

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	03/02/2020 19:04
Date Of Accident	02/02/2020 18:30
Exact Location Of Accident	HARVEY AVE TWDS HARVEY CRES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ8977C
Insured/Policyholder	
Name Of Registered Owner	M/S SG LEASING PTE LTD
Co Reg No	2XXXXX520E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1937751900
Cover Note Number	

Driver

Name of Driver	LEE SHIET XIANG
NRIC No	SXXXX779E
Date Of Birth	15/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2003
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87986315
Fax Number	
Contact Number	OFFICE-87986315
EEmail Address	NOEMAIL

Address	BLK 469 TAMPINES STREET 44 #08-156
Postcode	520469
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200203/2002.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFG737A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM GIM LEE
NRIC/Passport Number	
Contact Number	96859525
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LEE SHIET XIANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBJ8977C
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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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:



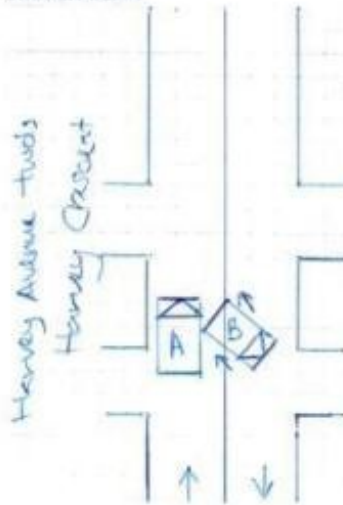
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



Veh A: GBJ 8977C
Veh B: SFG 737A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No. T/20200202 / 2002

DECLARATION

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

2

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



**SINGAPORE
POLICE FORCE**



T/20200203/2002

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No: T/20200203/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2020 01:14	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: LEE SHIET XIANG	Address: APT BLK 469 TAMPINES STREET 44 #08-156 SINGAPORE 520469
ID Type / ID No.: NRIC NO / S8033779E	Contact No.: Home/Office: Mobile: 87986315
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 39 Date of Birth: 15/10/1980	Type of Informant: Driver
Race: Chinese	Language: English Institution / School Name:
Occupation: DELIVERY 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: 02/02/2020 18:30	Type of Location: Straight Road
Location: Along Road 1 HARVEY CRESCENT				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 40 Km/h		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: REAR TO SIDE		Anyone conveyed by ambulance: No		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ8977C	Car				No Damage	0
SFG737A	Car				No Damage	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/20200203/2002

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469678
Tel No: 1800-2449999

2 of 3

Report No. T/20200203/2002

CONTINUATION OF REPORT

Driver			
Name	LEE SHIET XIANG	ID No.	S8033779E
Related Vehicle	GBJ8977C (Car)	Contact No.	87986315
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	LIM GIM LEE	ID No.	S7918312A
Related Vehicle	SFG737A (Car)	Contact No.	96859525
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 02/02/2020 at about 6.30pm, I was driving van bearing registration number GBJ8977C along Harvey Crescent. When I was driving along the Harvey Crescent, suddenly the vehicle bearing registration number SFG737A reverse his vehicle and collided onto my right side of my van. I then stopped my van and went out to check what had happened. The driver of vehicle SFG737A then informed me that earlier on there was one vehicle going the same way as such he drove his vehicle at the side in order for the other car to drove past. When I drove forward, he did not noticed my van and reverse his vehicle as such collided at the right side of my van.

We then exchange particular and left. No ambulance or traffic police needed. On 02/02/2020 at about 11pm, I went to Mount Alvernia Hospital as I felt my neck and my leg area pain due to the accident. I was then given 5 days Medical Certificate.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200203/2002

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No: T/20200203/2002

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 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 TIONG YEE SENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/02/2020 01:14

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

