

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	08/02/2020 16:14
Date Of Accident	07/02/2020 17:30
Exact Location Of Accident	AYE TWRDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR4343X
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Insured/Policyholder

Name Of Registered Owner	LEE HONG BENG
NRIC No	SXXXX962B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82394449
Alternative Phone No	OTHERS-82394449

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110257714
Cover Note Number	

Driver

Name of Driver	LEE HONG BENG
NRIC No	SXXXX962B
Date Of Birth	16/02/1974
Occupation	INDOOR
Date Of Driving Pass	04/05/2003
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82394449
Fax Number	
Contact Number	OTHERS-82394449
Email Address	NOEMAIL

Address	BLK 989A #13-723 JURONG WEST STREET 93
Postcode	641989
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	CHAIN COLLISION
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	3
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20200208/7013;

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	SGX9299L
Vehicle Make/Model/Colour	VOLKSWAGEN / TIGUAN 1.4 TSI AT BMT 5N22QY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DHANANJAYA REDDY
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMJ5795A
Vehicle Make/Model/Colour	HONDA / GRACE HYBRID 1.5DX AUTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KUGAN
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 HONG BENG
Approximate Age	45
Injuries Sustain	
Injured person in which vehicle?	SJR4343X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 989A #13-723 JURONG WEST STREET 93
Postcode	641989

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodging 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

8/2/20

1.05 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time

8/2/20

1.05 PM

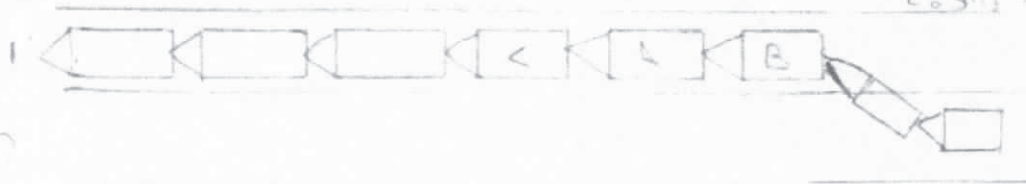
Reporting Centre Personnel's Signature
Name:

NRIC/IN No:

18 FEB 2020

Accident Sketch Plan

SKETCH PLAN



A 9 SJR H343 D
B 8 887 924 L
C 8 971 549 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. : 71/20000008/7013

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time

8/2/20
1.05 PM

[Signature]
Driver's Signature
(If driver is not the policyholder)

Date & Time
8/2/20
1.05 PM

100% KAPITI (PVT)
278 KILGERRIE AVE #02-02
Singapore 416933
Tel 67416627 Fax 67482308
Email kapi@kapi.com.sg

Reporting Centre Personnel's Signature
Name
NRIC/ID No.



SINGAPORE POLICE FORCE



T/20200208/7013

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200208/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2020 13:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LEE HONG BENG		Address: APT BLK 989A JURONG WEST STREET 93 #13-723 SINGAPORE 641989	
ID Type / ID No.: NRIC NO / S7406962B		Contact No.: Home/Office: Mobile: 82394449	
Nationality: SINGAPORE CITIZEN		Email: RAYMOND4449@GMAIL.COM	
Sex: Male	Age: 45	Date of Birth: 16/02/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Sales supervisor		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/02/2020 17:30	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX9299L	Car					1
SJR4343X	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Silver		0
SMJ5795A	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200208/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR4343X	NTUC Income Insurance Co-Operative Limited	5110257714	08/06/2019	23/06/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	DHANANJAYA REDDY		ID No.	NIL
Related Vehicle	SGX9299L (Car)		Contact No.	NIL
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 HONG BENG		ID No.	S7406962B
Related Vehicle	SJR4343X (Car)		Contact No.	82394449
Hospital/Clinic	APEX CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/02/2020		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	KUGAN		ID No.	NIL
Related Vehicle	NIL		Contact No.	89215633
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



**SINGAPORE
POLICE FORCE**



T/20200208/7013

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Report No. T/20200208/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

On 7 February 2020 at about 1730hrs, while I was travelling along AYE towards Jurong, I noticed Vehicle C in front of me suddenly jammed brake.

I managed to brake on time but suddenly Vehicle B behind me banged me hardly causing my vehicle to pushed forward and hit the vehicle in front.

I alighted and discovered that this is a chain collision involving 8 vehicles.

As I was not feeling well the next day, I went to consult doctor and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20200208/7013

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200208/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/02/2020 13:00

Classification Of Case: