

## 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	26/01/2019 10:25
Date Of Accident	26/01/2019 00:30
Exact Location Of Accident	TANJONG KATONG ROAD INFRT OF KINEX MALL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS2011L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE CHONG KAI RIORDAN
NRIC No	S9445694J
Email Address	RIORDANNLEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81269045
Alternative Phone No	OTHERS-81269045

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 (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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097163299
Cover Note Number	08/01/2018 - 31/01/2019

### Driver

Name of Driver	LEE CHONG KAI RIORDAN
NRIC No	S9445694J
Date Of Birth	01/12/1994
Occupation	INDOOR
Date Of Driving Pass	10/09/2013
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81269045
Fax Number	
Contact Number	OTHERS-81269045
EMail Address	RIORDANNLEE@GMAIL.COM

Address	BLK 189C RIVERVALE DRIVE #12-1000
Postcode	543189
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 - 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)	2
Passenger 1	NAME: : HING HUAN KAI GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

TO REFER TO ATTACHED POLICE REPORT (T/20190126/2036)

#### 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	SJZ8993B
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	FRONT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	HUANG KING CHUNG
NRIC/Passport Number	S6875610C
Contact Number	97839627
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	LEE CHONG KAI RIORDAN
Approximate Age	
Injuries Sustain	CHEST
Injured person in which vehicle?	SJS2011L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 189C RIVERVALE DRIVE #12-1000
Postcode	543189

**DETAILS OF INJURED PERSON 2**

Name	HING HUAN KAI
Approximate Age	
Injuries Sustain	CHEST
Injured person in which vehicle?	SJS2011L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT

Date: 1/26/2019

Vehicle No: 5J52011C

Make Model: HICIVIC

Report Date: 1/26/2019 Start Time: 10:33 AM

Reporting Type: TP End Time:

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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' 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 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 reasonable required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, law or court orders.

Policyholder's Signature  
Date & Time:

1/26/2019 10:32

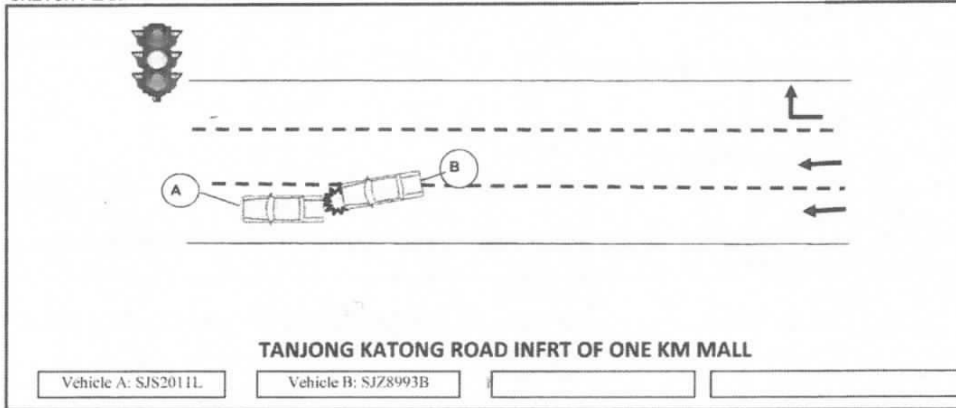
Driver's Signature (If driver is not the policyholder)  
Date & Time:

1/26/2019 10:32

Reporting Centre Personnel's Signature  
Name: Chan Jun Liang  
NRIC/ Fin No: S990765

Sketch Plan Pg. 2


SKETCH PLAN



TO REFER TO ATTACHED POLICE REPORT (T/20190126/2036)

DECLARATION

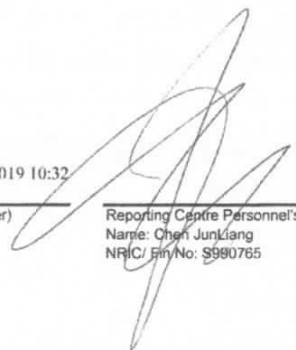
I/We declare the foregoing particulars are true in every respect.

  
1/26/2019 10:32

Policyholder's Signature  
Date & Time:

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

1/26/2019 10:32

  
Reporting Centre Personnel's Signature  
Name: Chen Junliang  
NRIC/ Fin No: S990765

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190126/2036

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

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Report No. T/20190126/2036

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2019 09:48	Vide Report No.:	Station Diary No.: 32
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## Informant's Particulars

Name of Informant: LEE CHONG KAI RIORDAN			Address: APT BLK 189C RIVERVALE DRIVE #12-1000 SINGAPORE 543189	
ID Type / ID No.: NRIC NO / S9445694J			Contact No.: Home/Office: Mobile: 81269045	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 24	Date of Birth: 01/12/1994	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Student			Driving Licence Information: Class: Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2019 00:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TANJONG KATONG ROAD TANJONG KATONG ROAD SOUTH In front of One KM Mall				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SJS2011L	Car	HONDA	HONDA CIVIC 1.8L 5AT	Black	Slightly Damaged	1
SJZ8993B	Car				Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20190126/2036

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

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Report No. T/20190126/2036

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS2011L	NTUC Income Insurance Co-Operative Limited	5097163299	08/01/2018	31/01/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	Hing Huan Kai	ID No.	S9427257B	
Related Vehicle	SJS2011L (Car)	Contact No.	90307457	
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	26/01/2019	Date Discharge	26/01/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	LEE CHONG KAI RIORDAN	ID No.	S9445694J	
Related Vehicle	SJS2011L (Car)	Contact No.	81269045	
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	26/01/2019	Date Discharge	26/01/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	Huang King Chung	ID No.	S6875610C	
Related Vehicle	SJZ8993B (Car)	Contact No.	97839627	
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	



SINGAPORE  
POLICE FORCE



T/20190126/2036

Police Station Of Origin:  
Sengkang N.P.C  
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545025  
Tel No: 1800-343 8999

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Report No. T/20190126/2036

CONTINUATION OF REPORT

**Brief Details.**

On 26/1/2019 at about 0030hours, I was driving (SJS2011L) along the extreme left lane of Tanjong Katong road. As I approach the X-junction of Tanjong Katong Road and Geylang Road, the lights were red and I was the second vehicle stopped stationary waiting for the traffic lights. About 10 seconds later, I suddenly felt a strong impact from the right rear of my vehicle. I managed to jam hard on my brakes and did not collide on to the vehicle in front of me. I then alight and found out that a vehicle (SJZ8993B) has collided onto the rear right of my vehicle. We then exchanged particulars and went off. After awhile, I felt pain at my chest area and I went to Central 24HR Clinic (Hougang) and received 3 days of MC from 26/1/2019-28/1/2019.



**SINGAPORE  
POLICE FORCE**



T/20190126/2036

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Report No. T/20190126/2036

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

**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 1 RAY ONG YONG AN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/01/2019 09:48

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

Authentication Stamp  
NP168

SN 085

