

Date of Accident : 04.06.2019 Accident Time: 11.00 am (24-HR-Format)
Accident Place : Esplanade Drive Towards Gollayer Ave, lamp post 37.
Vehicle. No. (Car Plate No.) : EK 3323G Make/Model: Honda Vezel
Insurance Company : NTUC Policy No: 5102877088
Owner or Company Name /IC No. : Jansen Trans (53362648W)
Owner or Company Contact No. : 9272 5090 Owner's Hp Company Tel
DRIVER'S Name / IC No. : Lee Kian Sing (86832383E)
DRIVER'S Date Of Birth : 04.09.1968 DRIVER'S License Pass Date 07.11.1989
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : Blk 290B Bukit Batok street 24 #12-75 (S) 653290
DRIVER'S Contact No./ Alt No. : 1) 9272 5090 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address :
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 3 person
Was there any video Captured by car camera YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle. No: GBJ 1261E	Vehicle. No: SLN 153B
Vehicle Make/Model:	Vehicle Make/Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

*** NEW - Passenger's name & gender:**

* Zheng Jie - Male
* Rong Rong - Female.



SKETCH PLAN

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. 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:

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

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

A : EK 3323G .
B : GBJ 1261E .
C : SLN 153B .

C. SLN 153 B.

* Refer to the attached Police Report No: T/20190604/2132.

I/We declare the foregoing particulars are true in every respect.

SENSENOTA
declare the foregoing

SENSENOTA
Co Reg. No.
53362648W

Signature

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



**SINGAPORE
POLICE FORCE**



T/20190604/2132

1 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20190604/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2019 14:57	Vide Report No.:	Station Diary No.: 22
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Informant's Particulars			
Name of Informant: LEE KIAN SING		Address: APT BLK 290B BUKIT BATOK STREET 24 #12-75 SINGAPORE 653290	
ID Type / ID No.: NRIC NO / S6832383E		Contact No.: Home/Office: Mobile: 92725090	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 04/09/1968	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/06/2019 11:00	Type of Location: Straight Road
Location: Along Road 1 ESPLANADE DRIVE towards Collayer Quey, lamp post 37				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EK3323G	Car				Seriously Damaged	2
GBJ1261E	Van				Seriously Damaged	0
SLN153B	Car				Slightly Damaged	0



**SINGAPORE
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T/20190604/2132

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20190604/2132

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD NASEER BIN MUSTAFAH KAMAL	ID No.	S8228124Z
Related Vehicle	GBJ1261E (Van)	Contact No.	84064604
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	WEE LUCK CHIM	ID No.	S7143464H
Related Vehicle	SLN153B (Car)	Contact No.	97326009
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	Slight

Brief Details.

On 04/06/2019 at about 1100hrs, I was driving a red Honda Vezel, EK3323G with two passengers at the second lane as a Grab driver along Esplanade Drive towards Collayer Quey, lamp post 37. While my vehicle was stationary, I felt a very strong impact from my rear portion. When I turn my head, I realized that a black Toyota Proace, GBJ1261E had collided onto my vehicle. Due to the collision, my vehicle moves slightly forward and hit onto a silver Toyota Prius, SLN153B which was stationary in front of me due to heavy traffic jam. Both the drivers and I then alighted from our vehicle to inspect the damage. As a result, my vehicle's front and rear portion were crumpled in. One of my passenger complained of giddiness and neck pain while my another passenger sustains bruises to his right hand and right legs thus they were both conveyed to Raffles Hospital via ambulance for further check up. After the incident, I felt pain on my neck, chest and shoulder as well as bruises on my left elbow. I had sought medical treatment at HealthPlus Clinic & Surgery and was given 3 days MC from 04/06/2019 to 06/06/2019. My vehicle is installed with in-car camera and I do not have any witness.