

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	13/08/2019 15:06
Date Of Accident	08/08/2019 22:00
Exact Location Of Accident	UPP BUKIT TIMAH RD TWDS BUKIT PANJANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK1213J
Insured/Policyholder	
Name Of Registered Owner	WHEEL EXPRESS RENTAL & LEASING PTE LTD
Co Reg No	201810594C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90603343
Alternative Phone No	OFFICE-90603343

Vehicle Particulars

Manufacturer	HONDA
Model	FIT HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5108389112
Cover Note Number	

Driver

Name of Driver	LEE LIAN SHENG IVAN
NRIC No	S9023806Z
Date Of Birth	04/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94799822
Fax Number	
Contact Number	OFFICE-94799822
E Mail Address	NOEMAIL

Address	BLK 675D YISHUN AVENUE 4 #11-818
Postcode	764675
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190809/2002.

Attachment(s)

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

Details of Witness 1

Name	KIM CHUAN
Phone Number	96216338
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE8770H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMAD SYAZWAN BIN SUWANDI

NRIC/Passport Number	S98263171
Contact Number	92993436
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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: _____

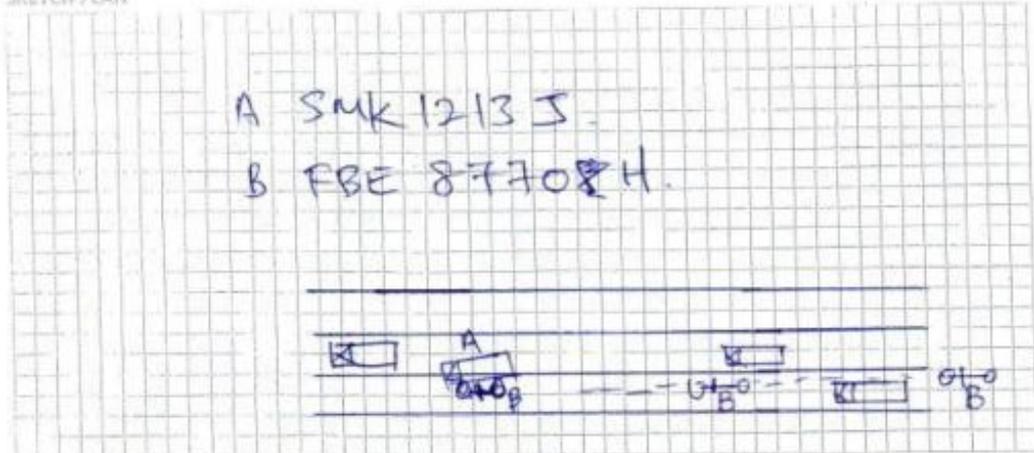

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

CS/10/06/58-10/01/2010/0001_02

** PLEASE EMAIL A COPY TO : WHEELSEXPRESSRENTAL@GMAIL.COM

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature
Date & Time:



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

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

** PLEASE EMAIL A COPY TO : WHEELSEXPRESSRENTAL@GMAIL.COM

Police Report



**SINGAPORE
POLICE FORCE**



T/20190809/2002

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20190809/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/08/2019 00:32		Vide Report No.: J/20190808/0164		Station Diary No.: 6
Informant's Particulars				
Name of Informant: LEE LIAN SHENG IVAN			Address: APT BLK 675D YISHUN AVENUE 4 #11-818 SINGAPORE 764675	
ID Type / ID No.: NRIC NO / S9023806Z		Contact No.: Home/Office: Mobile: 94799822		
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 29	Date of Birth: 04/07/1990	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: INSURANCE AGENT			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/08/2019 22:05	Type of Location: Straight Road
Location: Along Road 1 UPPER BUKIT TIMAH ROAD Along Upper Bukit Timah Road, towards Bukit Panjang Road. Lamp Post Number: 185				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8770H	Motorcycle					0
SMK1213J	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190809/2002

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522899

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Report No. T/20190809/2002

CONTINUATION OF REPORT

Rider			
Name	Muhamad Syazwan Bin Suwandi	ID No.	S98263171
Related Vehicle	FBE8770H (Motorcycle)	Contact No.	92993438
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 LIAN SHENG IVAN	ID No.	S9023806Z
Related Vehicle	SMK1213J (Car)	Contact No.	94799822
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 08/08/2019 at around 10pm, I was driving along Upper Bukit Timah Road, towards Bukit Panjang, on a 3-lane road. I was driving on the 2nd lane. I wanted to filter left to take the next exit (Choa Chu Kang Road), so I had signalled early to the left. After checking my blind-spot and left sideview mirror that there was no vehicle, I was inching left slowly when suddenly there was a loud bang on my left. I saw a motorist thrown off his bike. I did not see the motorist when I was inching out to filter to the lane on my left. I stopped my car and made a check to see if the motorist was okay. Police and ambulance then arrived to attend to my incident. The motorist was then conveyed to the hospital.

As a result of the accident, my car sustained a severe dent to the front left door and above the front left tire. My left sideview mirror has also broken off due to the impact. I was uninjured hence I was not conveyed. Police had taken my statement and my details and instructed me to lodge a traffic accident report. There is a witness to my incident who had provided his in-vehicle camera footage which had captured the incident. His details as follows: Kim Guan, C/N: 95216338. I have an in-vehicle camera but it didn't manage to capture footage of the incident. I am lodging this report as instructed by Police.

Police Report



SINGAPORE
POLICE FORCE



T/20190809/2002

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20190809/2002

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 the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L/ Sgt 2 MUHAMMAD ALIF AFIF BIN MOHD AMRAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/08/2019 00:32
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case: SN 130
Authentication Stamp NP168	Signature:



Singapore Police Force

Accident Photo



Accident Photo



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