

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	06/05/2020 13:48
Date Of Accident	06/05/2020 07:30
Exact Location Of Accident	ALONG BOON LAY WAY NEAR BUS STOP 21689
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7823Y
Insured/Policyholder	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	5XXXX846X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97209789
Alternative Phone No	OFFICE-97209789

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112801747
Cover Note Number	

Driver

Name of Driver	TANG LEE LEE
NRIC No	SXXXX649G
Date Of Birth	30/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1995
Driving Experience	24 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97209789
Fax Number	
Contact Number	OTHERS-97209789
Email Address	NOEMAIL

Address	BLK 207 BUKIT BATOK STREET 21 #02-122
Postcode	650207
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 - 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?	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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200506/2021

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE4490G
Vehicle Make/Model/Colour	SCANIA P410
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHENNG XIAOYAN
NRIC/Passport Number	GXXXX623N
Contact Number	97502878
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name TANG LEE LEE
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? SLF7823Y
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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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:

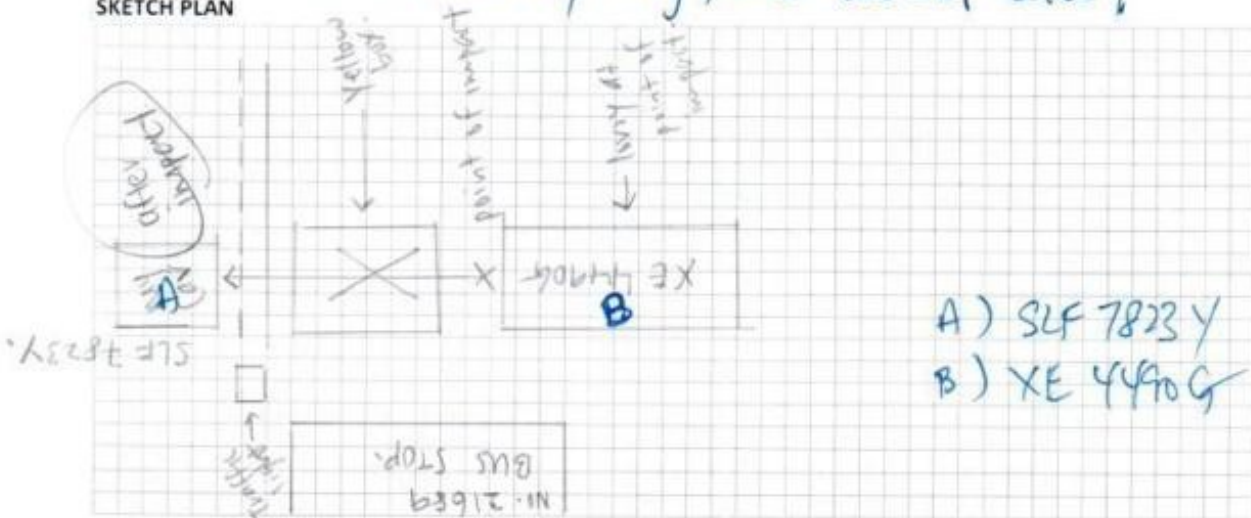
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

Along Basu Lay Way, Alwar Bus Stop 21689

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/2020/5866/2021

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**



T/20200506/2021

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20200506/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2020 12:31		Vide Report No.:	Station Diary No.: 45
Informant's Particulars			
Name of Informant: TANG LEE LEE		Address: APT BLK 207 BUKIT BATOK STREET 21 #02-122 SINGAPORE 650207	
ID Type / ID No.: NRIC NO / S2568649G		Contact No.: Home/Office: Mobile: 97209789	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 52	Date of Birth: 30/09/1967	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: GRAB DRIVER		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: 06/05/2020 07:30	Type of Location: Straight Road
Location: Along Road 1 BOON LAY WAY Along Boon Lay Way, near bus stop 21689				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SLF7823Y	Car	MAZDA	MAZDA3	Black	Seriously Damaged	0
XE4490G	Lorry	SCANIA	P410	Red	No Damage	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



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659840
Tel No: 1800-6659999



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Report No. T/20200506/2021

CONTINUATION OF REPORT

Driver			
Name	TANG LEE LEE		ID No. S2568649G
Related Vehicle	SLF7823Y (Car)		Contact No. 97209789
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	06/05/2020		Date Discharge NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	ZHENG XIAOYAN		ID No. G8569623N
Related Vehicle	XE4490G (Lorry)		Contact No. 97502878
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: 09/04/2023
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/05/2020 at about 0730hrs, I was driving my rented vehicle, SLF7823Y, along Boon Lay Way towards 'JEM' direction. While I was near bus stop number: 21689, there was a traffic light and it was red. Thus, I stopped my vehicle just behind the yellow box.

About 10 seconds later, I felt a huge impact coming from the rear of my vehicle which pushed my vehicle forward quite a distance. I was pushed all the way after the traffic light. I then alighted from my vehicle and discovered that a lorry, XE4490G, had collided with the rear of my vehicle. The lorry driver alighted and informed that he did not notice that the traffic light was red as he was concentrating looking at his GPS. Thus, he did not slow down. My vehicle suffered a huge dent on the rear bumper while the lorry has no damage at all. We exchanged particulars and we went our separate ways.

I feel sharp pain from the neck down to the spine and went to consult a doctor at Ng Teng Feng General Hospital after the accident. I was given 7 days of MC. I have in-car camera installed at the rear of the vehicle, but I am not sure if it has recorded the incident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200506/2021

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No: T/20200506/2021

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:
J/
Sgt 3 NG TYAN SOON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/05/2020 12:31

Officer In Charge Of Case:
TP / AEIT / SINGAPORE
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



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