

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	25/02/2019 16:56
Date Of Accident	25/02/2019 07:50
Exact Location Of Accident	ALONG MACPHERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV4321M
Insured/Policyholder	
Name Of Registered Owner	AMOS LEE KOK KEONG
NRIC No	S7336228H
Email Address	LEEAMOS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98555581
Alternative Phone No	OFFICE-98555581

Vehicle Particulars

Manufacturer	BMW
Model	530I LED NAV
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-008141
Cover Note Number	

Driver

Name of Driver	AMOS LEE KOK KEONG
NRIC No	S7336228H
Date Of Birth	21/10/1973
Occupation	INDOOR
Date Of Driving Pass	13/07/1993
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98555581
Fax Number	
Contact Number	OFFICE-98555581
E-Mail Address	LEEAMOS@GMAIL.COM

Address	NIL
Postcode	
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 (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 [OTHER]	TRAFFIC POLICE
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190225/2037 LODGED AT TRAFFIC POLICE. ON THE ABOVE MENTIONED DATE TIME AND LOCATION. I WAS TRAVELLING ALONG SERANGOON ROAD. WHILST TRAVELLING, MY STOMACH SUDDENLY START TO FEEL PAINFUL. (I DO NOT HAVE ANY MEDICAL ILLNESS PRIOR TO THIS ACCIDENT). MY VEHICLE THEN COLLIDED ONTO THE SIDE OF THE OTHER INVOLVED VEHICLE. THE MOMENTUM THEN THRUST MY VEHICLE AHEAD TOWARDS THE PARAPET AND THEN FORCES MY VEHICLE TO VEERED ONTO THE LEFT. EVENTUALLY MOUNTING ON TO THE ROAD CURB AND ONTO THE BUSHES. THE OTHER INVOLVED VEHICLE NUMBER IS SCM3600U.

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	SCM3600U
Vehicle Make/Model/Colour	TOYOTA/LEXUS NX200T LUXURY S/R
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE JENN BANG
NRIC/Passport Number	S1483045F
Contact Number	97573600
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

Sketch Plan



1. Please report correctly the details of the accident to speed up the claims process.
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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.

(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 based outside of Singapore, for one or more of the above Purposes.

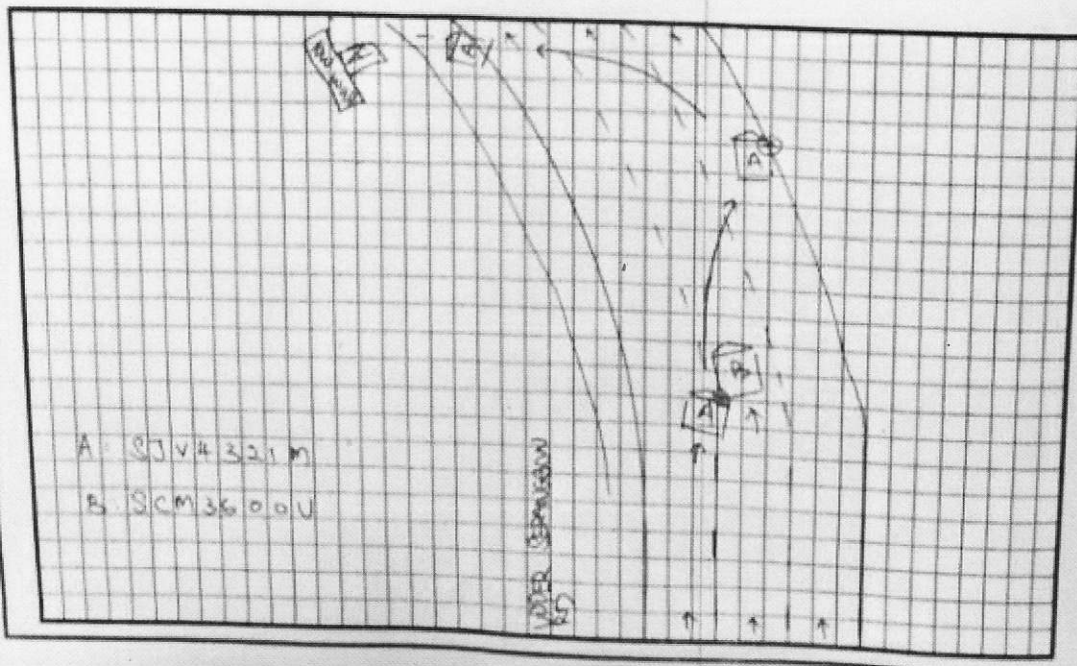
**VERIFIED BY AJAX MARS
REPORTING OFFICER
JUN KEAT**

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel

Sketch Plan



Police Report



**SINGAPORE
POLICE FORCE**



T/20190225/2037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190225/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2019 10:56		Vide Report No.: E/20190225/0036		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE KOK KEONG			Address: 1 LEICESTER ROAD #09-06 ONE LEICESTER SINGAPORE 358828		
ID Type / ID No.: NRIC NO / S7336228H			Contact No.: Home/Office: Mobile: 98555581		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 21/10/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DIRECTOR RESOURCES			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/02/2019 00:00	Type of Location: JUNCTION
Location: Along Road 1 MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: SIDE SWIPE				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDM3600U	Car	TOYOTA	LEXUS NX200T LUXURY S/R	Silver	Slightly Damaged	0
SJN4921M	Car	BMW	530i LED NAV	Silver	Slightly Damaged	0

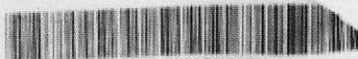
Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20190225/2037

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Report No. T/20190225/2037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV4321M	EQ INSURANCE COMPANY LTD.	DMPPHQ18-008141	30/11/2018	29/11/2019

Brief Details.

On the above mentioned date time and location

I was travelling along upper serangoon road. Whilst travelling, my stomach suddenly start to feel painful. (I do not have any medical illness prior to this accident). My vehicle then collided onto the side of the other involved vehicle. The momentum then thrust my vehicle ahead towards the parapet and then forces my vehicle to veered onto the left. Eventually mounting on to the road curb and onto the bushes. The other involved Vehicle number is SCM3600U

Police Report



SINGAPORE
POLICE FORCE



T/20190225/2037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190225/2037

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:

TP /
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/02/2019 10:56

Officer In Charge Of Case:

TP /
Sgt HASHIM HITE AZMAN
Contact No: 65476210

Classification Of Case:

SINGAPORE
POLICE FORCE

Authorised Stamp

Signature