

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 11:31
Date Of Accident	12/04/2019 00:10
Exact Location Of Accident	ORCHARD ROAD AND PATERSON ROAD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8463J
Insured/Policyholder	
Name Of Registered Owner	LEE SUK FUN (LI SHUFEN)
NRIC No	S7630699J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91477417
Alternative Phone No	OTHERS-91477417

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.4 (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 CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MOC0001295
Cover Note Number	26.08.2018 TO 25.08.2019

Driver

Name of Driver	LEE YEE FONG
NRIC No	S7907584A
Date Of Birth	09/03/1979
Occupation	INDOOR
Date Of Driving Pass	05/02/2016
Driving Experience	3 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91477417
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLOCK 22 JALAN MEMBINA #13-68
Postcode	166022
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	YES
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: JOSHUA LIM CHENG CHING GENDER: MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Police Report:- T/20190412/2004

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	SHA3960J
Vehicle Make/Model/Colour	HYUNDAI I40, BLUE
Details Of Properties	COMFORT TAXI
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

INDIA INTERNATIONAL INSURANCE PTE LTD

Nature Of Damage

REAR PORTION

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

LEE YEE FONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJH8463J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHA3960J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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.

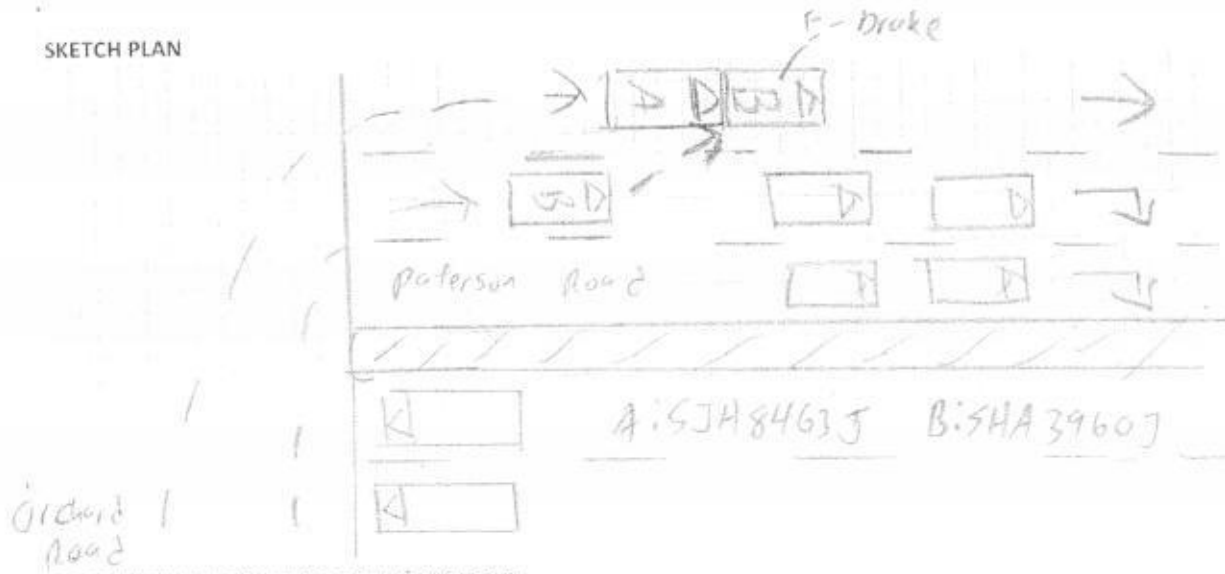
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/04/10 @ 1340h

Reporting Centre Personnel's Signature
Name: Lam Wei Shun
NRIC/FIN No: 60986405 LR

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report:- 7/20190412/2004

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: Lam Wai Shun
NRIC/FIN No: G6864032R

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190412/2004

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 4
Report No: T/20190412/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2019 01:46		Vide Report No.: E/20190412/0004		Station Diary No: 7	
Informant's Particulars					
Name of Informant: LEE YEE FONG			Address: APT BLK 22 JALAN MEMBINA #13-68 SINGAPORE 166022		
ID Type / ID No.: NRIC NO / S7907584A			Contact No.: Home/Office: Mobile: 91477417		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 40	Date of Birth: 09/03/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name
Occupation: SELF EMPLOYED			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: 12/04/2019 00:10	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 ORCHARD ROAD PATERSON ROAD Junction of Orchard Road and Paterson Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SHA3960J	Car	HYUNDAI	i40	Blue	Slightly Damaged	0
SJH8463J	Car	HONDA	Jazz	Yellow	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH8463J	INDIA INTERNATIONAL INSURANCE PTE LTD	D18MPC0001295	26/08/2018	25/08/2019

Police Report Pg. 2



**SINGAPORE
POLICE FORCE**



T/20190412/2004

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No: T/20190412/2004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE YEE FONG	ID No.	S7907584A
Related Vehicle	SJH8463J (Car)	Contact No.	91477417
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	Slight
Passenger			
Name	JOSHUA LIM CHENG CHING	ID No.	S7482857D
Related Vehicle	SJH8463J (Car)	Contact No.	81462035
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 12/04/2019 at about 0010hrs, I was travelling along Orchard Road on the 2nd lane while one taxi (SHA3690J) was travelling beside me on the 1st lane. As we were approaching the junction of Orchard Road and Paterson Road, the traffic light was still green, as such we continued and made a right turn into Paterson Road.

As we entered Paterson Road, I noticed that the taxi was filtering into the 2nd lane in front of me, as such I filtered to the 3rd lane. However, as I was travelling on the 3rd lane, the taxi suddenly filtered into my lane, ahead of me. I was alarmed, as such I horned at the taxi. The taxi driver then did an E-Brake abruptly, which caused me to E-Brake as well but it was too late, as such my vehicle had collided into the taxi's rear bumper.

I then got out of my vehicle to assess the situation, when I requested for the taxi driver's particulars, he did not wish to provide and claimed that this could be settled privately. I did not believe him, as such I called for police. Shortly after, the police and ambulance arrived. The paramedics then made a check on me, they had advised for me to proceed to a hospital to make a check as I had suffered some redness at my back area. I could also feel some pain on my back.

The front registration plate had cracked, and the front bumper was also dented due to the collision.

I had a passenger at the point of time who had witnessed the incident, he was not injured. I do not have

Police Report Pg. 3



**SINGAPORE
POLICE FORCE**



T/20190412/2004

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Report No: T/20190412/2004

CONTINUATION OF REPORT

an in-built car camera.

I will be proceeding down to a hospital for a medical check-up.

Police Report Pg. 4



SINGAPORE
POLICE FORCE



T/20190412/2004

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No: T/20190412/2004

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:

E /

Sgt 2 NATHAN LIM ZI HAO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

Authentication Stamp

NP168

Signature Of Informant

Date/Time:

12/04/2019 01:46

Classification Of Case