

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 | 06/09/2019 13:07 |
| Date Of Accident | 05/09/2019 21:05 |
| Exact Location Of Accident | MARSILING INDUSTRIAL ESTATE RD 3 TWDS SLE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SML9022K |
| Insured/Policyholder | |
| Name Of Registered Owner | JW LEASING PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-83332500 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | OPEL |
| Model | CROSSLAND |
| Exact Purpose for which vehicle was being used at time of accident | GOJEK |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | A 29125687 MCX |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | TEEGAN LEE ZHUOWEI |
| NRIC No | S7937651E |
| Date Of Birth | 12/12/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/03/2010 |
| Driving Experience | 9 YEARS AND 5 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-98565209 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 348A YISHUN AVE 11 #07-547 |
| Postcode | 761348 |
| 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 - HEAD TO REAR |
| 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) | 5 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 3 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 4 | NAME: : UNKOWN GENDER: : FEMALE |

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

PLS REFER TO THE POLICE REPORT: T/20190906/2000

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------------|
| Vehicle Registration Number | SHD9904S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | LAM CHEE CHONG |
| NRIC/Passport Number | S7034151D |
| Contact Number | 97235599 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|--------------------|
| Name | TEEGAN LEE ZHUOWEI |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SML9022K |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

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.

X

Policyholder's Signature
Date & Time:

+

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

Signature 06/09/19

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



SHARING YOUR INFORMATION

Accident Sketch Plan

SKETCH PLAN

MARSILING INDUSTRIAL ESTATE
RD 3
TOWNS SLE

A - SML9022K

B - SHD990415

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190906/2000



DECLARATION

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190906/2000

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20190906/2000

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TEEGAN LEE ZHUOWEI | ID No. | S7937651E |
| Related Vehicle | SML9022K (Car) | Contact No. | 98565209 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 05/09/2019 | Date Discharge | 05/09/2019 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |

Brief Details.

1) I am working as a GoJek Driver with the registration number (SML9022K). I picked up a passenger along Marsiling Industrial Estate 3 Car Park and moved off towards Seletar Expressway while travelling on the most left lane. The distance was about few traffic away before reaching the expressway. The weather was clear and the floor was dry but the traffic was quite packed. Out of sudden there is a few vehicles stopped suddenly in-front of me and I have to performed an emergency brake and managed to prevent any collision. However there is one vehicle with the registration number (SHD9904S) knocked my vehicle from the rear.

2) Both of us checked on each other and exchanged particulars due to the accident. There is no traffic police and ambulance was at the location however, I felt discomfort and went to Khoo Teck Phuat Hospital and consulted a doctor and was given 4 days of Medical Certificate. I was informed by the doctor to consult again if needed.

3) I wish to state that there is vehicle camera installed in the vehicle and recorded the accident and the passenger doesn't sustain any injuries.

4) Lam Chee Chong , S7034151D, 04.10.1970, Blk 588 Woodlands Drive 15 #07-02, 9723 5599

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190906/2000

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8528999

Report No: T/20190906/2000

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|-------------------------|----------------------------|
| Date/Time Report Made: 06/09/2019 00:04 | | Vide Report No.: | | Station Diary No.: 1 | |
| Informant's Particulars | | | | | |
| Name of Informant: TEEGAN LEE ZHUOWEI | | | Address: APT BLK 348A YISHUN AVENUE 11 #07-547 SINGAPORE 761348 | | |
| ID Type / ID No.: NRIC NO / S7937651E | | | Contact No.: Home/Office: Mobile: 98565209 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Female | Age: 39 | Date of Birth: 12/12/1979 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: DRIVER | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------|---|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 05/09/2019 21:05 | Type of Location: Straight Road |
| Location: Along Road 1 MARSILING INDUSTRIAL ESTATE ROAD 3 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy |
| 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 |
|-------------|------|---------|--|-------|---------------------|-----------------|
| SHD9904S | Car | RENAULT | LATITUDE 2.0L DCI AUTO D/AB 4DR | Red | Slightly Damaged | 1 |
| SML9022K | Car | OPEL | CROSSLAN D X B12XHT AT | Grey | Slightly Damaged | 1 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20190908/2000

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No: T/20190908/2000

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TEEGAN LEE ZHUOWEI | ID No. | S7937651E |
| Related Vehicle | SML9022K (Car) | Contact No. | 98565209 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 05/09/2019 | Date Discharge | 05/09/2019 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190906/2000

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529899

3 of 3



Report No. T/20190906/2000

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: L/ Sgt 1 GAN WEI LEONG, ALASTAIR | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 06/09/2019 00:04 |
| Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436 | Classification Of Case:  |
| Authentication Stamp NP160 | |