

## 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	24/03/2020 13:47
Date Of Accident	16/03/2020 05:00
Exact Location Of Accident	PAYA LEBAR RD BEFORE SIMS AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6671L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JASON LEE ZHENG DE
NRIC No	SXXXX686C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81029209
Alternative Phone No	OFFICE-81029209

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107657273
Cover Note Number	

### Driver

Name of Driver	LESLIE LEE ZHENG YI
NRIC No	SXXXX962B
Date Of Birth	29/01/1995
Occupation	INDOOR
Date Of Driving Pass	10/10/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91061148
Fax Number	
Contact Number	OFFICE-91061148
Email Address	NOEMAIL

Address	BLK 644 YISHUN STREET 61 #05-314
Postcode	760644
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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	1
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)	4
Passenger 1	NAME: : TAY LAY LIAN GENDER: : FEMALE
Passenger 2	NAME: : CARIASO ROWENA DACANAY GENDER: : FEMALE
Passenger 3	NAME: : PHRAPRASERT PHUTHACHAT GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 32 YISHUN ST 81 , <b>POSTCODE:</b> 768456 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8522999 - <b>FAX NO:</b> 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200316/2008, L/20200317/2092.

#### 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 INJURED PERSON 1

Name	LESLIE LEE ZHENG YI
Approximate Age	
Injuries Sustain	BODY

Injured person in which vehicle?	SJM6671L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	TAY LAY LIAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM6671L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	CARIASO ROWENA DACANAY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM6671L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 4

Name	PHRAPRASERT PHUTHACHAT
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM6671L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

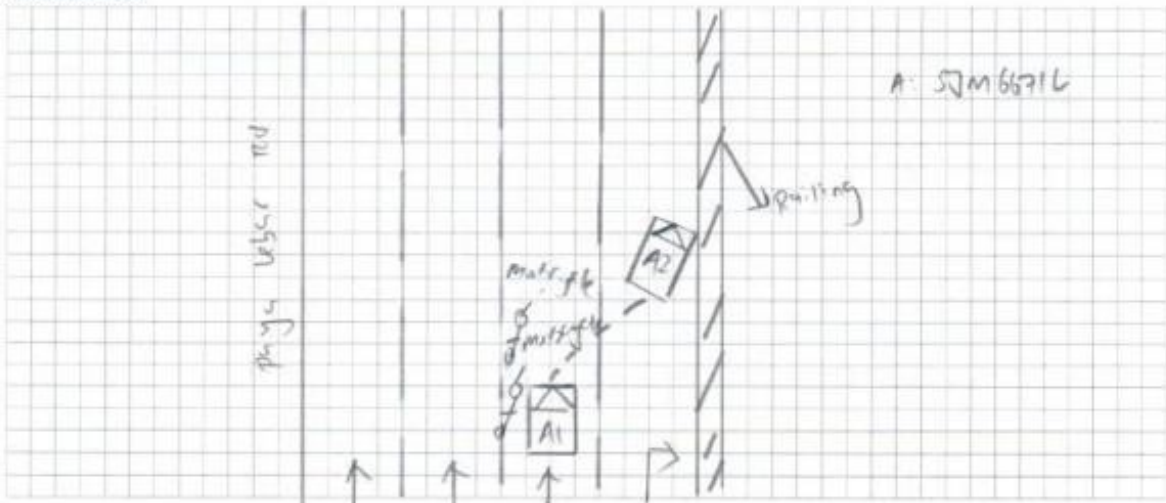
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20200316/2008, 6/20200317/2092.

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### DECLARATION

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

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**

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999



T/20200316/2008

1 of 3

Report No. T/20200316/2008

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2020 07:57	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars			
Name of Informant: LESLIE LEE ZHENG YI		Address: APT BLK 644 YISHUN STREET 61 #05-314 SINGAPORE 760644	
ID Type / ID No.: NRIC NO / S9506962B		Contact No.: Home/Office: Mobile: 91061148	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 29/01/1995	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: CUSTOMER SERVICE		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/03/2020 05:00	Type of Location: Straight Road
Location: Along Road 1 PAYA LEBAR ROAD Outside PLQ Mall				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM6671L	Car				Seriously Damaged	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/20200316/2008

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

2 of 3

Report No. T/20200316/2008

### CONTINUATION OF REPORT

<b>Driver</b>			
Name	LESLIE LEE ZHENG YI	ID No.	S9506962B
Related Vehicle	SJM6671L (Car)	Contact No.	91061148
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 16/03/2020 at about 0500hrs, I was driving my V1) SJM6671L vehicle along Paya Lebar Road, outside Paya Lebar Quarter.

I was driving along lane 2 of the 4 lanes when 1 motorcycle had passed by near me from the right. Subsequently, when I checked my left side mirror, I noticed another motorcycle rode near towards my left side of my vehicle causing me to switch to lane 1. Before making a lane change, I signaled right and check my blindspot for the oncoming traffic.

I wish to state that when I am switching to lane 1, another motorcycle had rode next to my vehicle thus I am unable to straighten my vehicle causing me to hit onto the barricade of the center divider.

I quickly switch off my engine and alight from my vehicle to make a check. I noticed that there barricade of the center divider was damaged. I wish to add that the barricade was detached from the center divider and it was on the opposite side of the road. I had then moved the barricade to the side of the road to prevent any disruption of the traffic flow.

I had then went to Paya Lebar Quarter wash room to make a check on myself where subsequently the police and ambulance was already at scene.

I wish to state that I have an in-car camera however I am unsure whether the camera is working.

Traffic police with incident reference G/20200316/0049 and ambulance was at scene. The barricade of the center divider was detached.

I was advised from the traffic police to lodged a police report.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200316/2008

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

3 of 3  
Report No. T/20200316/2008

### 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:  
L /  
Sgt 2 MUHAMMAD IRYANI BIN JOHARI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/03/2020 07:57

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

Classification Of Case:

Authentication Stamp  
NP158



Stamping Date: 16/03/2020



# Police Report



**SINGAPORE  
POLICE FORCE**



L/20200317/2092

1 of 2

## POLICE REPORT (NP299)

Report No. L/20200317/2092

Police Station Of Origin  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

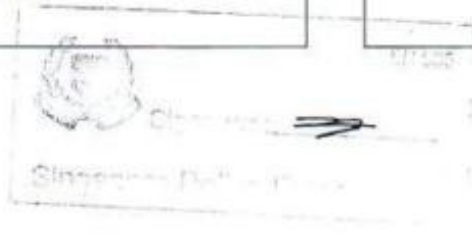
Date/Time Report Made 17/03/2020 20:51	Vide Report No. T/20200316/2008	Station Diary No. 127
Name Of Informant LESLIE LEE ZHENG YI	Address APT BLK 644 YISHUN STREET 61 #05-314 SINGAPORE 760644	
ID Type / ID No. NRIC NO / S9506962B	Contact No. Home/Office Mobile 91061148	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Customer service clerk	Sex Male	Age 25
Institution/School Name	Date of Birth 29/01/1995	Race Chinese
Date/Time Of Incident 16/03/2020 05:00	Location Of Incident 10 PAYA LEBAR ROAD PLQ MALL SINGAPORE 409057 Outside PLQ Mall, Along Paya Lebar Road	

### Brief details.

On 16/03/2020 at about 0757hrs, I came into Yishun South NPC to lodge a Road Traffic Accident, Vide Report No: T/20200316/2008. My lawyer then informed that the particulars of my passengers who were involved in the accident was not inside the report, hence I am making this report to inform that 3 of my family members who were my passengers were injured after the incident occurred. 2 of my family members went to Intemedical 24hrs Clinic on the 16/03/2020 and they received 5 days of MC, however my other family member went to the Intemedical 24hrs Clinic on 17/03/2020 and received 3 days of MC. I

Signature Of Officer Recording The Report: L / SC2 MUHAMMAD SYAFI'IE BIN JUPRI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/03/2020 20:51
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Sgt 3 ROGER GOH XIN YAN Contact No.: 64660000	Classification Of Case:

Authentication Stamp



# Police Report



**SINGAPORE  
POLICE FORCE**



L/20200317/2092

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200317/2092




would like to inform that I went to Platinum Medical Centre on the 16/03/2020 and was given 3 days of MC.

Passengers that went to the said Clinic on the 16/03/2020

- 1) Phraprasert Phuthachat, G1584475U
- 2) Cariaso Rowena Dacanay, G8790474T

Passengers that went to the said Clinic on the 17/03/2020

- 1) Tay Lay Lian, S1450224F

Signature Of Officer Recording The Report: L / SC2 MUHAMMAD SYAFI'IE BIN JUPRI ➔	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/03/2020 20:51
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Sgt 3 ROGER GOH XIN YAN Contact No.: 64660000	Classification Of Case:
Authentication Stamp  	011035

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo







Accident Photo

