



## 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	15/07/2019 14:05
Date Of Accident	14/07/2019 15:30
Exact Location Of Accident	TPE TWDS PIE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM6036K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	MAZDA
Model	AXELA-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110698840
Cover Note Number	-

### Driver

Name of Driver	LEE SONG BEE
NRIC No	S1104638Z
Date Of Birth	12/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1977
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98755590
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 88 COMMONWEALTH CLOSE #02-11  
 Postcode 140088  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident SIDE SWIPE  
 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: : UNKNOWN  
 GENDER: : FEMALE

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name TELOK BLANGAH NEIGHBOURHOOD POLICE POST  
 Police Station Address ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 ,  
 COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-2729999 - FAX NO: 63772526  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

PLEASE REFER TO POLICE REPORT.

**Attachment(s)**

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number FBE4995C  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category MOTORCYCLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	RIDER
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBE4995C
Were seat belts worn?	
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.

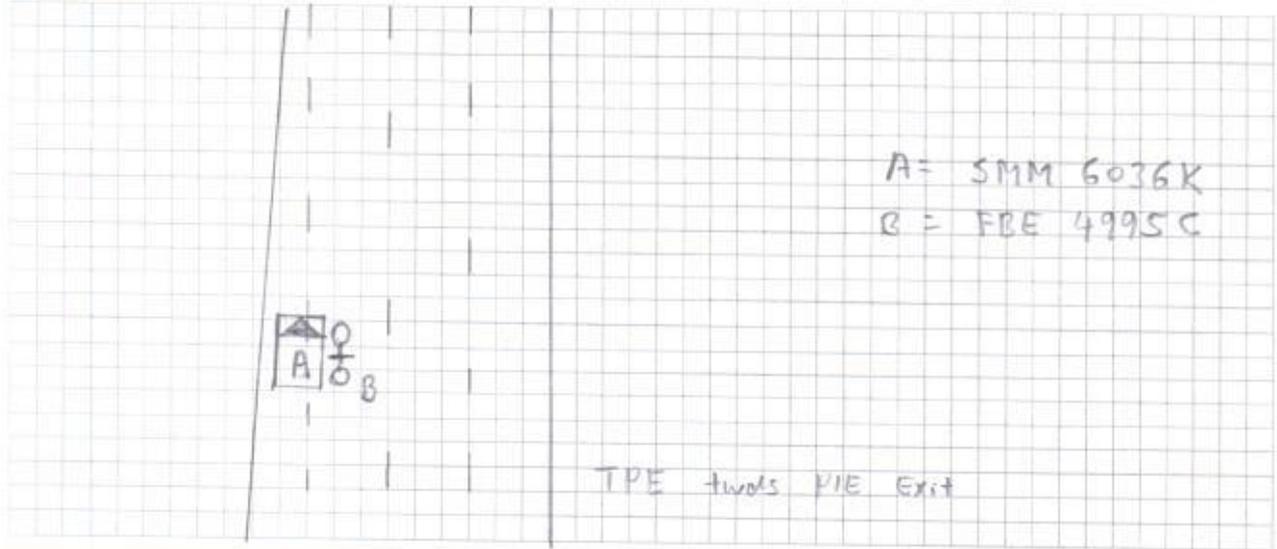


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report

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/FIN No.:





Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LEE SONG BEE	ID No.	S1104638Z
Related Vehicle	NIL	Contact No.	98755590
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I am the mentioned informant and I am the driver of vehicle SMM6036K (V1) which I rented and use for my GRAB business. On 14/7/2019 at about 1530 hrs, I was ferrying a passenger and was driving and entering the TPE towards PIE exit. At one point in time while at the merging lane (2.8 km), there was a motorcycle FBE4995C (V2) travelling ahead of me. At one point in time both our vehicles were going into the merging lane and were travelling side by side, with V2 at my right side. However, I did not realize that we were travelling at very close distance beside each other, and as a result a collision occurred subsequently between the right side of my vehicle and the left side of V2. The rider of V2 then fell and rolled onto the road as his vehicle toppled. I stopped my vehicle and an ambulance was called for V2.

I did not take down any particulars of the persons involved in the incident. Traffic police came in and I was advised to lodge this report, under TP IO AFIQ.



**SINGAPORE  
POLICE FORCE**



T/20190715/2045

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

3 of 3

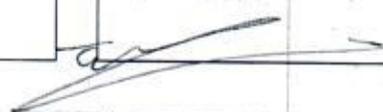
Report No. T/20190715/2045

**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: D / Sgt 3 CHUA JUN QIAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2019 12:33
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083	Classification Of Case: 
Authentication Stamp NP168	

Singapore Police Force

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1104638Z



Name  
**LEE SONG BEE**  
李松米  
Race  
**CHINESE**  
Date of Birth  
**12-03-1955** Sex  
**M**  
Country of Birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1104638Z**  
Name  
**LEE SONG BEE**  
Birth Date **12 Mar 1955**  
Issue Date **03 May 2004**




Land Transport Authority

**VOCATIONAL LICENCE**

Licence No: **S1104638Z**  
Name: **LEE SONG BEE**  
Issue Date: **19/7/2005**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence




1259570



NRIC No. **S1104638Z**



Blood Group: **O+** Date of issue: **09-09-1993**

Address  
**APT BLK 88 COMMONWEALTH CLOSE  
#02-11  
SINGAPORE 0314**

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

CLASS	DESCRIPTION	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	21 Sep 1976
Class 2A	Motorcycles between 201 cc and 400 cc	21 Sep 1976
Class 2	Motorcycles exceeding 400 cc	21 Sep 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Jun 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	11 Feb 1978
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	21 Jun 1979

NP 426A

Licence No: S1104638Z



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	04/08/1988



Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110698840	5110698840-000005	ACCURATE LEASING PTE LTD	201727451M	GFM	drivo CLASSIC	SMM6036K	SMM6036K	05/07/2019	08/10/2019

Continue

**Claim Handling**

The premium on this policy has not been collected.

**Accident MT/1053406**

Policy No.	5110698840	Vehicle No.	SMM6036K	GST Registration No.
Certificate No.	5110698840-000005			
Policyholder Name	ACCURATE LEASING PTE LTD			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91449265	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ **Accident Details**

Report Date	15/07/2019 15:02	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/07/2019	Time of Accident hh:mm	15:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TPE TWDS PIE EXIT			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	15/07/2019 15:05:40 System changed GST Status Verified from No to Yes		

▼ **Policyholder Mailing Address**

Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL F	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-33	Related Policy Number	5110698840	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	LEE SONG BEE	Driver NRIC	S1104638Z	Driving Experience
Register Date of Driver License	29/06/1977	Driver Age	64	Contact No.(Home)
Contact No.(Mobile)	98755590	Contact No.(Office)		Address 3
Address 1	BLK 88 #02-11	Address 2	COMMONWEALTH CLOSE	Post Code
Address 4	SINGAPORE 140088	Address Type	Singapore address	
Unit No.	02-11			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ACCURATE
Contact No.(Mobile)		Contact No.(Home)	
Email Address		O1 Vehicle Number	SMM6036K
Claim Description	SMM6036K / FBE4995C ON 14 Jul 2019		
Preferred Workshop	Insured Liability	Partially at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	15/07/2019 15:06	Received	
		Claim Close Date	

Report Taken By

LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No. MT/1053406 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 15/07/2019 15:08

- Choose File No file chosen

Message Read

Clear

Clear

Clear

Clear

Clear

Clear

Clear

Category \*

Confidential

Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:08	NRIC/ Driving License	Normal	NRIC/ Driving Li.
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:08	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:08	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:08	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:08	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:08	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:08	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:07	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:06	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 15:06	Photos	Normal	Photos 2



NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
15 Jul 2019 15:06

Photos

Normal

Photos 2



NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
15 Jul 2019 15:06

Photos

Normal

Photos 2

Video List

Uploaded By/Date

Folder Date

File Name



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Scan and uploading