

## 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	05/01/2019 17:09
Date Of Accident	03/01/2019 17:10
Exact Location Of Accident	SLIP RD FROM UPPER BUKIT TIMAH RD & DAIRY FARM RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR1865C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HWEE KHOON
NRIC No	S8032415D
Email Address	JOHNNYLEE9680@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88260906
Alternative Phone No	OTHERS-88260906

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 (A)
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00503260
Cover Note Number	

### Driver

Name of Driver	LEE CHEE SIONG, JOHNNY (LI ZHIXIONG, JOHNNY)
NRIC No	S8017060B
Date Of Birth	09/06/1980
Occupation	INDOOR
Date Of Driving Pass	14/10/2002
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88260906
Fax Number	
Contact Number	
Email Address	JOHNNYLEE9680@GMAIL.COM

Address	11 SENGKANG SQUARE #11-25 SINGAPORE
Postcode	545076
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 SINGAPORE , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800 - 3438999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT1592C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HARGOBIND SINGH
NRIC/Passport Number	S8600338D
Contact Number	90294913
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LEE CHEE SIONG, JOHNNY (LI ZHIXIONG, JOHNNY)
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	SLR1865C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**SKETCH PLAN**

**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. 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.:

Y.

D. O. A : 03. 01. 2019 @ 17: 09 Hrs

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the above mentioned date time and location I was


Year	2014	2015	2016

Page 5 of 17

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190104/2141

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20190104/2141

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2019 20:00	Vide Report No.:	Station Diary No.: 154
--	------------------	---------------------------

### Informant's Particulars

Name of Informant: LEE CHEE SIONG, JOHNNY	Address: 11 SENGKANG SQUARE #11-25 SINGAPORE 545076		
ID Type / ID No.: NRIC NO / S8017060B	Contact No.: Home/Office: Mobile: 98797827		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 38	Date of Birth: 09/06/1980	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: SAF REGULAR	Driving Licence Information: Class: 3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/01/2019 17:10	Type of Location: T-Junction
Location: Along Road 1 UPPER BUKIT TIMAH ROAD  SLIP ROAD TOWARDS DAIRY FARM ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
SJT1592C	Car	CHEVROLET	CRUZE 1.8L MANUAL ABS D/AB 2WD 4DR	Grey	Slightly Damaged	0
SLR1865C	Car	HONDA	SHUTTLE 1.5G CVT	White	Slightly Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL		

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190104/2141

2 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20190104/2141

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	HARGOBIND SINGH	ID No.	S8600338D
Related Vehicle	SJT1592C (Car)	Contact No.	90294913
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
<b>Driver</b>			
Name	LEE CHEE SIONG, JOHNNY	ID No.	S8017060B
Related Vehicle	SLR1865C (Car)	Contact No.	<del>98797827</del> 88260906
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/01/2019	Date Discharge	04/01/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

### Brief Details.

On the 03/01/2019 at about 1710hrs, I was driving my vehicle, SLR1865C along Upper Bukit Timah Road. As I was approaching the Upper Bukit Timah Road turning to Dairy Farm Road, I then slowed down and came to a stop. As I was stationary, I suddenly felt an impact from the rear. I then made a check on rear view mirror and noticed that there was a car SJT1592C already hit against my rear bumper. The impact has caused a dent to my rear bumper and damaged to the rear door.

This morning I started to feel strain on my neck area due to the accident as such I proceed for a medical check up and was given 2 days of MC.





**SINGAPORE  
POLICE FORCE**



T/20190104/2141

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20190104/2141

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:  
F/  
Sgt 2 MUHAMMAD FAIRUZ ZAMEEN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/01/2019 20:00

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

Signature

SN 085

Online Form



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

