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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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
D	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 5211117

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 1

Number of Passengers (Including Driver)

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

NO

Police Station Contact TEL NO: 1800-7819999 - FAX NO:

Was notice of intended Prosecution given?

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

IMPORTANT NOTICE

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

Lunderstand, 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:
 - 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:
 - 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

	1.1.1	
KETCH PLAN	17171	
		<u> </u>
	ADD -	->
	18/4	
		Bendeneer Road.
	7	
	3	(A) 800 7966X
		(B) GBD 9210G.
	117171	(8) 402
	1 7 11 5	
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
	fle refer to Police	Report
	13 19	7
	No: T/20181123	12161:
	No. 1/30/8/1/23	/ 2181
ECLARATION		
We declare the foregoing par	ticulars are true in every respect.	n n
		April 26/11/18
	· ·	- A
olicyholder's Signature ate & Time:	Oriver's Signature (if driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:

Individual Statement



Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999 T/20181123/2161

2 of 3

Report No. T/20181123/2161

CONTINUATION OF REPORT

Driver		ED HAS		-	10/5	
Name	TAN YI JIANG	TAN YI JIANG		ID No.		S9719008I
Related Vehicle	GBD9210G (Van)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		charge NIL		
No. of Days granted Medical Leave		NIL	Degree of Injury NIL			
Driver	NEEDE NEEDE N					
Name	LEE TIAN CHECK			ID No		S0344330B
Related Vehicle	SJJ7966X (Car)			Conta	ct No.	97556365
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

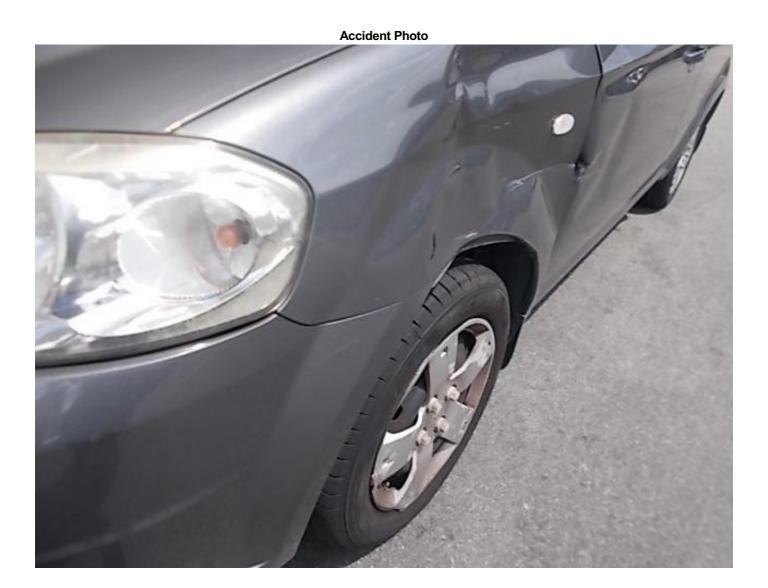
On the abovementioned date, time and place, I was driving along Upper Serangoon Road towards Bendemeer Road. While I was making the turn to Bendemeer Road, a vehicle from my left collided into my vehicle somewhere at the left front tyre area. I am not injured. I made a check and discovered that my front 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 infront of the police and left on my own way.





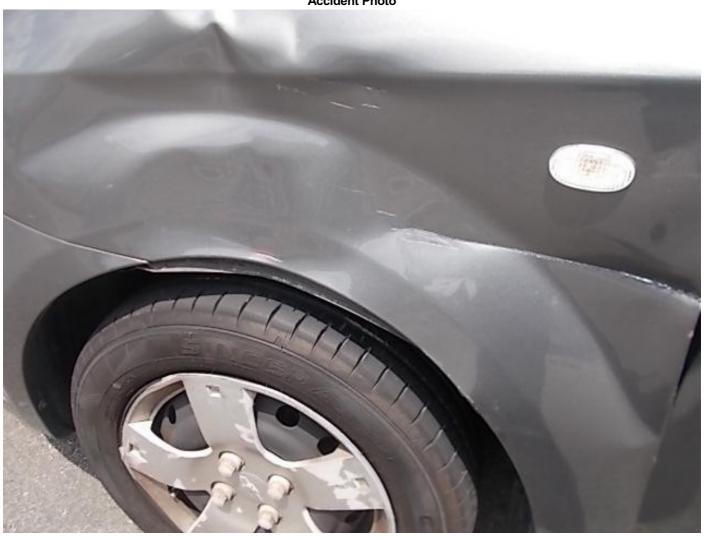






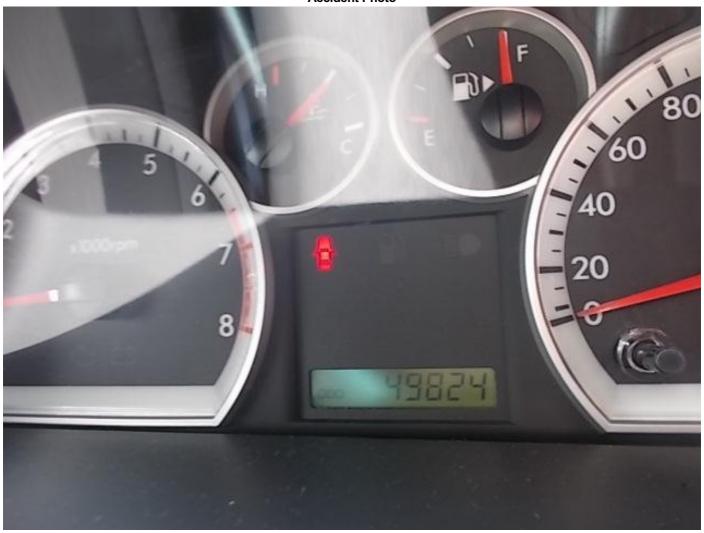














Police Report



T201611232161

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #05-281 SINGAPORE 521109 Tel No: 1800-7819989

t of 3 Report No. T/20181123/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 23/11/2018 21:27 Informant's Particulars Name of Informant LEE TIAN CHECK			Vide Report No.:	Station Diary No. 32	
			Address: APT BLK 117 TAMPINES STREET 11 #10-520 SINGAPOR 521117		
ID Type / ID No.: NRIC NO / S03443208 Netionality; SINGAPORE CITIZEN Sex. Age: Date of Birth; Male 82 01/01/1938		308	Contact No.: Home/Office: Mobile: 97556365 Email:		
		EN			
			Type of Informant Driver		
Race: Chinese			Language: Institution / School N		
Occupation: Company director			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/11/2018 16:3	Type of Location Flyover	
UPPER SERV BENDEMEER	Traveling Toward Road : ANGOON ROAD R ROAD				
Weather Drizzling		Road Surface: Wet		Road Speed Limit:	
ELECTRON CONTROL INC.		Traffic Control. Not Controlled		Traffic Volume: Heavy	
Type of Colls Between Mov	lon: ing Vehidlas - Side Swips	oa - Same Direction		Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	ived	Consultant and	The second second		A STATE OF THE PARTY
Vehicle No.	Account to the contract of the	Make	Model	Color	Condition	No of Passenger
GBD92103					Slightly Damaged	0
3.1.7988X	Car	CHEVROLET			Slightly Damaged	0

Details of Person Involved	TO THE PERSON NAMED IN COLUMN
Any Pedestrian Involved: No	
No. of Padastrians Injured: NIL	Use of Pedestrian Crossing; NA

Police Report



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



9.409

Report No. T/20181123/2161

CONTINUATION OF REPORT

Oriver		War in	Contract in	U.S. Control	-	Market Company
Name	TAN YI JIANG			ID No		897190081
Related Vehicle	G8D9210G (Van)			Conta	et No.	MIL
Hospital/Clinic	NIL			Class Drivin Licens Expire	g be δ;	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	narge	NIL.	
No. of Days granted Medical Leave		NIL	NIL Degree of Injury NIL			
Driver		Will Edge				
Name	LEE TIAN CHECK			ID No		S0344330B
Related Vehicle	SJJ7855X (Car)			Conta	et No.	97556385
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL.		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NBL	

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 some, however there was ambulance at some but no one was conveyed. The other vehicle did not have any damages on it.

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Police Report



Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-281 SINGAPORE 521109 Tel No: 1800-7819998

643		720	194	1

HORISTO III

30/3

Report No. T/2018/1123/2161

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 Informant:
Signature Of Interpreter. Not applicable	Date/Time: 23/11/2018 21:27
Officer in Charge Of Case TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247 Authentication Stamp	Classification Of Case: