

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	12/03/2020 14:53
Date Of Accident	11/03/2020 18:50
Exact Location Of Accident	BKE TWDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ1909P
Insured/Policyholder	
Name Of Registered Owner	LEE CHEE LEONG
NRIC No	SXXXX950B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81337698
Alternative Phone No	OFFICE-81337698

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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	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	5108550602
Cover Note Number	

Driver

Name of Driver	LEE CHEE LEONG (LI ZHILIANG)
NRIC No	SXXXX950B
Date Of Birth	01/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2018
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81337698
Fax Number	
Contact Number	OFFICE-81337698
Email Address	NOEMAIL

Address	BLK 20 BALAM ROAD #01-164
Postcode	370020
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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)	2
Passenger 1	NAME: : LEE YI CHING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200311/2182.

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	SJM5838E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
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 SJX3938E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLM9810J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
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 CHEE LEONG (LI ZHILIANG)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJQ1909P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LEE YI CHING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJQ1909P
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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5. 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.
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/PIN No.:

Accident Sketch Plan

Veh A: SJQ1909D
 Veh B: STM 5838E
 Veh C: STX 3938E
 Veh D: SLM 9810J

← SLE Towards BSE Before Manda Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report

DECLARATION

(We declare the foregoing particulars are true in every respect.)


 Policyholder's Signature
 Date & Time:

Driver's Signature


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

Driver's Signature


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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200311/2182

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20200311/2182

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2020 23:34	Vide Report No.:	Station Diary No.: 100
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Informant's Particulars

Name of Informant: LEE CHEE LEONG	Address: APT BLK 20 BALAM ROAD #01-164 SINGAPORE 370020		
ID Type / ID No.: NRIC NO / S8852950B	Contact No.: Home/Office: Mobile: 81337698		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 31	Date of Birth: 01/11/1988	Type of Informant: Driver
Race: Chinese	Language: Mandarin	Institution / School Name:	
Occupation: Engineering outdoor sales	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2020 18:50	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY Along BKE towards Woodlands exit Mandai Road				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Chain collision between 4 vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM5838E						1
SJQ1909P		HYUNDAI	HD AVANTE 1.6 A	White		1
SJX3938E						0
SLM9810J						1

Police Report



**SINGAPORE
POLICE FORCE**



T/20200311/2182

Police Station Of Origin:
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1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20200311/2182

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ1909P	NTUC Income Insurance Co-Operative Limited	5108550602	08/04/2019	27/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	Alex Varghese		ID No.	S9570103E
Related Vehicle	SJM5838E		Contact No.	90236570
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 CHEE LEONG		ID No.	S8852950B
Related Vehicle	SJQ1909P		Contact No.	81337698
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/03/2020		Date Discharge	11/03/2020
No. of Days granted Medical Leave	04		Degree of Injury	NIL
Passenger				
Name	Lee Yi Ching		ID No.	S8847582H
Related Vehicle	SJQ1909P		Contact No.	96456665
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/03/2020		Date Discharge	11/03/2020
No. of Days granted Medical Leave	04		Degree of Injury	NIL

Police Report



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T/20200311/2182

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1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20200311/2182

CONTINUATION OF REPORT

Driver				
Name	Saleha Binte Rohani		ID No.	S7715097H
Related Vehicle	SJX3938E		Contact No.	97625166
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	Benjamin Lim Wee Han		ID No.	S9534889J
Related Vehicle	SLM9810J		Contact No.	96283909
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 the 11 March 2020 at about 1850hrs I was driving my vehicle SJQ1909P along BKE towards Woodlands on the extreme left lane as I was intending to exit to Mandai. The traffic volume at the point of time was heavy and my vehicle was stationary. Suddenly I felt a collision from behind and when I make check I was involved in a chain collision.

There were 3 other vehicles involved in this accident. My vehicle is the first vehicle, the vehicle behind me is SJM5838E, followed by SJX3938E and the last vehicle SLM9810J.

I had managed to take the contact details of the 3 vehicle drivers. No police attended to this accident.

There is no government property damage in this accident, my wife and I proceeded to Raffles hospital for medical treatment and was given 4 days each.

Police Report



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T/20200311/2182

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Report No. T/20200311/2182

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 /

Sr Staff Sgt LOI JUN FENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/03/2020 23:34

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168

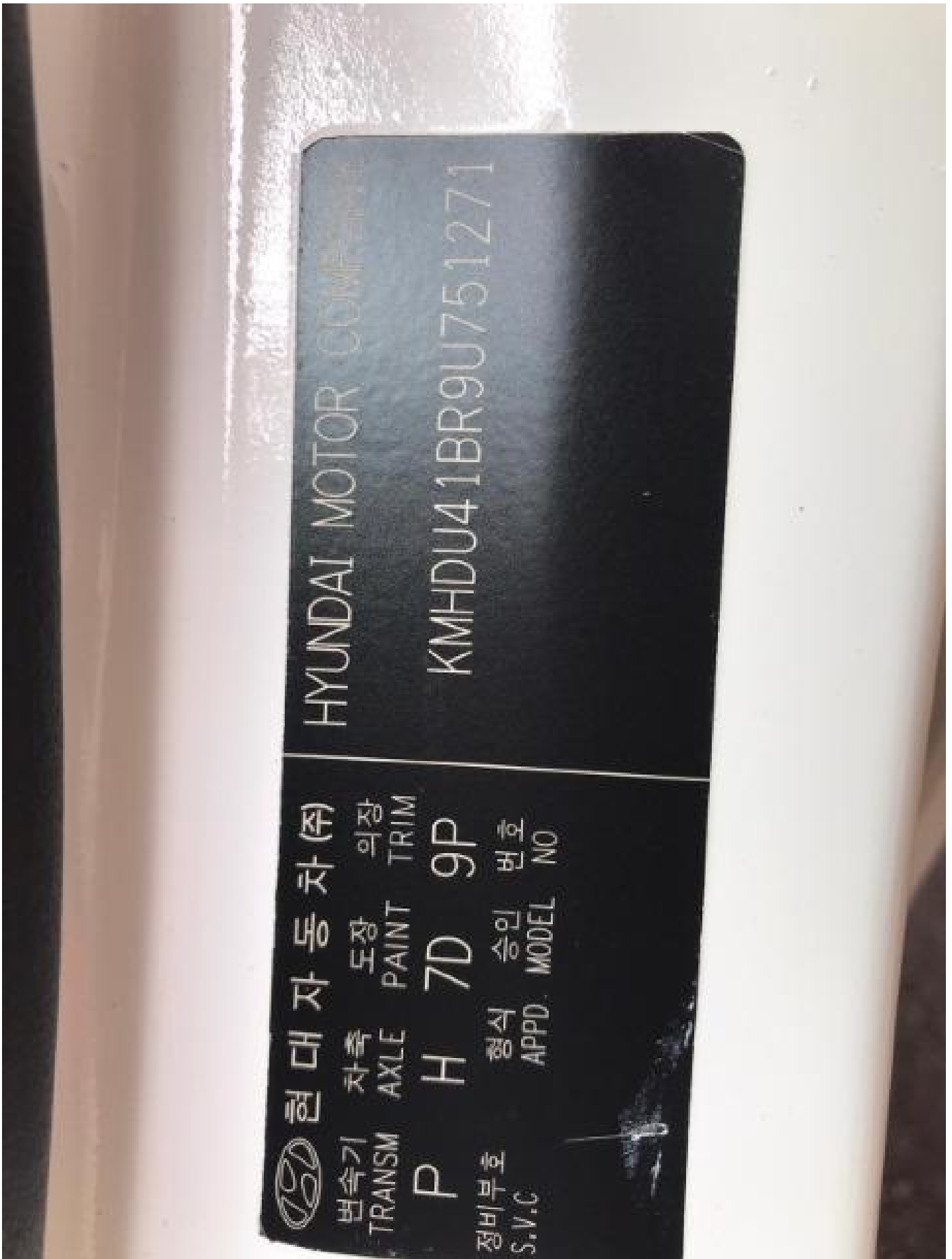


SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

