

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	07/12/2018 10:34
Date Of Accident	06/12/2018 15:15
Exact Location Of Accident	ARAB STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3950C
Insured/Policyholder	
Name Of Registered Owner	LEE CHENG LEONG
NRIC No	S1737002B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85187547
Alternative Phone No	OTHERS-85187547

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-007652
Cover Note Number	

Driver

Name of Driver	LEE CHENG LEONG
NRIC No	S1737002B
Date Of Birth	17/06/1966
Occupation	INDOOR
Date Of Driving Pass	20/11/1991
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85187547
Fax Number	
Contact Number	OTHERS-85187547
Email Address	NOEMAIL

Address	BLK 65 TELOK BLANGAH DRIVE #07-170
Postcode	100065
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181206/2145

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK3717P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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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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:

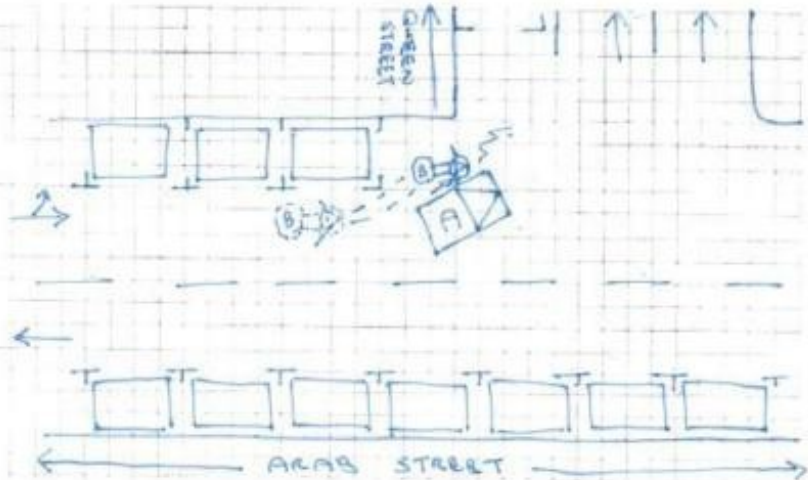
 07/12/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

VEHICLE A
- SMF 3950C

VEHICLE B
- FBK 3717 P



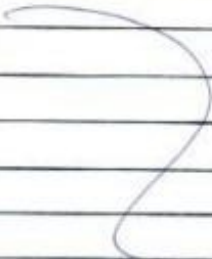
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NUMBER
T/20181206/2145

VEHICLE A
- SMF 39506

VEHICLE B
- EBK 3717P



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**



T/20181206/2145

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20181206/2145

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF3950C	EQ INSURANCE COMPANY LTD.	DMPPHQ18-007652	08/11/2018	07/11/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE CHENG LEONG		ID No. S1737002B
Related Vehicle	SMF3950C (Car)		Contact No. 85187547
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave		NIL	Degree of Injury NIL

Brief Details.

On 6th December 2018 at about 1520hrs, I was driving my car Hyundai Elantra White SMF3950C along Arab Street in the direction of Rochor Canal Road. Weather was clear, road surface was dry. I was alone in my car.

Upon reaching a left-turn junction, I signaled left and subsequently made a left turn towards Queen Street. Suddenly, a motorcycle (FBK3717P) rode past me on the left of my car, with the intention to overtake my car and go straight towards Rochor Canal Road. I had no time to swerve and avoid him as such, when the motorcycle tried to overtake my car on the left, it brushed against the sides of the front left of my car. The motorcycle wobbled before both the rider and motorcycle fell onto the road a few metres in front of my car.

I immediately alighted and with other passersby, assisted the rider to the side of the road. His motorcycle was already at the side of the road. Traffic Police and ambulance came a while later and the rider was subsequently conveyed by the ambulance to the hospital. I didn't managed to get the particulars of the rider as he was injured due to the fall. I took photos of the accident scene and subsequently left after the TP officer told me I could continue my journey.

I wish to state that I have both front and rear facing in-car camera and both were recording at the moment of impact. I also have saved video footages of the accident recorded by my in-car cameras. I am not injured.

That is all.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181206/2145

Police Station Of Origin:
Eurois NPP
529 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No: T/20181206/2145

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2018 17:50		Vide Report No.: A/20181206/0099		Station Diary No.: 38	
Informant's Particulars					
Name of Informant: LEE CHENG LEONG			Address: APT BLK 85 TELOK BLANGAH DRIVE #07-170 SINGAPORE 100085		
ID Type / ID No: NRIC NO / S1737002B			Contact No.: Home/Office: Mobile: 85187547		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 17/06/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2018 15:20	Type of Location: T-Junction
Location: Along Road 1 ARAB STREET QUEEN STREET At the junction of Arab Street and Queen Street. Lamp Post Number: 16				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBK3717P	Motorcycle	YAMAHA	TMAX 530 CVT ABS	Grey	Slightly Damaged	1
SMF3850C	Car	HYUNDAI	ELANTRA AD 1.8 GLS AT (AMS)	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20181206/2145

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Related Vehicle	SMF3950C (Car)	Contact No.	85187547
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B.3.4 Date of Expiry: NIL
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No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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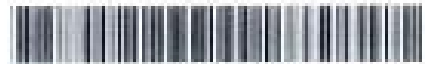
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Police Report



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T/20181206/2145

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SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20181206/2145

CONTINUATION OF REPORT

Police Report



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T/2018/2062145

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Eunos NPP
829 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

4 of 4

Report No: T/2018/2062145

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 65474895 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 NUR 'ASRI BIN AGUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/12/2018 17:50

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 85476214

Classification Of Case:

Authentication Stamp

NP100

Identification Card

