

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	12/04/2019 15:35
Date Of Accident	12/04/2019 09:50
Exact Location Of Accident	BEDOK NORTH AVE 3 BEFORE JUNC BEDOK NORTH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE740Y
Insured/Policyholder	
Name Of Registered Owner	SEE FWA ELECTRONICS & ELECTRICAL ENGINEERING
Co Reg No	21593200E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81253305
Alternative Phone No	OFFICE-81253305

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082851040-02
Cover Note Number	

Driver

Name of Driver	KOK LEE SIONG
NRIC No	S2557478H
Date Of Birth	27/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1983
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94571771
Fax Number	
Contact Number	OFFICE-94571771
EEmail Address	NOEMAIL

Address	BLK 418 BEDOK NORTH AVENUE 2 #09-97
Postcode	460418
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?	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 SIOW YONG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190412/2077.

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	SKL8320E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

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

1

DETAILS OF INJURED PERSON 1

Name LEE SIOW YONG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBE740Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident 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.



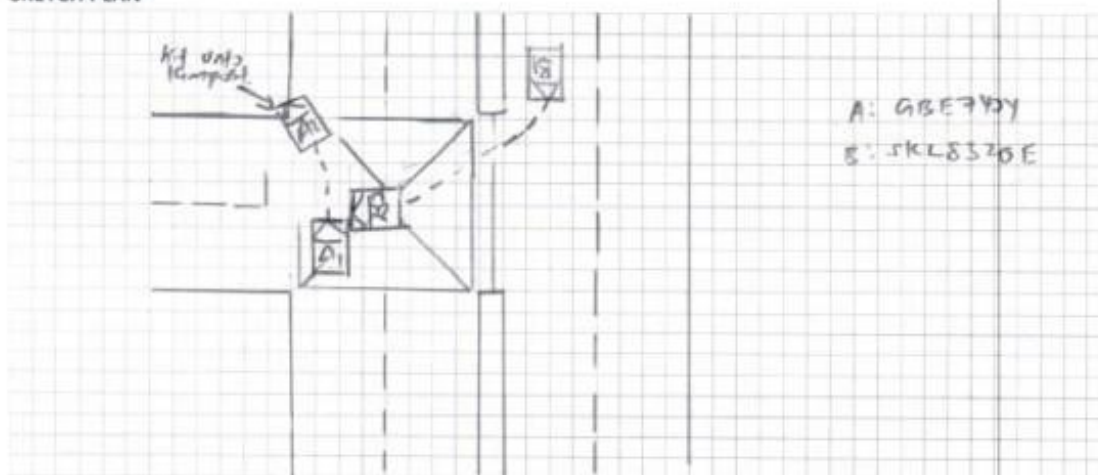
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/04 0412/2077.

DECLARATION

I/We declare 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/FIN No.: _____

Police Report



**SINGAPORE
POLICE FORCE**



T/20190412/2077

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20190412/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2019 14:17	Vide Report No.: G/20190412/0055	Station Diary No.: 91
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Informant's Particulars			
Name of Informant: KOK LEE SIONG		Address: APT BLK 418 BEDOK NORTH AVENUE 2 #09-97 SINGAPORE 460418	
ID Type / ID No.: NRIC NO / S2557478H		Contact No.: Home/Office: Mobile: 94571771	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 57	Date of Birth: 27/03/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Electrician		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/04/2019 09:50	Type of Location: Straight Road
Location: Along Road 1 BEDOK NORTH AVENUE 3 ALONG BEDOK NORTH AVE 3 TOWARDS BEDOK RESERVOIR NEAR TO BETHESA BEDOK-TAMPINES CHURCH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE740Y	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Silver	Seriously Damaged	1
SKL8320E	Car	BMW	520I AT D/AB 2WD 4DR LED NAV	Blue		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190412/2077

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190412/2077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOK LEE SIONG	ID No.	S2557478H
Related Vehicle	GBE740Y (Van)	Contact No.	94571771
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 12/04/2019 at about 0950hrs, I was driving my vehicle GBE740Y along Bedok North Ave 3 towards Bedok Reservoir Rd. While approaching the carpark entrance of Blk 401 Bedok North Ave 3, one vehicle, SKL8320E, driving on the opposite direction along Bedok North Ave 3 towards New Upp Changi Rd, made a right turn towards the carpark entrance of Blk 401. However, I was traveling straight and the front of vehicle SKL8320E collided onto the right front side of my vehicle. I had one passenger at that time. Both of us got down our vehicles and no one was injured. As the collision caused my vehicle to swerved to the left, my vehicle knocked onto one lamppost. Subsequently, Traffic Police arrived and I was given a case card reference no: G/20190412/0055 and advised to lodge this police report.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190412/2077

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190412/2077

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 /

Sgt 2 KOH WEN RUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/04/2019 14:17

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No.: 65476178

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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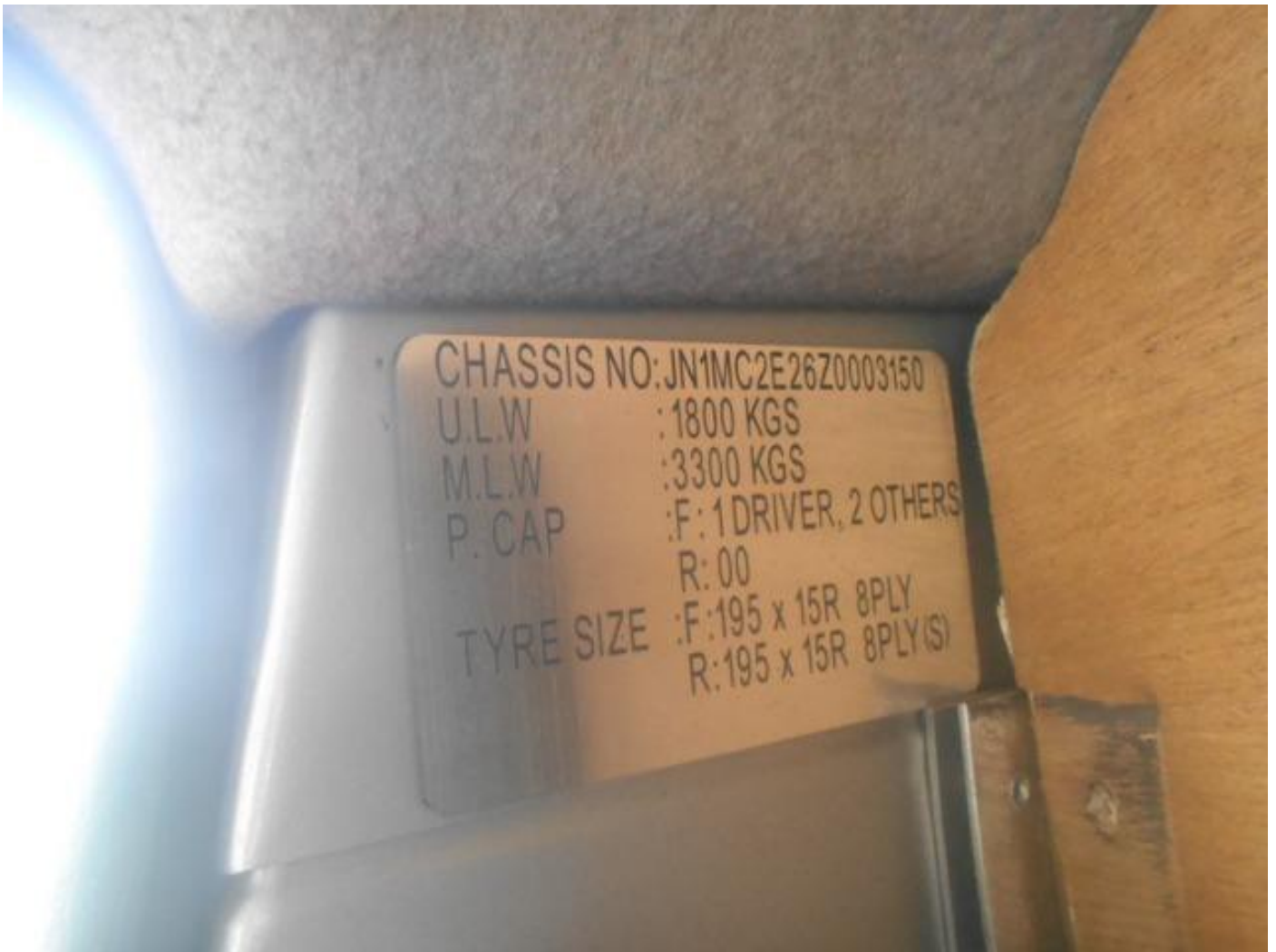
Accident Photo



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: S66550020G / 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 : MNA119047859 Vehicle Registration No: GBE740Y
Name (as shown in NRIC) : KOK LEE SIONG NRIC/FIN/Passport No : S2557478H
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : BLK 418 BEDOK NORTH AVENUE 2 #09-97 Singapore (460418)
Contact (Tel) : _____ Mobile No. : 94571771
Email Address : _____
Date of Accident : 12/04/2019 Time of Accident : 09:50
Place of Accident : BEDOK NORTH AVE 3 BEFORE JUNC BEDOK NORTH RD
Insurance Company : NTUC Income Insurance Co-operative Ltd

(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:

Amend name of registered owner

Policyholder / Driver's Signature
Date:


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