

## 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	17/04/2019 11:31
Date Of Accident	10/04/2019 12:45
Exact Location Of Accident	BT HO SWEE LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW98B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE CHEE KEE
NRIC No	S1381866E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96782871
Alternative Phone No	OFFICE-96782871

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5068664787-04
Cover Note Number	

### Driver

Name of Driver	LEE CHEE KEE
NRIC No	S1381866E
Date Of Birth	11/05/1959
Occupation	INDOOR
Date Of Driving Pass	09/04/1992
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96782871
Fax Number	
Contact Number	OFFICE-96782871
E-Mail Address	NOEMAIL

Address	BLK 465 #04-106 TAMPINES STREET 44
Postcode	520465
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	COLLIDED INTO MOTORCYCLIST
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NPP
Police Station Address	ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER STATEMENT AND POLICE REPORT (ATTENDED BY: JAMES NG)

#### 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	SHA1258S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO ENG HENG
NRIC/Passport Number	S7703809D
Contact Number	97826114
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LEE CHEE KEE
Approximate Age	59
Injuries Sustain	PAIN ON BOTH LEGS, RIGHT ELBOW AREA, RIGHT SIDE OF NECK AREA
Injured person in which vehicle?	FW98B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 465 #04-106 TAMPINES STREET 44
Postcode	520465

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:

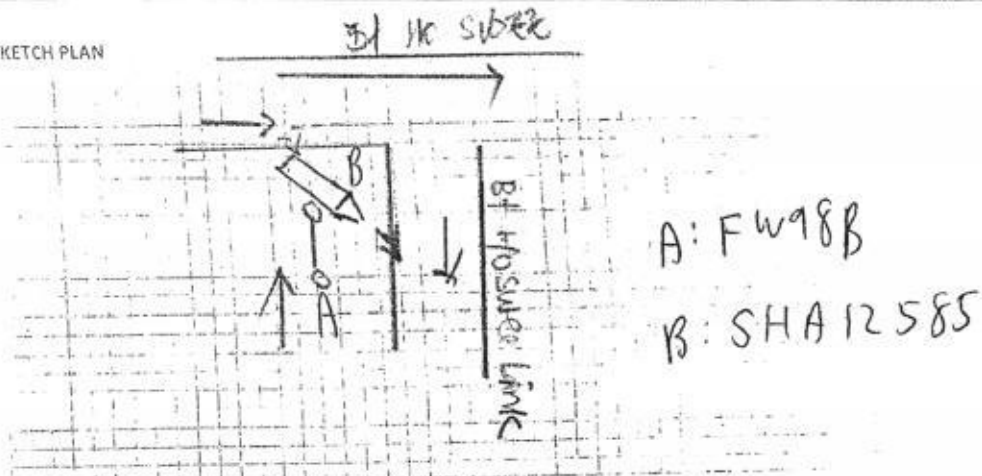
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN:



17 APR 2019

NG WING KIN JAMES  
admin.vac@vicom.com.sg

SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10 April 2019 about 12.45 hrs. I was travelling with my motorcycle Nos. FW98B towards BT 110 Street while stopping behind the stop line a taxi (SHA12585) turning right from BT 110 Street towards BT 110 Street Link and cross to my lane at my left side. I fell to my right thigh police and ~~ambulance~~ ambulance attend.

## 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/ID: **NG WING KIN JAMES**  
admin.vac@vicom.com.sg



17 APR 2019



# SINGAPORE POLICE FORCE



T/20190411/2068

Police Station Of Origin  
Tampines North NPP  
451 Tampines Street 44 #01-56 SINGAPORE  
520451  
Tel No: 1800-7618999

1 of 3

Report No. T/20190411/2068

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 11/04/2019 13:19	Video Report No.	Station Diary No.: 20
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## Informant's Particulars

Name of Informant LEE CHEE KEE			Address: APT BLK 455 TAMPINES STREET 44 #04-106 SINGAPORE 520455	
ID Type / ID No: NRIC NO: S1381886E			Contact No. Home/Office: Mobile: 96782871	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 11/05/1959	Type of Informant: Rider	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B, 2A, 3, 4, 5 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury: Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2019 12:45	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 BUKIT HO SWEE LINK JALAN BUKIT HO SWEE				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		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 Passengers
FW98B	Motorcycle	HONDA	CB400	Black		0
SH412585	TAXI	HYUNDAI	SONATA	Blue		0

## Insurance and Financial Details

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FW98B	NTUC Income Insurance Co-Operative Limited	5068664797 04	13/12/2016	12/12/2019



**SINGAPORE  
POLICE FORCE**



T 20190411 2066

Police Station Of Origin

Tampines North NPP

461 Tampines Street 44 #01-36 SINGAPORE

520481

Tel No: 1800-7818999

2 of 3

Report No: T20190411 2066

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LEE CHEE KEE	ID No.	S1381866E
Related Vehicle	FW98B (Motorcycle)	Contact No.	S0782671
Hospital/Clinic	EDGEDALE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B 2A, 3 4 5 Date of Expiry: NIL
Date Treatment	11/04/2019	Date Discharge	11/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	Yeo Eng Heng	ID No.	S7703809D
Related Vehicle	SHA1258S (TAXI)	Contact No.	97826114
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 10/04/2019 at about 12.45pm, I was on my motorcycle (FW98B) with no passenger on board along Bukit Ho Swee Link towards Jalan Bukit Ho Swee. I had came to a complete stop before the stop line awaiting for the oncoming traffic to clear.

While I was still in a stationary position, a Taxi (SHA1258S) had make a right turn from Jalan Bukit Ho Swee towards Bukit Ho Swee Link and had collided against the left side of my motorcycle while crossing to my lane. The impact caused my motorcycle to fall on my right side.

Both traffic police and ambulance attended to us but no one was being conveyed to hospital. I had suffered pain on both of my legs, as well as my right elbow area, and the right side of my neck area as such I had went to seek medical consultation and was given 3 days medical certificate. I do not have any in-car camera on me.



SINGAPORE  
POLICE FORCE



1120184110000

Police Station Of Origin

Tampines North PS

451 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No. 1800-7818555

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report

G

Staff Sgt CHAN DE WING

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time

11/04/2015 12:15

Officer in Charge Of Case

TS-1

SI WICHANDIC SHAHRIL BIN ABDULLAH

Latent No. 55415085

Investigation Of Police

Authentication Stamp

4-10



SINGAPORE  
POLICE FORCE

SIGNATURE