

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	22/03/2019 16:01
Date Of Accident	03/03/2019 12:30
Exact Location Of Accident	EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL7647U
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Insured/Policyholder

Name Of Registered Owner	ALSECURE INTERNATIONAL PTE LTD
Co Reg No	200412189W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96662858

Vehicle Particulars

Manufacturer	MINI
Model	COOPER
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	LEE CHOON FATT
NRIC No	S0039136J
Date Of Birth	06/08/1950
Occupation	INDOOR
Date Of Driving Pass	21/07/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96662858
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	124 LORONG K TELOK KURAU
Postcode	425764
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	COLLISION - CHANGE/CROSS LANE
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	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	UNKNOWN
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)

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:
22/3/2019


Driver's Signature
(If driver is not the policyholder)
Date & Time:
22/3/2019


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

Sketch Plan #2



SKETCH PLAN

Vehicle

A -

B -

Legend

	
Vehicle	Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insured may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:



**SINGAPORE
POLICE FORCE**



T/20190322/2034

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20190322/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2019 10:23		Vide Report No.:		Station Diary No.: 12
Informant's Particulars				
Name of Informant: LEE CHOON FATT		Address: 124 LORONG K TELOK KURAU SINGAPORE 425764		
ID Type / ID No.: NRIC NO / S0039136J		Contact No.: Home/Office: Mobile: 96662858		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 68	Date of Birth: 06/08/1950	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: TECHNICAL CONSULTANT		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2019 12:30	Type of Location:
Location: Along Road 1 EAST COAST ROAD before junction with Joo Chiat Rd (Marine Dr)				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKL7647U	Car				No Damage	0

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



**SINGAPORE
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T/20190322/2034

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

2 of 3

Report No. T/20190322/2034

CONTINUATION OF REPORT

Driver			
Name	LEE CHOON FATT	ID No.	S0039136J
Related Vehicle	SKL7647U (Car)	Contact No.	96662858
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

Brief Details.

My company received a letter from the Traffic Police dated 19/3/2019 for an alleged accident involving my company's car SKL7647U on 3/3/2019 along East Coast Rd at about 12.15 pm. I remember driving along East Coast Rd (towards Mountbatten) and just before the junction of Joo Chiat Rd, there was an enforcement motorcycle/scooter parked (on main stand) on the left. The officer had gone in front towards other cars parked there. I changed lanes to the right away from the motorcycle and changed back to the left. After that I saw the motorcycle fall to its left however I didn't hear anything while passing by or after that. I drove on and turned left onto Joo Chiat Rd. I didn't even stop or wind down my window as I didn't think it was caused by me.

My company had also received a letter from the other vehicle's insurance company in early March but I didn't respond as I didn't cause the accident. My employer had called them to check and was told that I had even quarrelled with the enforcement officer however I did no such thing. a check on my in-car camera app showed that it wasn't connected.



**SINGAPORE
POLICE FORCE**



T/20190322/2034

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

Report No. T/20190322/2034

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:
G /
Staff Sgt SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE

Signature Of Informant:

[Handwritten Signature]
22/3/2019

Signature Of Interpreter:
Not applicable

Date/Time:
22/03/2019 10:23

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

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

[Handwritten Signature]
SIGNATURE

Driver IC & LIC Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Lee Choon Fatt

License Number: **S0039136J**

Name: **LEE CHOON FATT**

Birth Date: **06 Aug 1950**

Issue Date: **26 Apr 2004**

Barcode: **001204675F**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0039136J**

Portrait photo of Lee Choon Fatt

Name: **LEE CHOON FATT**

李俊發

Race: **CHINESE**

Date of birth: **06-08-1950**

Sex: **M**

Country/Place of birth: **SINGAPORE**

NRIC No. **S0039136J**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **21-Jul-1976**

NP 428A

Barcode: **S0039136J**

5915672

Barcode

NRIC No. **S0039136J**

Portrait photo of Lee Choon Fatt

Date of issue: **16-04-2018**

Address: **124 LORONG K TELOK KURAU
SINGAPORE 425764**

Accident Photo



Accident Photo



Accident Photo



Accident Photo





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: S665500206 / GST Reg. No.: M400017735

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 : MPA219037CB9. Vehicle Registration No: SKL7647 U.
Name (as shown in NRIC) : Lee Chuan Fatt. NRIC/FIN/Passport No : S0039136J.
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 96662858.
Email Address : _____
Date of Accident : 3/3/2019. Time of Accident : 1230 hrs.
Place of Accident : East Coast Rd.
Insurance Company: ALG.

(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:

Vehicle No should be. SKL7647 U.

f lm

Policyholder / Driver's Signature
Date:

PROGRESSIVE CAR CARE PTE LTD
Blk 3022A Ubi Road 1 # 01-45/46
Singapore 487116
Tel: 6741 5336 Fax: 6741 7208
Email: clients@progressivecarcare.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: