

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 15:11
Date Of Accident	06/12/2018 17:45
Exact Location Of Accident	PIE TOWARDS TUAS NEAR BEDOK NORTH AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD4115G
Insured/Policyholder	
Name Of Registered Owner	LEE WAH CHEE
NRIC No	S7189302B
Email Address	KYM.ER7181@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91433348
Alternative Phone No	OTHERS-91433348

Vehicle Particulars

Manufacturer	HONDA
Model	CBR150R-150CC
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5100420929
Cover Note Number	

Driver

Name of Driver	LEE WAH CHEE
NRIC No	S7189302B
Date Of Birth	09/12/1971
Occupation	INDOOR
Date Of Driving Pass	19/01/2002
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91433348
Fax Number	
Contact Number	OTHERS-91433348
Email Address	KYM.ER7181@GMAIL.COM

Address	BLK 226 LORONG 8 TOA PAYOH #09-116
Postcode	310226
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181207/2071

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	SLQ3065L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81838119
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB8015A

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)

DETAILS OF INJURED PERSON 1

Name LEE WAH CHEE

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBD4115G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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: 7.12.2018
2:30 pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

07/12/2018

Rep. Khatib

Accident Sketch Plan

SKETCH PLAN

P1E TOWARDS TUAS NEAR BEDOK NORTH AVENUE 3

- A) FBD 4115G
- B) SLQ 3065L
- C) SHB 8015A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/2018/201/2071

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181207/2071

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20181207/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2018 13:32		Vide Report No.:		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: LEE WAH CHEE			Address: APT BLK 226 LORONG 8 TOA PAYOH #09-116 SINGAPORE 310226		
ID Type / ID No.: NRIC NO / S7189302B			Contact No.: Home/Office:		Mobile: 91433348
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 46	Date of Birth: 09/12/1971	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Automation technician			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2018 05:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY NEAR BEDOK AVENUE 3				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD4115G	Motorcycle	HONDA	CBR 150R M	Blue	Seriously Damaged	0
SHB8015A	Car					0
SLQ3065L	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181207/2071

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20181207/2071

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD4115G	NTUC Income Insurance Co-Operative Limited	5100420929	03/05/2018	02/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEE WAH CHEE	ID No.	S7189302B
Related Vehicle	FBD4115G (Motorcycle)	Contact No.	91433348
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/12/2018	Date Discharge	07/12/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the 06/12/2018 at about 0545hrs, I was riding along PIE towards Tuas near Bedok Avenue 3 using my motorcycle FBD4115G. The weather was clear but however the floor was wet. I was riding on the 2nd lane. Suddenly, one vehicle SLQ3065L on the first lane swerved towards the left without signaling. I did an emergency brake to avoid collision. But however, my motorbike skidded and hit onto one taxi vehicle SHB8015A. There was no ambulance or police that came down. The vehicle owner came down to check on me and I only managed to get his contact number, 81838119. I then rode my motorbike down to Tan Tock Seng hospital for check up and was warded for a night and given 7 days MC. I suffered injuries on my neck, shoulder and thigh area. My motorcycle suffered damages as well.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181207/2071

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20181207/2071

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: D / Sgt 2 DAMIEN LEONG JUN SIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2018 13:32
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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.: M400017733

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 : MINA418158366 Vehicle Registration No: FBD4115G
Name (as shown in NRIC) : LEE WAH CHIA NRIC/FIN/Passport No : S7189302B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91433288
Email Address : _____
Date of Accident : 06/12/2018 Time of Accident : 17:45
Place of Accident : PKE TOWARDS TAR LKAR BRIDGE NORTH AVENUE 3
Insurance Company : NZUC

(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:

TIP VEHICLE NUMBER for 70 SQ 3065 L ON SKANCA PLAN

Policyholder / Driver's Signature
Date:

18/12/2018
Reporting Centre Personnel's Signature
Name: Preshi Latha
NRIC/FIN No.: _____
Date: