

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	06/01/2020 12:04
Date Of Accident	03/01/2020 17:50
Exact Location Of Accident	AYE TOWARDS CITY BEF. BUONA VISTA FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA7692J
Insured/Policyholder	
Name Of Registered Owner	LEE HUAT CHYE
NRIC No	SXXXX846B
Email Address	VANCLIFFLEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83383931
Alternative Phone No	OFFICE-83383931

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 L (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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA375173
Cover Note Number	

Driver

Name of Driver	LEE HUAT CHYE
NRIC No	SXXXX846B
Date Of Birth	20/07/1952
Occupation	INDOOR
Date Of Driving Pass	27/03/1973
Driving Experience	46 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83383931
Fax Number	
Contact Number	OFFICE-83383931
Email Address	VANCLIFFLEE@GMAIL.COM

Address	43, BEDOK SOUTH ROAD #16-773
Postcode	460043
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	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: : LEE GUAT KIM GENDER: : FEMALE
Passenger 2	NAME: : TAN HOCK KEONG GENDER: : MALE
Passenger 3	NAME: : LEE CHIEN HUI PETRINA GENDER: : FEMALE
Passenger 4	NAME: : CAROLINE TAN SUE LIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT, STATEMENT & SKETCH

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	SMH5647E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	EE LYE SOON
NRIC/Passport Number	SXXXX522A
Contact Number	97668216
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEE CHIEN HUI PETRINA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLA7692J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CAROLINE TAN SUE LIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLA7692J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	LEE GUAT KIM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLA7692J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	TAN HOCK KEONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLA7692J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	

Postcode

Accident Sketch Plan

SKETCH PLAN



A: SLA 7692J
B: SMH 5647E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AYE

REFER TO THE ATTACHED 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.:

Individual Statement

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.:

Police Report 1



**SINGAPORE
POLICE FORCE**



T/20200105/2069

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

1 of 5

Report No. T/20200105/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2020 17:10	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars

Name of Informant: LEE HUAT CHYE		Address: APT BLK 43 BEDOK SOUTH ROAD #16-773 SINGAPORE 460043	
ID Type / ID No.: NRIC NO / S1466846B		Contact No.:	Mobile: 83383931
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 20/07/1952	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: 2B, 2A, 2, 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/01/2020 17:45	Type of Location: Expressway
Location: Along Road 1 AYER RAJAH EXPRESSWAY Along AYE towards City, before Buona Vista Flyover				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle against Stationary Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA7692J	Car	HONDA	STREAM 1.8L A	Silver	Slightly Damaged	5
SMH5647E	Car	HONDA	ODYSSEY 2.4 EXV-S CVT LED SR		Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report 2



**SINGAPORE
POLICE FORCE**



T/20200105/2089

2 of 5

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 481051
Tel No. 1800-4499999

Report No. T/20200105/2089

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLA7692J	AXA INSURANCE SINGAPORE PTE LTD	GA375173	20/09/2019	19/09/2020

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LEE GUAT KIM	ID No.	X0136960714J
Related Vehicle	SLA7692J (Car)	Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/01/2020	Date Discharge	04/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	TAN HOCK KEONG	ID No.	X0136960716G
Related Vehicle	SLA7692J (Car)	Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/01/2020	Date Discharge	04/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEE HUAT CHYE	ID No.	S1466846B
Related Vehicle	SLA7692J (Car)	Contact No.	83383931
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Police Report 3



**SINGAPORE
POLICE FORCE**



T/20200105/2089

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Report No. T/20200105/2089

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

CONTINUATION OF REPORT

Passenger			
Name	LEE CHIEN HUI PETRINA	ID No.	S9304185B
Related Vehicle	SLA7692J (Car)	Contact No.	93873121
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/01/2020	Date Discharge	04/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	CAROLINE TAN SUE LIN	ID No.	X0136960718C
Related Vehicle	SLA7692J (Car)	Contact No.	+618019838955
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/01/2020	Date Discharge	04/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	EE LYE SOON	ID No.	S8039522A
Related Vehicle	SMH5647E (Car)	Contact No.	97668216
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 03/01/2020 at about 1748hrs, I was driving my vehicle (SLA7692J) along AYE heading towards the direction of city. There a total of 5 passengers inside the vehicle and my brother in law was seated beside me. I was travelling on lane 1 of the expressway. While I was driving, I noticed the vehicles ahead of me was braking due to the braking light, and eventually come to a halt. Hence, I also slow down and my vehicle also came to a halt.

About a second after my vehicle had come to a complete halt, out of a sudden, I felt an impact coming from the rear. I immediately engaged the gear of my vehicle to park mode, pull the hand brake and press on the hazard light. Before I came out of my vehicle, the lady driver who was ahead of me came out from her vehicle and checked her car as she thought that my vehicle had collided onto her car. I came out and told the lady driver that her car was not involved as my vehicle was collided by a vehicle at the rear.

Police Report 4



**SINGAPORE
POLICE FORCE**



T/20200105/2089

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Report No: T/20200105/2089

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

CONTINUATION OF REPORT

I walked over to the rear of my vehicle and by then the driver of the vehicle (SMH5467E) whom had collided onto my vehicle also came to approach me. The driver kept on apologizing to me. I went over to open the back passenger door of my vehicle to ask if anyone was injured. 3 of the passengers who was seated at very rear of the 7 seater car claim that they felt pain on their neck and shoulder. I then made a check on the damages to my vehicle and I noticed that the rear of my vehicle was badly dented due to the collision. I then told the driver that I had to call for police assistance due to injury suffered by my passengers which the driver acknowledged. While waiting for the arrival of the police, I exchanged particulars and took photos of the accident scene.

Shortly, afterwards two traffic police officers came and questioned both parties about what had happened. I explained to the police officer about what had happened and while explaining, one ambulance vehicle came to scene. The paramedics then treated my brother in law and my elder sister however nobody was conveyed by ambulance to hospital. I told the police officer that since nobody suffered any serious injury at that point of time, both parties agreed to settle via our own insurance. I then left the accident scene as my vehicle was able to move and no towing was needed. My vehicle has an in car camera which captures the front and rear view and my in car camera had captured the footages of the accident.

I send my relatives back to Pan Pacific Hotel and I told them that to seek medical treatment if they do not feel well.

On 04/01/2020 at about 1400hrs, I picked up my relatives and send them to Changi General Hospital as they informed of pain on their neck, shoulder and numbness on their arm.

My daughter (Lee Chien Hui Petrina) was given 5 days of Medical Leave.
My niece (Caroline Tan Sue Lin) was given 5 days of Medical Leave
My elder sister (Lee Guat Kim) was given 3 days of Medical Leave.
My brother in law (Tan Hock Keong) was given 3 days of Medical Leave.

Police Report 5



SINGAPORE
POLICE FORCE



T/20200105/2089

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No: T/20200105/2089

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:

G /
Sgt 3 MUHAMMAD KHAIRI BIN MOHAMMAD
KUSBARI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/01/2020 17:10

Officer In Charge Of Case:

TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP168

