

## 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	25/04/2020 13:58
Date Of Accident	24/04/2020 20:10
Exact Location Of Accident	ALONG AMK AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1547L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91998131

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA00001962000
Cover Note Number	

### Driver

Name of Driver	LEE TING HEONG
NRIC No	SXXXX617I
Date Of Birth	28/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	13/06/1990
Driving Experience	29 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91999945
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	72 SELETAR HILLS DR
Postcode	807087
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 CASSIA LINK , <b>POSTCODE:</b> 397618 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200425/2014

#### 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	SLZ5663A
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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
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 TING HEONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMH1547L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 1040  
Date & Time:

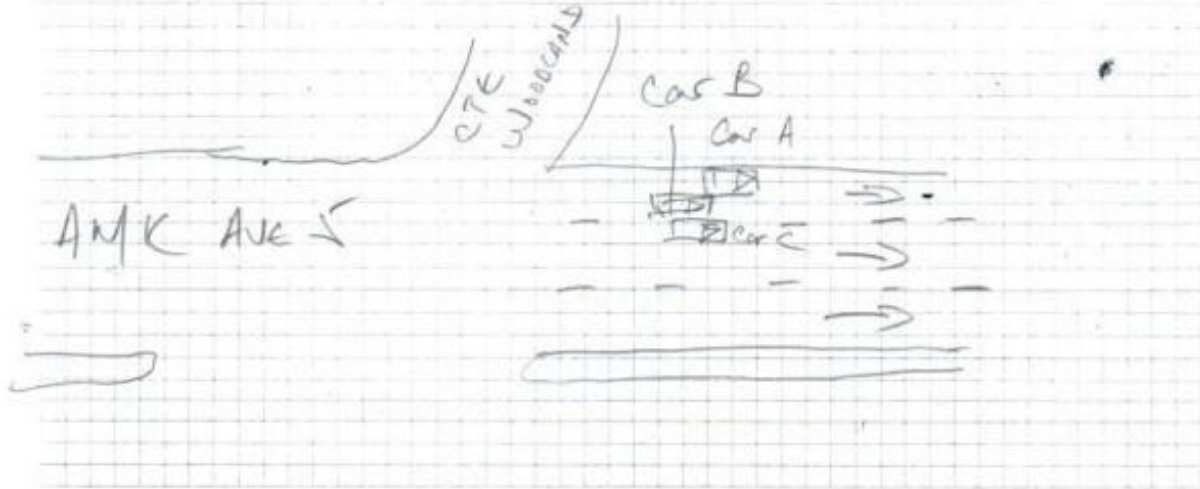
Driver's Signature  
(If driver is not the policyholder)

Date & Time: 25/4/20 1135 AM

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24th April 2020, I was driving at Ana Mo Kio Ave S  
 Searching for a bridge to BLK 988 C BYANA KOR GREEN. It was a raining  
 night around 2013 hrs suddenly a Toyota car hit me on the  
 right, he was overtaking but never see me so he hit me.

## DECLARATION

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



Policyholder's Signature  
 Date & Time:

25/04/2020  
 1040

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

Date & Time: 25/4/20 1035 AM.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200425/2014

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

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Report No. T/20200425/2014

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2020 12:19		Vide Report No.:		Station Diary No.: 38	
<b>Informant's Particulars</b>					
Name of Informant: LEE TENG HEONG			Address: 72 SELETAR HILLS DRIVE SINGAPORE 807087		
ID Type / ID No.: NRIC NO / S17266171			Contact No.: Home/Office: Mobile: 91999945		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 28/07/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/04/2020 20:10	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 5 Along Ang Mo Kio Ave 5				
Weather: Drizzling		Road Surface: Wet		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: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ5663A	Car	TOYOTA		White	Slightly Damaged	0
SMH1547L	Car	HONDA	Freed	White	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH1547L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200425/2014

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

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Report No. T/2020/ 5/2014

### CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE TING HEONG	ID No.	S1726617I
Related Vehicle	SMH1547L (Car)	Contact No.	91999945
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ FERNVALE PTE LTD	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date of Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

#### Brief Details.

On 24th April 2020 at about 2015hrs, I was driving along Ang Mo Kio Ave 5 when a car (SLZ 5663A) which is owned by Mr Pang suddenly want to overtake my car. At that point of time I was at lane 4 and Mr Pang was at lane 3. Due to the sudden action of Mr Pang's vehicle, I emergency break and in the end Mr Pang hit on the right side of my car. After Mr Pang hit the side of my car he tried to go back to his lane, however he hit another car instead.

There are deep dents and scratches on the right side of my car and I suffered from whole body aches which I then went to the clinic to get it checked. I was given 3 days MC by ProHealth Medical Group.

All my insurance has already been settled prior before lodging this report.

I would like to add on that the car that I am currently driving is a private hired car.

Particulars of Mr Pang,  
Mr Pang  
83383815  
SLZ 5663A

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200425/2014

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

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Report No. T/20200425/2014

### 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 /  
Sgt 2 FATIN NURDIYANA BINTE MURAMAD  
SHUKOR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/04/2020 12:19

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65476219

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



