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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 witholding 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.
- 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 ladgement 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	09/03/2020 17:50
Date Of Accident	08/03/2020 11:10
Exact Location Of Accident	QUEENSWAY TOWARDS COMMONWEALTH AVENUE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR8692A
Insured/Policyholder	
Name Of Registered Owner	LEE KWEE JIE (LI GUIJIE)
NRIC No	SXXXX466J
Email Address	BERNARDLEEKJ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96576085
Alternative Phone No	OTHERS-96576085
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5112023172
Cover Note Number	
Driver	
Name of Driver	LEE KWEE JIE (LI GUIJIE)
NRIC No	SXXXX466J
Date Of Birth	26/08/1980
Occupation	INDOOR
Date Of Driving Pass	01/10/2001
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96576085
ALC: SARDY UNIVERSAL	in and the secretary wild Control to the feature of the control to

OTHERS-96576085

BERNARDLEEKJ@GMAIL.COM

Address

BLK 81 STRATHMORE AVENUE

#04-120

Postcode

141081

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?

NO

Was any injured conveyed to hospital by

0.00

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)

4

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT MERAH WEST NPC

Police Station Address

ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 .

COUNTRY: SINGAPORE

Police Station Contact

TEL NO - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200309/2003

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKA7459D

Vehicle Make/Model/Colour

TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ZHANG WEIHAN

NRIC/Passport Number

SXXXX625D

Contact Number

96282092

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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:
 - 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:

2

2:40 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persongel's Sens

Name:

NRIC/FIN No.:

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DESCRIBE CIRCUMSTANCES):	
REFFIR to Pa	un empor 7/200	200309 3002	
DECLARATION		7	
/We declare the foregoing partic	ulars are true in every respect.	/	
			1 1
		an D	163/2020
olicyholder's Signature	Driver's Signature	Reporting Centre Pe	ersoppel's Senatura
Date & Time: 9/3/2020	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:	JAPA VVO

2-45pm

ACCIDENT STATEMENT

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LOCATION: QUEENSUMY COMMONWEND	IUM ROAD FILTER LIAME
T. DETAILS OF VEHICLE	
· alvehicle Number: SKR 8692	1/1
	100 14 14
d)POLICY TYPE: (COMPREHENSIVE / THIRE	PARTY / THIRD PARTY FIRE &THEFT
MAZDIT 3	
STYPE: (SALOON / COUPE / MPY /VAN / L	ORRY / MOTORCYCLE / OTHERS
STORE CATEGORI; IPRIVATE / COMM	EDCIAL / LIATADOVALEL
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TO THE PROPERTY OF A LAND TO A LAND	/ REPORTING ONLY
/ TOLIC I HOLDER	TO COMPANY OF THE PARTY OF THE
AINAME: LEE KWEE JIE .	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT: 38025466	CONTINT DIETIS
CIADDRESS: BLK 81 STRATHWARE	AVE # 04 -120 5141081
ONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
Lazzenster Oktobe	
induding driver) DINAME: AS APRIL	(MALE / FEMALE)
(1) b)NRIC/FIN/PASSPORT:	CONTACT:
C/VODKE22:	
*dIDATE OF DIPTIE 12/ 108 145	
eloccupation (NDD 2000)	D/MM/YYYY)
PLATE OF DRIVING PASC 9/10	Jal
4. WAS DRIVER AN EMPLOYEE OF THE	1 01
4. WAS DRIVER AN EMPLOYEE OF THE INSU	JRED'S COMPANY? (YES!/ NO)
IF NO, RELATIONSHIP OF THE DRIVER W 5. a) WEATHER CONDITION: (CLEAR / RAINING	
b)ROAD SURFACE: (DRY / WET / OTHERS_	/ OTHERS
6. WAS ANYBODY INJURED (YES / NO)	7
7. DIREPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATE	Holes are all trees are
IF YES, PLEASE STATE WHICH POLICE STATIO 8. THIRD PARTY VEHICLE	N: BAKIL MEKBH MEST WI
of passenger at VEHICLE NUMBER SUR TURE OF	T 101
uding driver) b) DRIVER'S NAME: ZHANG WEIHAN	MODEL: TOYOTH ALTIS.
- NRIC/FIN/PASSPORT: SR22762517	0/193 4
7. IFIRD PARTY VEHICLE	CONTACT: 96282092
of passanger d) VEHICLE NUMBER:	MODEL:
e) DRIVER'S NAME:	MODEL:
usting driver f DRIVER'S NAME: NRIC/FIN/PASSPORT:	COMMACY
and the state of t	CONTACT::-
	13

email = bernardlækj@gmail.com VIDBO YNS





1 of 3 Report No. T/20200309/2003

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

	ne Report IV 20 01:35	lade:	Vide Report No.:	Station Diary No.: 8
Informa	nt's Partice	ilars		
Name of LEE KW	Informant: EE JIE		Address: APT BLK 81 STRATHMORE 141081	AVENUE #04-120 SINGAPORE
	/ ID No.: D / S802546	36J	Contact No.: Home/Office:	Mobile: 96576085
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 39	Date of Birth: 26/08/1980	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat	ion: architect		Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 08/03/2020 11:10	Type of Location Filter left turn
QUEENSWA COMMONWI Queensway t	Traveling Toward Road 2 Y EALTH AVENUE owards Commonwealth a		way secondary schoo	I Road Speed Limit:
Weather: Clear		Dry		Road Speed Limit.
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Between Mov	sion: ving Vehicles - Head To R	ear		Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKA7459D	Car				Slightly Damaged	1
SKR8692A	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Black	Slightly Damaged	0

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





2 of 3

Report No. T/20200309/2003

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Tru. 11	F-
SKR8692A	NTUC Income Insurance Co-Operative	State and	Effective	Expiry Date
	Limited Co-Operative	5112023172	22/08/2019	12/09/2020

Details of Pers	on Involved				
Any Pedestrian	Involved: No				
No. of Pedestria	ns Injured: NIL	Use of Po	prinetrin	n Cros	oles NA
Driver		000 011	cuestris	in Cros	sing: NA
Name	Zhang Wei Han		ID N	0.	S8227625D
Related Vehicle	SKA7459D (Car)	70-	Cont	act No.	96282092
Hospital/Clinic	NIL		Class Drivir Licen	ng ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Data Dies		y Date	
No. of Days gran	ted Medical Leave NIL	Date Disc	fininge	NIL	
Driver		Degree o	i injury	INIL	
Name	LEE KWEE JIE		ID No		S8025466J
Related Vehicle	SKR8692A (Car)		Conta	ict No.	96576085
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class; 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days grant	ed Medical Leave NIL	Degree of		NIL	

Brief Details.

On 08/03/2020 at about 1108hrs, I was travelling along Queensway road towards commonwealth ave near the Queensway Secondary School. It was a left filter lane and I was looking on the right to ensure that there was no traffic before I could move off. I did notice that there was a vehicle , SKA7459D infront of me . I did not see the vehicle infront of me braking and I collided onto the rear. We came out of the vehicle to check the damages and if there was any injuries. The other vehicle had another passenger in the vehicle at the point of time. They told me that they did not sustain any injuries. We did not call for the police nor the ambulance.

I wish to declare that my car is being installed with an in-car camera.





3 of 3

Report No. T/20200309/2003

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

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: D / Sgt 2 MELVIN LOH JUN HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/03/2020 01:35
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

NP168

Claim Handling					
Accident HT/1667581					
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gister Date of Driver License	NUMBER OF THE PROPERTY OF THE		\$40254041	Driver DOS	26/06/24eG
Chart No. (Notate)	W378085	Driver Age	34	Driving Experience	(TE)
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THE SCHEDULF

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Palicy Number

: 5112023172

The Policyholder

: LEE KWEE JIE (LI GUIJIE)

BLK 81 #04-120

STRATHMORE AVENUE SINGAPORE 141081

Period of Insurance

: 22 Aug 2019 To 12 Sep 2020

Sum insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

\$\$1,063.33

Interest Insured

Cover Type

: drivo CLASSIC

Primary Driver

LEE KWEE JIE (LI GUIJIE)

Named Driver (1)

: LIAU SIAO LIN, CYNTHIA

Named Driver (2)

: N/A

Make/Model

: MAZDA/3

Capacity

: 1500cc

Registration Number Chassis Number

: SKR8692A

Registration Year : 2015

Repair at Owner's Preferred Workshop : No

: JM6BM42A8G0300740

Off-peak Car

: No

Excess (Section 1)

\$ \$\$600

Insure with COE : Yes

Excess (Section 2)

: N/A

NCD Entitlement : 20% NCD Protection

Windscreen Excess

: \$\$100

Loyalty Discount : 5%

: No

Additional Excess

: N/A

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: HONG LEONG FINANCE LIMITED

Optional Cover

Transport Allowance

: No

Excess Waiver

: No

Memo A: N/A

Endorsement Operative : N/A

Agency

INSURE LINK PTE LTD (00000614836)

Date of Issue

: 22 Aug 2019 11:09 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive