

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	15/01/2019 09:38
Date Of Accident	14/11/2018 08:10
Exact Location Of Accident	WOODLANDS DR 70 BESIDE CARPARK ENTRANCE BLK 709A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2191D
Insured/Policyholder	
Name Of Registered Owner	EXPRESS LEAD PTE.LTD.
Co Reg No	201325405E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-003568
Cover Note Number	

Driver

Name of Driver	LEE JIAN JIE
NRIC No	S9728065G
Date Of Birth	24/08/1997
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98301911
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 717A WOODLANDS DRIVE 70 #09-04
Postcode	731717
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 (including own vehicle) involved in the accident	2
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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , 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/20181114/2029

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	FBC695E
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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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.



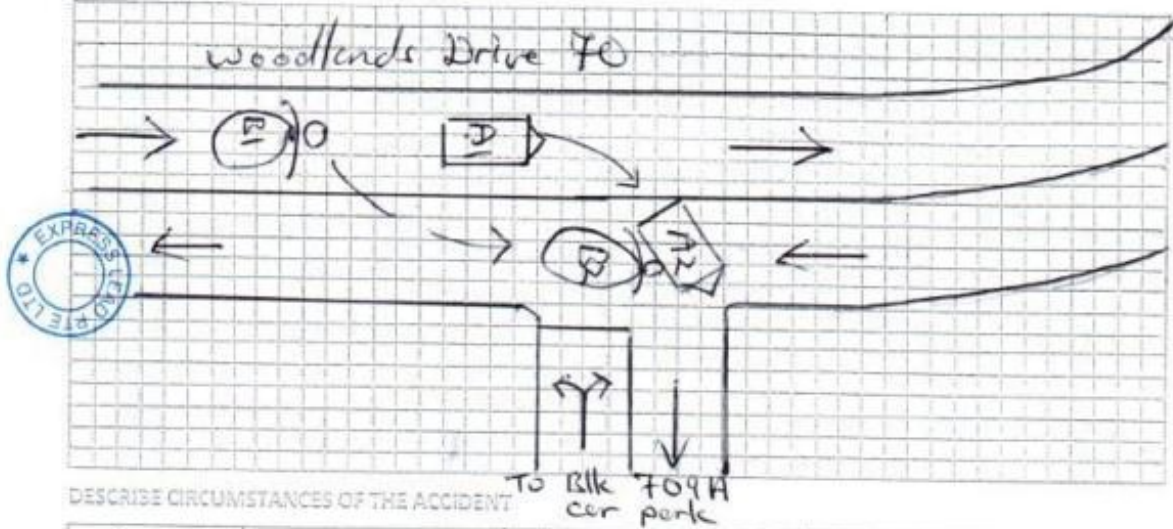
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occur on 14/11/2018 at about 0810 hrs at along Woodlands Drive 70 beside carpark entrance of Blk 709 A.

On the even date at about 1030 hrs, Police Report was made due to Traffic Police and ambulance was at scene.

Attached: (Refer to Police Report no: T/20181114/2029).

Making this report and submitting a 3rd Party claim was because my own Insurance EQ informed us that a claim had made against us and was told to make a report.

(A) GBC 2191 D

(B) FBC 695 E

Note: Please note that your Insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/We declare that 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/PN No.:

Shyam 15/01/19

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181114/2029

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20181114/2029

CONTINUATION OF REPORT

Driver			
Name	LEE JIAN JIE	ID No.	S9728065G
Related Vehicle	GBC2191D (Lorry)	Contact No.	98301911
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the driver of vehicle registration no. GBC2191D.

On 14/11/2018 at about 0808hrs, my vehicle was travelling straight along Woodlands Drive 70 (towards Woodlands Ave 7). Vehicle FBC695E was travelling behind my vehicle some distance away.

I signalled right, checked my mirrors and blind spot as I wanted to make a right turn into Blk 709A. I was travelling at about 15km/h at the time. I did not see any vehicle when I checked my mirrors and blind spot and opposite direction was also clear. Hence, I made the right turn into said carpark.

While turning right, the front of vehicle FBC695E collided with the right side driver door of my vehicle.

As a result of the impact, the right side driver seat door of my vehicle was dented and scratched.

I stopped my vehicle to check on rider and pillion of vehicle FBC695E. As they appeared injured, I called for ambulance. I was not injured.

Traffic Police and ambulance was at scene. I do not have any in-vehicle camera installed.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



MENG HUI & SONS CO.
Tel: 6748 3716 H/P: 9669 6474

Chassis No : FF708RA-0000

Unladen Wt : 1000 Kg

Max Laden Wt : 3320 Kg

Passenger Cap : 12

Size : (F) 185/175R15
(R) 185/175R150

Police Report



**SINGAPORE
POLICE FORCE**



T/20181114/0076

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737690
Tel No: 1800-7679999

1 of 3

Report No: T/20181114/0076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2018 10:30		Video Report No.: J/20181114/0076		Station Diary No.: 40
Informant's Particulars				
Name of Informant: LEE JIAN JIE		Address: APT BLK 717A WOODLANDS DRIVE 70 #09-04 SINGAPORE 731717		
ID Type / ID No.: NRIC NO / S9728055G		Contact No. Home/Office: Mobile: 98301911		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 21	Date of Birth: 24/08/1997	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: LOGISTICS DELIVERY		Driving Licence Information: Class		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Driver: No	Date/Time of Accident: 14/11/2018 08:10	Type of Location:
Location: Along Road 1 WOODLANDS DRIVE 70 JUNCTION OF CARPARK ENTRANCE/EXIT OF BLOCK 709A, L/P 3				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
FBC695E	Motorcycle	BAJAJ CHETAK	PULSAR DTS-I 180 MANUAL	Black	Slightly Damaged	1
GBC2191D	Lorry	MITSUBISHI	FB70BB1SR DEA	White	Slightly Damaged	0

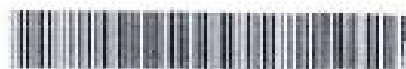
Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181114/029

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20181114/029

CONTINUATION OF REPORT

Driver			
Name	LEE JIAN JIE	ID No.	S9728055G
Related Vehicle	GBC2191D (Lorry)	Contact No.	98301911
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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I stopped my vehicle to check on rider and pillion of vehicle FBC695E. As they appeared injured, I called for ambulance. I was not injured.

Traffic Police and ambulance was at scene. I do not have any in-vehicle camera installed.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181114/2029

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679889

3 of 3

Report No: T/20181114/2029

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:

J /

Sgt 2 LEONG JIA SHENG, KENNETH

SN 130

NOT APPLICABLE
LEONG

Signature Of Interpreter:

Not applicable

Police Force

Signature Of Informant:

Date/Time:

14/11/2018 10:30

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No: 65476358

Authentication Stamp

NP158

Classification Of Case:

Identification Card

DRIVER

GBC 2191D



Driving License

DRIVER
GBC 2191D

