

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 08:30 |
| Date Of Accident | 31/01/2020 16:30 |
| Exact Location Of Accident | SLIP ROAD FROM TOH TUCK AVENUE ENTERING PIE (TUAS) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SKN5767J |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE SIAK QUEE (LI XIQUI) |
| NRIC No | SXXXXX035Z |
| Email Address | SQLEE@PSA.COM.SG |
| Mobile Phone No | (LOCAL) +65-96742155 |
| Alternative Phone No | OTHERS-96742155 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | KIA |
| Model | FORTE K3-1.6 EX (A) |
| Exact Purpose for which vehicle was being used at time of accident | NORMAL USAGE |
| 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 | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 18-MV004939-R02 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LEE LAI CHU |
| NRIC No | SXXXXX825D |
| Date Of Birth | 16/07/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/10/1997 |
| Driving Experience | 22 YEARS AND 3 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96565632 |
| Fax Number | |
| Contact Number | OTHERS-96565632 |
| Email Address | LEE.CINDY71@YAHOO.COM |

| | |
|---|---|
| Address | 22 HILLVIEW TERRACE #10-22 SINGAPORE |
| Postcode | 669233 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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? | YES |
| 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 | BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-6659999 - FAX NO: 66655793 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE NO. T/20200131/2135

Attachment(s)

| | |
|---|---------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH TRAFFIC POLICE |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | FBE2883E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | FATIN AMIRAH BINTE IRMAN |
| NRIC/Passport Number | |
| Contact Number | 83325011 |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name FATIN AMIRAH BINTE IRMAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBE2883E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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: 1 Feb 2020
1230 hours.

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

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

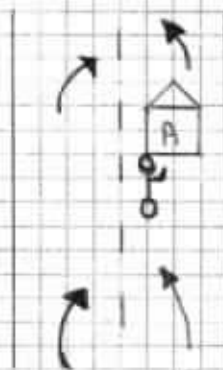


A - SKN 5767J

B - FBE 2883E

Diagram illustrating a mechanical system with a central vertical axis and a horizontal line. A square block labeled 'A' is positioned on the vertical axis, with a triangle on top. Below block 'A' is a small circle, which is connected to another small circle on the vertical axis. Arrows indicate motion: a curved arrow on the left points up, a curved arrow on the right points down, and a straight arrow on the right points right.

B - FBE 2883E



Refer to Police Report
No. T/20200131/2/35

Refer to Police Report
No. T/20200131/2/35

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

Date & Time: 1 Feb 2020
1230 hours

(if driver is not the policyholder)
Date & Time:

Name: _____
NRIC/FIN No.: _____



SINGAPORE POLICE FORCE



T/20200131/2135

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20200131/2135

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|----------------------------|--|
| Date/Time Report Made: 31/01/2020 19:36 | | Vide Report No.: J/20200131/0098 | | Station Diary No.: 108 | |
| Informant's Particulars | | | | | |
| Name of Informant: LEE LAI CHU | | | Address: 22 HILLVIEW TERRACE #10-22 SINGAPORE 669233 | | |
| ID Type / ID No.: NRIC NO / S7125825D | | | Contact No.: Home/Office: Mobile: 96565632 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Female | Age: 48 | Date of Birth: 16/07/1971 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: EXECUTIVE SECRETARY | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 31/01/2020 16:30 | Type of Location: Slip Road |
| Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY | | | | |
| Slip Road from Toh Tuck Avenue entering PIE(Tuas) Near Toh Tuck Flyover Lamp Post Number: 16S8 | | | | |
| 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 Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|-------|-------|---------------------|-----------------|
| FBE2883E | Motorcycle | YAMAHA | | | Slightly Damaged | 0 |
| SKN5767J | Car | KIA | K3 | Red | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|-----------------|-----------|-------------|
| SKN5767J | TOKIO MARINE INSURANCE SINGAPORE LTD. | 18-MV004939-R02 | | |



SINGAPORE POLICE FORCE



T/20200131/2135

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20200131/2135

CONTINUATION OF REPORT

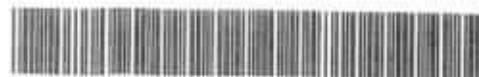
| | | | |
|-----------------------------------|--------------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | FATIN AMIRAH BINTE IRMAN | ID No. | T0042309I |
| Related Vehicle | FBE2883E (Motorcycle) | Contact No. | 83325011 |
| 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 LAI CHU | ID No. | S7125825D |
| Related Vehicle | SKN5767J (Car) | Contact No. | 96565632 |
| 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 | NIL |

Brief Details.

On the 31/01/2020 at about 1630hrs, I was travelling on the Slip Road from Toh Tuck Avenue to PIE(Tuas) in my vehicle, SKN5767J, As it was a merging lane and there another Van on the left side of my vehicle, I had to slow down. However after I slowed down, when all of a sudden, I heard a loud bang from the rear. I move to the side of the slip road and alighted to make a check. That was when I realized that a motorbike, FBE2883E had hit the rear of my vehicle. I then went to provide assistance to the rider and called for the ambulance. Subsequently, the Traffic Police and the ambulance came. The rider was then convey by ambulance. I was then given a case card by the Traffic Police, J/20200131/0098, IO Jeff Tan. The SD card has been taken by the Traffic Police officers. Due to the collision, there was an dent on the rear left of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20200131/2135

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Report No. T/20200131/2135

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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:

J /

Staff Sgt LEE JUN XIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN

Contact No.: 65476311

Signature Of Informant:

Date/Time:

31/01/2020 19:36

Classification Of Case:



SINGAPORE
POLICE FORCE
OFFICIAL USE ONLY

SIGNATURE

Authentication Stamp

NP168