

## 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	26/06/2019 16:09
Date Of Accident	26/06/2019 12:30
Exact Location Of Accident	PIE(ALJUNIED FLYOVER)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EP5196S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE YOKE PUNG
NRIC No	S1154192E
Email Address	LEEYOKEPUNG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96943920
Alternative Phone No	OTHERS-96943920

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105184320
Cover Note Number	

### Driver

Name of Driver	LEE YOKE PUNG
NRIC No	S1154192E
Date Of Birth	28/09/1956
Occupation	INDOOR
Date Of Driving Pass	23/05/1978
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96943920
Fax Number	
Contact Number	OTHERS-96943920
Email Address	LEEYOKEPUNG@HOTMAIL.COM

Address	77B JALAN SENANG
Postcode	418405
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 - HEAD TO REAR
Weather Conditions	RAINING
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?	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)	3
Passenger 1	NAME: : YAP WA TENG GENDER: : FEMALE
Passenger 2	NAME: : LEE NINGKAI GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190626/2097

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT ONLY
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT1153M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	LINUS NG TIONG JIN
NRIC/Passport Number	S8111186C
Contact Number	98111555
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### 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 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:

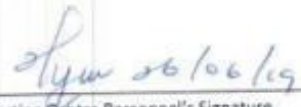
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 26/6/19

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



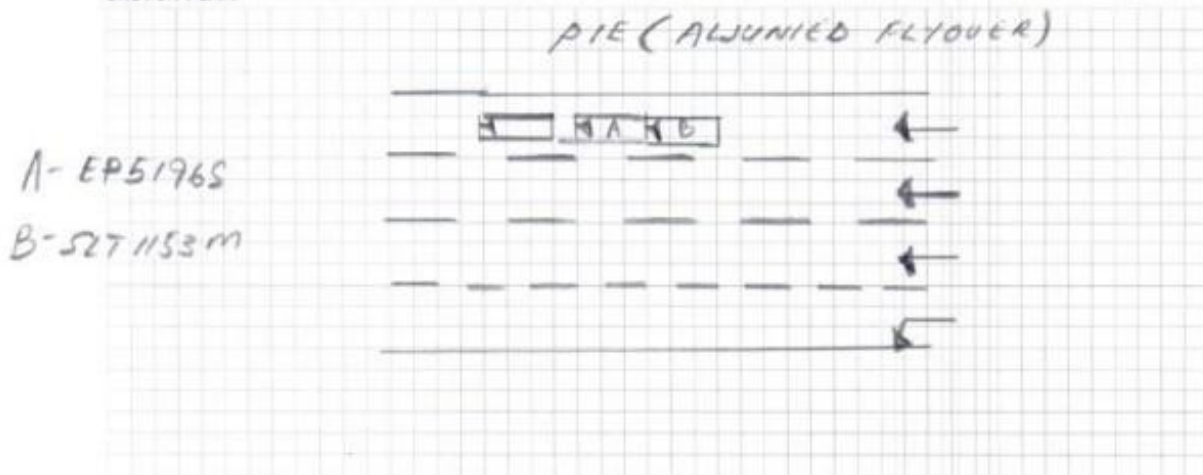
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P1S refer to the police report: 7/20190626/2097

## DECLARATION

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

Policyholder's Signature  
Date & Time: 26/6/19

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

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

## Individual Statement



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20190626/2097

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Report No. T/20190626/2097

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
EP5196S	NTUC Income Insurance Co-Operative Limited	5105184320	14/11/2018	13/11/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LEE YOKE PUNG		ID No.	S1154192E
Related Vehicle	EP5196S (Car)		Contact No.	96943920
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	LINUS NG TIONG JIN		ID No.	S8111186C
Related Vehicle	SLT1153M (Car)		Contact No.	98111555
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 THE STATED DATE, TIME AND LOCATION

I WAS DRIVING MY CAR OF PLATE NUMBER EP5196S ALONG PIE, AJUNIED FLYOVER. THE CAR OF PLATE NUMBER SLT1153M HIT ONTO THE REAR OF MY CAR. I EXCHANGED PARTICULAR WITH THE DRIVER OF VEHICLE PLATE NUMBER SLT1153M. NO ONE WAS INJURED. THAT ALL.



Accident Photo



Accident Photo





Accident Photo



Accident Photo

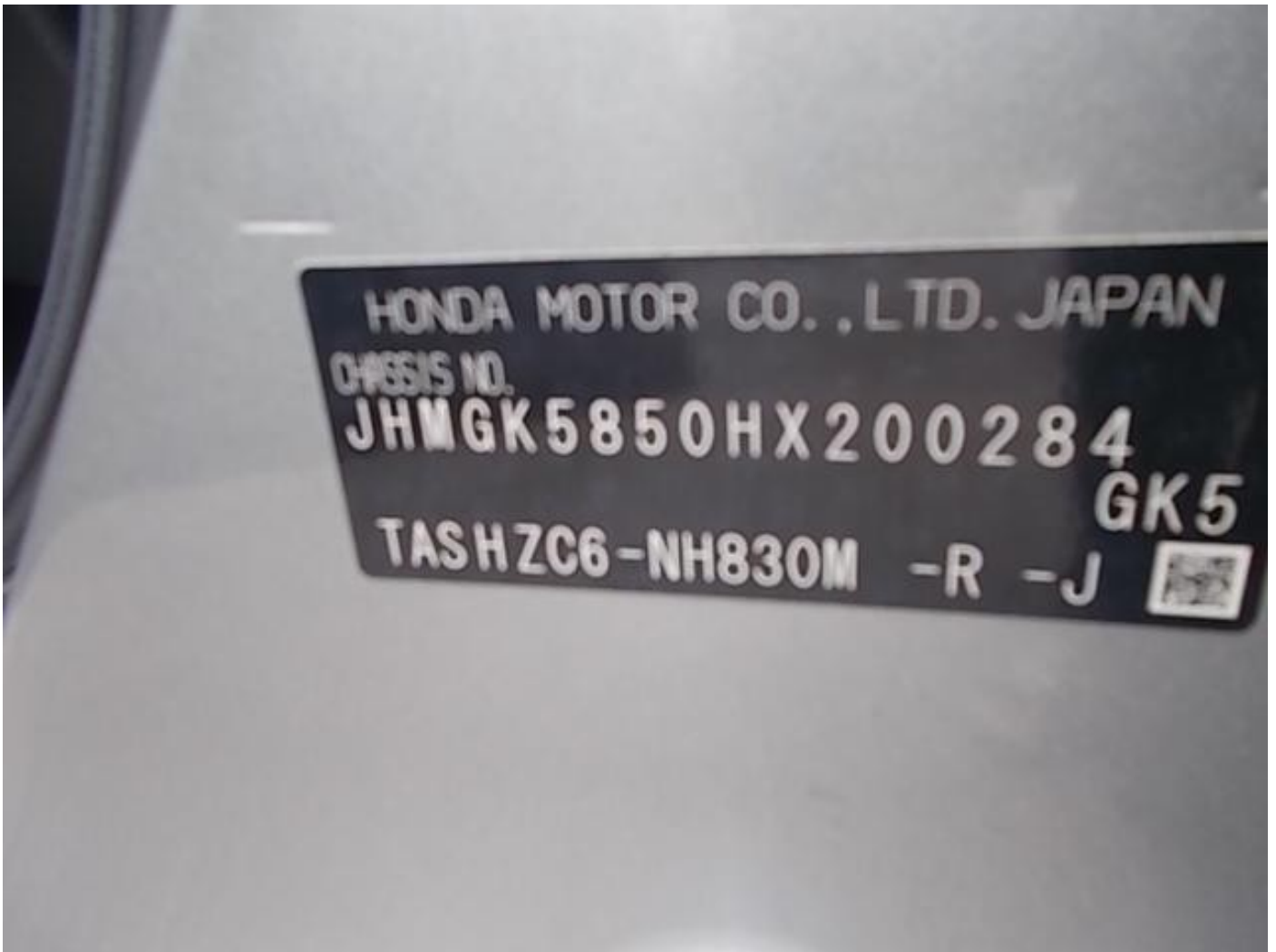


Accident Photo



Accident Photo







# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190626/2097

1 of 3

Report No. T/20190626/2097

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408065

Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2019 15:46		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LEE YOKE PUNG			Address: 77B JALAN SENANG YONG SENG ESTATE SINGAPORE 418405		
ID Type / ID No.: NRIC NO / S1154192E			Contact No.:		Mobile: 96943920
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 26/09/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2019 12:30	Type of Location:
Location: Along Road 1 ALJUNIED ROAD PIE, ALJUNIED FLYOVER				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EP5196S	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Silver	Slightly Damaged	0
SLT1153M	Car	TOYOTA	G-HR HYBRID 1.8SCVT	Blue		0

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190626/2097

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408965  
Tel No: 65470000

2 of 3

Report No. T/20190626/2097

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
EP5196S	NTUC Income Insurance Co-Operative Limited	5105184320	14/11/2018	13/11/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LEE YOKE PUNG		ID No.	S1154192E
Related Vehicle	EP5196S (Car)		Contact No.	96943920
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	LINUS NG TIONG JIN		ID No.	S8111186C
Related Vehicle	SLT1153M (Car)		Contact No.	98111556
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 THE STATED DATE, TIME AND LOCATION  
I WAS DRIVING MY CAR OF PLATE NUMBER EP5196S ALONG PIE, AJUNIED FLYOVER. THE CAR OF PLATE NUMBER SLT1153M HIT ONTO THE REAR OF MY CAR. I EXCHANGED PARTICULAR WITH THE DRIVER OF VEHICLE PLATE NUMBER SLT1153M. NO ONE WAS INJURED. THAT ALL.

Police Report



SINGAPORE  
POLICE FORCE



T/20190625/2097

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190625/2097

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:  
TP /  
EUGENE AW WEI XUAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/06/2019 15:46

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp  
NP168

Signature: