

## 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	23/08/2019 17:52
Date Of Accident	23/08/2019 10:05
Exact Location Of Accident	ALONG T-JUNCTION NASSIM RD & LERMIT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3275Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40-1.7 D CRDI (A)
Exact Purpose for which vehicle was being used at time of accident	
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	TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	LEE LUP THONG
NRIC No	S0108325B
Date Of Birth	20/06/1952
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1978
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98935995
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 257 BOON LAY DRIVE #07-503 SINGAPORE
Postcode	640257
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	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?	YES
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN BABY GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT POLICE REPORT ( T/20190823/2120)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE NOT SUITABLE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB986C
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

LEE LUP THONG

Approximate Age

67

Injuries Sustain

2 DAYS MC

Injured person in which vehicle?

SHB3275Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

APT BLK 257 BOON LAY DRIVE  
#07-503 SINGAPORE

Postcode

640257

## Accident Sketch Plan Pg. 1

### SKETCH PLAN

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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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 23/8/19  
17:45 HRS

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

VERTICAL

KASSIM RD.

A

B

A - SHB3275Z

B - SLB986C

REFER POLICE REPORT T/20190823/2/20

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

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

17:45 hrs.



**SILVER CROSS CLINIC**

COMPANY REGISTRATION NO: 199906040G  
GST REGISTRATION NO: 199900040G  
502 JURONG WEST AVENUE 1 #01-803, SINGAPORE 640502  
TEL 68992141 / FAX 68992642

**MEDICAL  
CERTIFICATE**

NAME: LEE LUP THONG  
VISIT DATE: 23-08-2019  
IDENTIFICATION: S0108325B

This is to certify that the above mentioned has been given:

UNFIT FOR DUTY for 2 day(s) from 23-08-2019 to 24-08-2019

REMARKS:

**DR LEE VAN HIEN**  
FAMILY DOCTOR  
MBBS (SINGAPORE)  
MCR NO. 06167J

**DR. LEE VAN HIEN (M06167J)**  
DOCTOR

Not Valid for Absence from Court Attendance

Ref No.: 20192351139431  
Printed By: Clinic Assistant 1 SC/JW (23-08-2019)



**SINGAPORE  
POLICE FORCE**



T/20190823/2120

1 of 3

Report No. T/20190823/2120

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/08/2019 15:18		Vide Report No.:		Station Diary No.: 167
<b>Informant's Particulars</b>				
Name of Informant: LEE LUP THONG		Address: APT BLK 257 BOON LAY DRIVE #07-503 SINGAPORE 640257		
ID Type / ID No.: NRIC NO / S0108325B		Contact No.: Home/Office:		Mobile: 98935995
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 67	Date of Birth: 20/06/1952	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2019 10:05	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 NASSIM ROAD LERMIT ROAD Along T-Junction Nassim Road and Lermat Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB3275Z	Car					3
SLB986C	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190823/2120

Police Station Of Origin;  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 3

Report No. T/20190823/2120

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEE LUP THONG		ID No. S0108325B
Related Vehicle	SHB3275Z (Car)		Contact No. 98935995
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	Slight
<b>Passenger</b>			
Name	NATHAN SIMIANA		ID No. NIL
Related Vehicle	SHB3275Z (Car)		Contact No. 61408172788
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 23/08/2019 at about 1008hrs, I was driving my vehicle (SHB3275Z) along Nassim road towards Tanglin Road. Upon reaching T-Junction of Nassim Road and Lermitt Road, a vehicle( SLB986C) make a right turn and hit onto the rear of my vehicle. Both driver then alighted from the vehicle and the other driver apologies about the incident.

Both agree for insurance claims. no one has any visible injuries. Upon reporting the matter to my company , I was instructed to go to clinic to check for any injuries. I was given 2 days of medical leave as I had informed I has some headache.

I am lodging this report for my company record.



**SINGAPORE  
POLICE FORCE**

T/20190823/2120

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20190

**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 do the certificate with you now, please fax a copy to 65474885 stating the report number as referen

Signature Of Officer Recording The Report:

J/

Sgt 1 IBRAHIM BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/08/2019 15:18

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

