475
Alternative Phone No	OTHERS-97854475

Vehicle Particulars

Manufacturer	CHEVROLET
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5093633601-01
Cover Note Number	

Driver

Name of Driver	LEE TIAN CHEOK @ LEE TIAN CHOO
NRIC No	S0344330B
Date Of Birth	01/01/1936
Occupation	INDOOR
Date Of Driving Pass	30/07/1966
Driving Experience	52 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97556365
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 117 TAMPINES ST 11 #10-520
Postcode	521117
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES CHANGKAT NPP
Police Station Address	ROAD: 109 TAMPINES STREET 11 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181123/2161

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	GBD9210G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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.

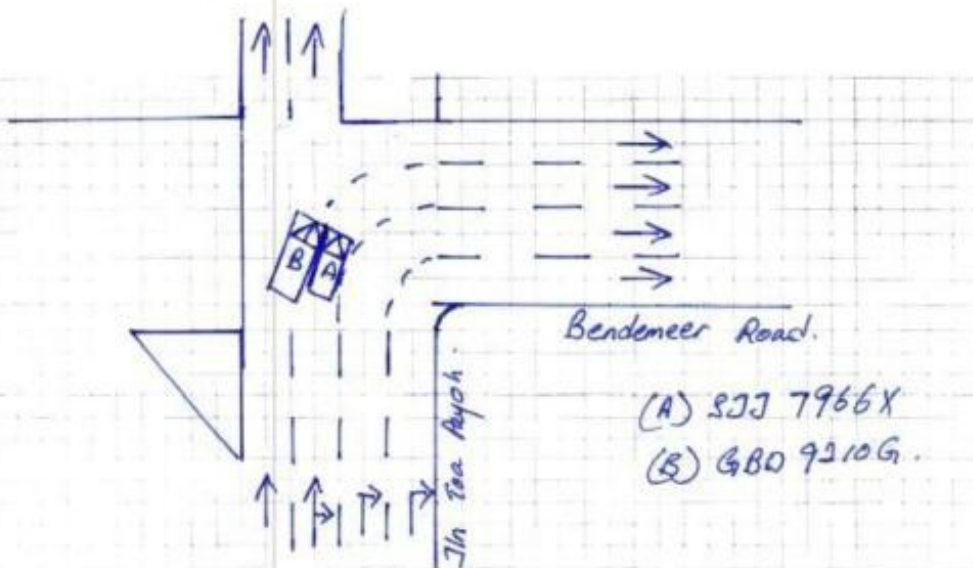
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer To Police Report
No: T/20181123/2161.

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/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20181123/2161

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Report No. T/20181123/2161

CONTINUATION OF REPORT

Driver			
Name	TAN YI JIANG		ID No. S97190081
Related Vehicle	GBD9210G (Van)		Contact No. NIL
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 TIAN CHEOK		ID No. S0344330B
Related Vehicle	SJJ7966X (Car)		Contact No. 97556365
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 the abovementioned date, time and place, I was driving along Upper Serangoon Road towards Bendemeer Road. While I was making the turn to Bendemeer Road, a vehicle from my left collided into my vehicle somewhere at the left front tyre area. I am not injured. I made a check and discovered that my front left side tyre area was dented inwards. There was police at scene, however there was ambulance at scene but no one was conveyed. The other vehicle did not have any damages on it.

I exchanged particulars with the other driver in front of the police and left on my own way.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181123/2161

Police Station Of Origin:
Changkat NPP
106 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819955

1 of 3

Report No. T/20181123/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2018 21:27	Video Report No.:	Station Diary No.: 32
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Informant's Particulars			
Name of Informant: LEE TAN CHEOK		Address: APT BLK 117 TAMPINES STREET 11 #10-520 SINGAPORE 521117	
ID Type / ID No.: NRIC NO / S03443208		Contact No.: Home/Office: Mobile: 97556365	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 82	Date of Birth: 01/01/1936	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Company director		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident					
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/11/2018 16:30	Type of Location: Flyover	
Location: Along Road 1 Traveling Toward Road 2 UPPER SERANGOON ROAD BENDEMEER ROAD					
Weather: Drozzling		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
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
G8D9210G	Van				Slightly Damaged	0
SJ7966X	Car	CHEVROLET			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**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20181123/2181

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Report No: T/20181123/2181

CONTINUATION OF REPORT

Driver			
Name	TAN YI JIANG	ID No.	S97190081
Related Vehicle	GBD9210G (Van)	Contact No.	NIL
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 TIAN CHECK	ID No.	S03443308
Related Vehicle	SJ7866X (Car)	Contact No.	97556385
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 the abovementioned date, time and place, I was driving along Upper Serangoon Road towards Bendemeer Road. While I was making the turn to Bendemeer Road, a vehicle from my left collided into my vehicle somewhere at the left front tyre area. I am not injured. I made a check and discovered that my front left side tyre area was dented inwards. There was police at scene, however there was ambulance at scene but no one was conveyed. The other vehicle did not have any damages on it.

I exchanged particulars with the other driver in front of the police and left on my own way.

Police Report



**SINGAPORE
POLICE FORCE**



1/20181123/2181

Police Station Of Origin:
Changkai NPP
105 Tampines Street 11 #01-251
SINGAPORE 521109
Tel No: 1800-7819998

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Report No. T/20181123/2181

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:

G /

Staff Sgt MUHAMMAD ZULHILMI BIN
SHADIKIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Contact No.: 65476247

Authentication Stamp

NP/16

Signature Of Informant:

Date/Time:

23/11/2018 21:27

Classification Of Case:

SIGNATURE

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / 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 : MAA118152757 Vehicle Registration No : 5JJ7966X
Name (as shown in NRIC) : LEE TIAN CHEOK @ LEE TIAN CHIO NRIC/FIN/Passport No : 503443303
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 117 TAMPAINES ST 11 H 10-320 Singapore (501117)
Contact (Tel) : _____ Mobile No. : 97556365
Email Address : _____
Date of Accident : 23/11/18 Time of Accident : 1630
Place of Accident : JLN TDA PAYOH JUNG UPP SERANGGORN RD
Insurance Company : _____

(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 POSTAL CODE

Policyholder / Driver's Signature
Date:

[Signature] 27/11/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: