## 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	03/12/2018 17:42
Date Of Accident	03/12/2018 10:30
Exact Location Of Accident	ALEXANDRA RD BESIDE 438 ALEXANDRA POINT BUILDING
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE6905A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	HOCKLEE2000@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94366632
Alternative Phone No	OFFICE-94366632
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00032/VCZ/R03
Cover Note Number	
Driver	

Name of Driver LEE LEONG HOCK NRIC No S8582082F Date Of Birth 06/12/1985 Occupation **OUTDOOR** 13/08/2008 **Date Of Driving Pass Driving Experience** 10 YEARS AND 3 MONTHS Gender MALE Mobile Number (LOCAL) +65-94366632 Fax Number

Contact Number OTHERS-94366632

EMail Address HOCKLEE2000@HOTMAIL.COM

Address BLK 932B HOUGANG AVENUE 9

#04-100

Postcode 532932

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 CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3
Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### **Circumstances of Accident**

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20181203/7013

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 YN6171E

Vehicle Make/Model/Colour ISUZU

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE
Name of Driver AZHAGESAN ARULVEL

NRIC/Passport Number G6640684P
Contact Number 98613524

Address Postcode

Insurance Company Name

Nature Of Damage

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SGX1181U

Vehicle Make/Model/Colour MERCEDES BENZ BLACK

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver MAK YOKE YING

NRIC/Passport Number S1366914G

**Contact Number** 

Address 36 JAMBOL PLACE

Postcode 119363

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name LEE LEONG HOCK

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? GBE6905A

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### **Accident Sketch Plan**

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Mangement Centre establised 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 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.
- 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (f) 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/mell packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposos")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' (awyers/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 lewyers/lew firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Pelcyheider's Signature (if driver is not the policyhalder) i Date

With Mind by Regarding Centre Parsonnel

A Time

Sketch Plan 4

B) GBE GOSA

B) YN 61711E

SGY 1181 W

## **Accident Sketch Plan**

Policy RAPORT 1/2018/1203/7013	ष्ट्र पा	ile driving anward along Ale	pandra Road, intront
Policy Philod (YNB171E) knock on we and push me to the from	Wele (SGX)	1814) break in sudden and I	I was break in time, suddon
Policy RAPORT 1/2018/1203/7013			
Bration	ehicle.		70 00
	Policy Rus	DEN 1/2018/103/7013	
	Walter Transport		
declare the foregoing particulars are true in every respect.		ulars are true in every respect.	
1 ( A GOLDE)	1) ( 4 GO	A V	/110

## **POLICE REPORT**





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20181203/7013

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2018 21:47		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partici	ulars			
Name of Informant: LEE LEONG HOCK			Address: APT BLK 26 JALAN BERSEH #03-160 SINGAPORE 200026		
ID Type / ID No.: NRIC NO / S8582082F			Contact No.: Home/Office: Mobile: 94366632		
Nationality: MALAYSIAN			Email: hocklee2000@hotmail.com		
Sex: Age: Date of Birth; Male 32 06/12/1985			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: MARKET DEVELOPER		PER	Driving Licence Information: Class: 2B,3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2018 10:05	Type of Location Straight Road
Location: ALEXANDRA Weather:	ROAD	Road Surface:		Road Speed Limit:
01-		Detri	11	EO Van /h
Clear		Dry		50 Km/h
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE6905A	Van	FIAT	Doblo+Maxi	White	Seriously Damaged	111111111111111111111111111111111111111
SGX1181U	Car	MERCEDES BENZ	A180	Black	Slightly Damaged	0
YN6171E	Lorry	ISUZU	Rewaro	White	Slightly Damaged	0

### POLICE REPORT



T/20181203/7013

2 of 3

Report No. T/20181203/7013

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian Ir						
No. of Pedestrian	s Injured: NIL		Use of Pe	edestrian	Cross	ing: NA
Driver						HEALES EN
Name	LEE LEONG HOCK	LEE LEONG HOCK		ID No.		S8582082F
Related Vehicle	GBE6905A (Van)			Conta	ct No.	94366632
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		L	Class Drivin Licens Expire	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/12/2018 Date Dis		Date Dis	charge	03/12	2/2018
No. of Days granted Medical Leave 05		05	Degree o	of Injury	Serio	us

Brief Details.

On 3rd December 2018, at around 10.05am, I was driving my vehicle, bearing registration no. plate GBE6905A, on the second lane along Alexandra Road, towards Jalan Bukit Merah. When I reached the part outside 438 Alexandra Road, I pulled my vehicle to a stop behind the vehicle in front, due to traffic building up before us. Suddenly, I heard aloud collision from my rear, and the impact caused my vehicle to surge forward, causing my vehicle to hit the vehicle in front, resulting in a 3 cars chain collision. I got down and realised that another vehicle, bearing vehicle no. plate YN6171E, has rear-ended my vehicle causing my vehicle to hit the front vehicle, plated SGX1181U. After the accident, I felt some pain and discomfort at my neck and back area and it persisted. Hence, I went over to Mount Alvernia Hospital in the evening to seek immediate medical attention and was awarded with 5 days of medical leave from 3/12/18 to 7/12/18. I am making this report for insurance claim purposes.

## **POLICE REPORT**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20181203/7013

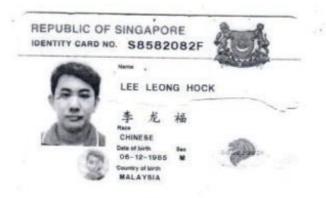
### CONTINUATION OF REPORT

50	100		n.		-	n
Sk	1551	(8.4)			ю	
-			٠.	-	-	٠,

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2018 21:47
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp	



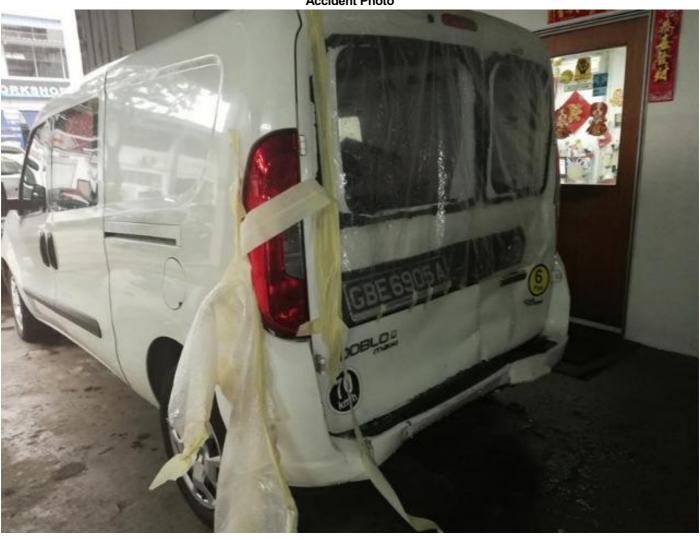


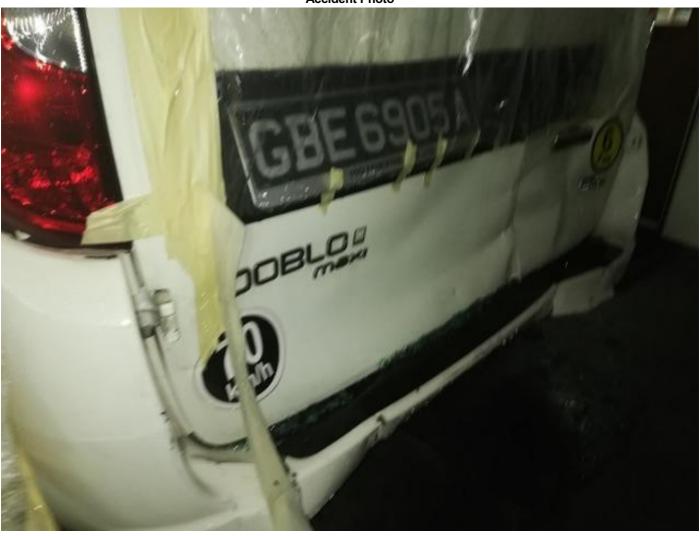






















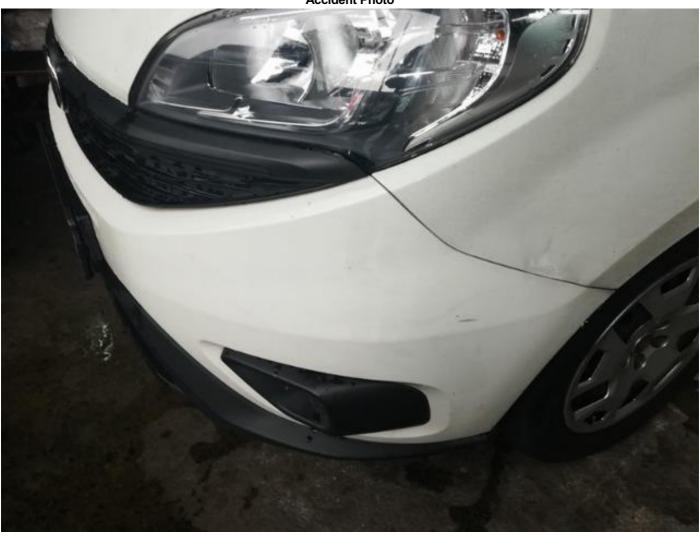














**Accident Photo** 









