

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	27/05/2019 21:22
Date Of Accident	25/05/2019 13:20
Exact Location Of Accident	JUNCTION ALONG NORTH BRIDGE RD TWDS RAFFLES CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS1144G
Insured/Policyholder	
Name Of Registered Owner	LEE YEE HAN DAVE
NRIC No	S7530241Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97689776
Alternative Phone No	OTHERS-97689776

Vehicle Particulars

Manufacturer	VOLVO
Model	XC90-2.5 T5 R-DESIGN (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	LEE YEE HAN DAVE
NRIC No	S7530241Z
Date Of Birth	27/09/1975
Occupation	INDOOR
Date Of Driving Pass	14/07/1994
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97689776
Fax Number	
Contact Number	OTHERS-97689776
Email Address	NOEMAIL

Address	5000J MARINE PARADE RD #22-42
Postcode	449291
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	COLLISION - MAJOR/MINOR RD
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)	5
Passenger 1	NAME: : TZAY PING GENDER: : FEMALE
Passenger 2	NAME: : CLAIRE LEE GENDER: : FEMALE
Passenger 3	NAME: : KATE LEE GENDER: : FEMALE
Passenger 4	NAME: : MATTHEW LEE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH

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	GBB5732D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



**SINGAPORE
POLICE FORCE**



T/20190525/2168

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

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Report No. T/20190525/2168

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 JEREMY GOH ZEN KIAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/05/2019 21:53
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65476151	Classification Of Case:
Authentication Stamp NP168	

Accident Sketch Plan Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7530241Z



Name:
LEE YEE HAN DAVE
(LI YIHAN DAVE)
李义汉

Race:
CHINESE

Date of birth: 27-09-1975 Sex: M

Country of birth:
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7530241Z

Name:
LEE YEE HAN DAVE
(LI YIHAN DAVE)

Birth Date: 27 Sep 1975

Issue Date: 01 Mar 2004

001145346D

3774820



NRIC No: S7530241Z



Date of issue:
28-09-2005

5000J MARINE PARADE ROAD #22-42
SINGAPORE 449291

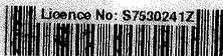
NRIC No: S7530241Z Date: 18-09-2006 No: 5511063

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

Class	Vehicle Class	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 Jul 1994

NP 428A

Licence No: S7530241Z



Accident Sketch Plan Pg. 1

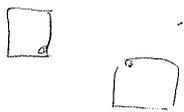
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SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filling. 2. Please report <u>correctly</u> the details of the accident to speed up the claims process. 3. This Form must be <u>completed by the Policyholder and/or the Authorised Driver.</u> 4. Information provided must be as <u>truthful and accurate as possible.</u> Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffic Police Department for investigation.	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 28.02.19 Time: 1320
Exact Location of Accident	Along North Bridge rd inside
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	Raffles Way, at junction of Bain st SUS 11446
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	Lee Yee Han Dave
Personal Identification - NRIC (Singaporean/PR)	S75302412
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer Volvo Model XC90 T5 R.
Type of Vehicle*	<input type="radio"/> Saloon <input checked="" type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	social
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	WAL
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	
Motor CI	
DRIVER	<input checked="" type="radio"/> Same as Insured above
Name of Driver	Lee Yee Han Dave
Personal Identification - NRIC (Singaporean/PR)	S75302412
- FIN/Passport Number	
Date of Birth	27 dd/ 09 mm/ 1975 yy
Driving Date Pass	14 dd/ 07 mm/ 1984 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	9768 9776

Accident Sketch Plan Pg. 1

Address of Driver	5000J Marine Parade rd # 22-42 Postcode (449291)
Email Address	no email
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured	owner
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	minor into major rd
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____
OTHER INFORMATION	
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No Tracy Ong (F)
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No Claire Lee (F)
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No Kale Lee (F)
Number of Passengers (Including Driver)	05 Matthew Lee (M)
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	Refer to police report.
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	488 572 D
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicles)	

Accident Sketch Plan Pg. 1



SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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

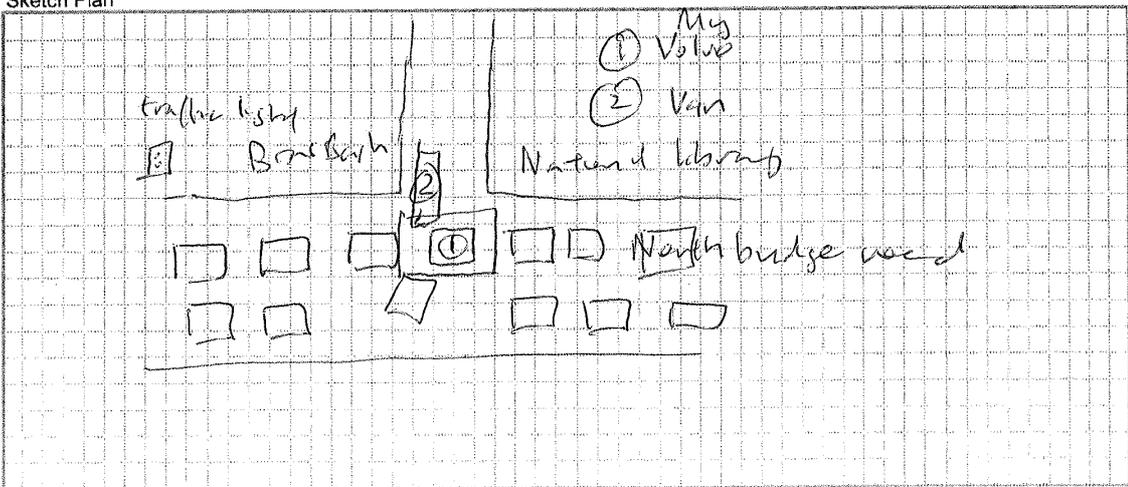
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time


 Driver's Signature (if driver is not the policyholder) / Date & Time

 Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan Pg. 1

Describe Circumstance of the Accident

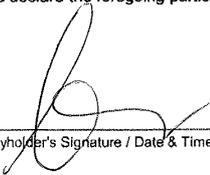
Check go police report

IMPORTANT NOTE

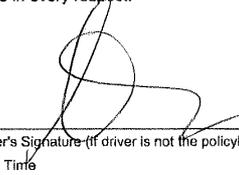
Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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 & Title

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20190525/2168

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

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Report No. T/20190525/2168

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKS1144G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100407453-04	26/03/2019	25/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Nicole Seah		ID No.	NIL
Related Vehicle	GBB5732D (Van)		Contact No.	81223803
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
Driver				
Name	LEE YEE HAN DAVE		ID No.	S7530241Z
Related Vehicle	SKS1144G (Car)		Contact No.	97689776
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.

On 25/05/2019, at around 1320hrs, I was driving along North Bridge Road towards Raffles City direction, and I had pulled up my vehicle behind of a yellow box as the traffic light in front of me had turned red. While the traffic light was red, there were vehicles turning in from Bain Street into the yellow box, and the yellow box was full. After the traffic light turned green, I drove along with the traffic and then a van to my right that was not in the yellow box turned from Bain Street and collided with the front right side of my vehicle causing some dents to the front right side of my vehicle. I have tried calling my insurance company through the emergency hotline, but I was advised to bring my vehicle to the workshop (Wearnes Volvo) on Monday. I estimate that the repair cost for the damage may cost SGD\$2000/- and above.

I would like to inform that the other vehicle (GBB5732D) had sustain some scratches on the front left bumper of the van and the front left headlight was cracked. We had only exchanged our name and contact number at the accident location and left as we were blocking the traffic. I do not have any dashcam installed in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190525/2168

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

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Report No. T/20190525/2168

CONTINUATION OF REPORT

Subsequently, I had tried messaging Nicole, but she had refused to give me her IC number for me to lodge a report for insurance claim until around 2000hrs while I was waiting to lodge a traffic accident report. She had also inform me that the van does not belong to her, and it belongs to her company, Tec Revox Engineering P/L (18 Kaki Bukit Road 3 #03-12). I had also sent an e-mail to one of the contact e-mail of Tec Revox Engineering through the e-mail address provide in their website to inform that their van was involved in a traffic accident with my vehicle.

I would like to inform that at the time of accident, my wife and three children was inside my car but none of us were injured or complained of any pain, the other vehicle's driver also did not complain of any injuries or pain.

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

