

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	06/04/2019 09:57
Date Of Accident	03/04/2019 13:30
Exact Location Of Accident	EXIT OF BLK 41 HOLLAND DRIVE OPEN SPACED CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2272T
Insured/Policyholder	
Name Of Registered Owner	SIN LEONG HING ALUMINIUM INDUSTRY
Co Reg No	23005400E
Email Address	LKT.MABEL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97505587
Alternative Phone No	OFFICE-97505587

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3011471801
Cover Note Number	

Driver

Name of Driver	LEE PENG CHYE
NRIC No	S1541887G
Date Of Birth	04/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	22/03/1985
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97505587
Fax Number	
Contact Number	OTHERS-97505587
Email Address	LKT.MABEL@GMAIL.COM

Address	BLK 18C HOLLAND DRIVE #34-437
Postcode	274018
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 - 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: : LEE PENG HWEE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190405/2207

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	SGL7172U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG HUAY HONG
NRIC/Passport Number	S1813218D
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE PENG CHYE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBE2272T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address
Postcode

DETAILS OF INJURED PERSON 2

Name LEE PENG HWEE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBE2272T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

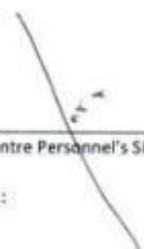
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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5. 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 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: 
SIN LEONG HING ALUMINIUM INDUSTRY

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

Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 614/2019

Sketch Plan #2

SKETCH PLAN

A = GBE 2272T
B = SGL 7172U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— pls Refer to the Police Report
T/20190405/2207

新加坡工業

DECLARATION We declare the foregoing particulars are true in every respect.

SIN LEONG TING ALUMINIUM INDUSTRIES

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.:

6/4/2019

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190405/2207

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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Report No. T/20190405/2207

CONTINUATION OF REPORT

Passenger			
Name	LEE PENG HWEE		ID No. S1429531C
Related Vehicle	GBE2272T (Lorry)		Contact No. NIL
Hospital/Clinic	ACCESS MEDICAL BEDOK SOUTH		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	05/04/2019		Date Discharge 05/04/2019
No. of Days granted Medical Leave	03		Degree of Injury Slight
Driver			
Name	LEE PENG CHYE		ID No. S1541887G
Related Vehicle	GBE2272T (Lorry)		Contact No. 97809888
Hospital/Clinic	ACCESS MEDICAL BEDOK SOUTH		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	05/04/2019		Date Discharge 05/04/2019
No. of Days granted Medical Leave	03		Degree of Injury Slight
Driver			
Name	ONG HUAY HONG		ID No. S1813218D
Related Vehicle	SGL7172U (Car)		Contact No. NIL
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.

On 03/04/2019 at about 1330hrs, I was driving lorry GBE2272T and my brother, namely Lee Peng Hwee, was my passenger. I was exiting open spaced carpark of Blk 41 Holland Dr car park and waiting for traffic to be clear to turn into Holland Dr when I felt an impact from the rear portion of the vehicle. I alighted from the vehicle and discovered one car SGL7172U front portion had collided to the rear portion of the lorry.

I exchanged particulars with the car driver and my brother and I had seen doctor and was given 3 days of MC each.

Sketch Plan #4

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1541887G**



Name
LEE PENG CHYE
李 炳 财

Race
CHINESE

Date of birth
04-08-1962

Sex
M

Country/Place of birth
SINGAPORE



6044206



NRIC No. **S1541887G**



Date of issue
15-10-2018

Address
**APT BLK 18C HOLLAND DRIVE
#34-437
SINGAPORE 274018**



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S1541887 G**

Name
LEE PENG CHYE

Birth Date **04 Aug 1962**
Expiry Date **15 Apr 2013**



002168507F

YOU ARE LICENSED TO DRIVE VEHICLES IN

FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	22 Mar 1985
Class 4	<ul style="list-style-type: none"> *Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg 	12 Sep 1990

NP 428A

License No: S1541857G

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



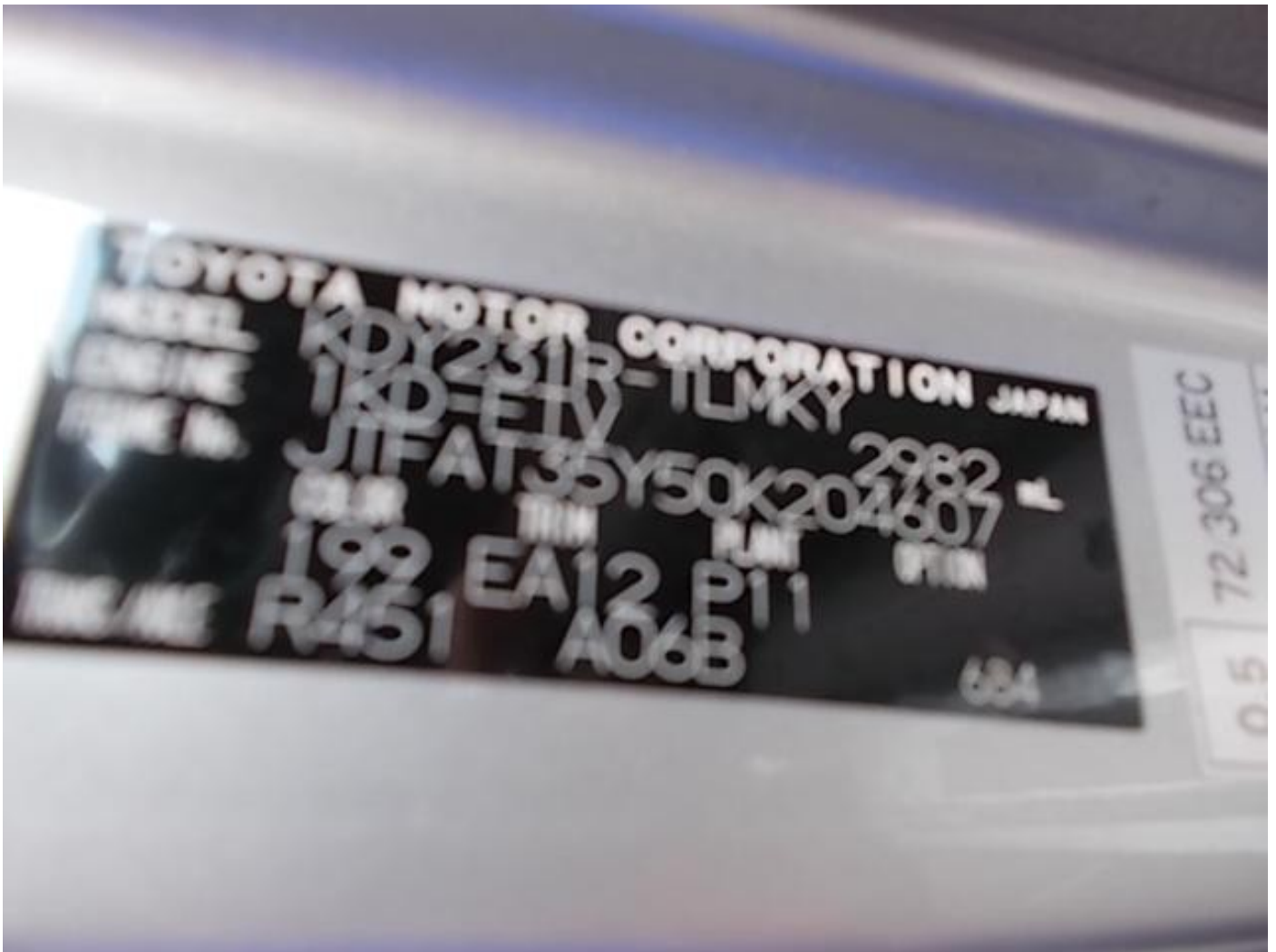
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190405/2207

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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Report No. T/20190405/2207

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2019 21:15	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars

Name of Informant: LEE PENG CHYE			Address: APT BLK 18C HOLLAND DRIVE #34-437 SINGAPORE 274018	
ID Type / ID No.: NRIC NO / S1541887G			Contact No.: Home/Office: Mobile: 97809888	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 04/08/1962	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2019 13:30	Type of Location: Car Park
Location: Along Road 1 HOLLAND DRIVE				
EXIT OF BLK 41 HOLLAND DRIVE OPEN SPACED CARPARK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
GBE2272T	Lorry	TOYOTA		Silver	Slightly Damaged	1
SGL7172U	Car	TOYOTA		Black	Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190405/2207

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
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2 of 4

Report No. T/20190405/2207

CONTINUATION OF REPORT

Passenger			
Name	LEE PENG HWEE	ID No.	S1429531C
Related Vehicle	GBE2272T (Lorry)	Contact No.	NIL
Hospital/Clinic	ACCESS MEDICAL BEDOK SOUTH	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/04/2019	Date Discharge	05/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEE PENG CHYE	ID No.	S1541887G
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Hospital/Clinic	ACCESS MEDICAL BEDOK SOUTH	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	05/04/2019	Date Discharge	05/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ONG HUAY HONG	ID No.	S1813218D
Related Vehicle	SGL7172U (Car)	Contact No.	NIL
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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Police Report



**SINGAPORE
POLICE FORCE**



T/20190405/2207

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Report No. T/20190405/2207

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20190405/2207

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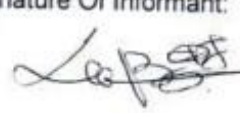
Report No. T/20190405/2207

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: D / Staff Sgt MOHAMMED HARIS BIN MOHAMED PAHORASI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/04/2019 21:15
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	