

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	14/05/2020 08:58
Date Of Accident	06/05/2020 07:45
Exact Location Of Accident	CTE TWDS TPE SLIP RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5576R
Insured/Policyholder	
Name Of Registered Owner	PYRO CARS PTE LTD
Co Reg No	2XXXXX328D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87386755

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION 1.5 A
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5112015474
Cover Note Number	

Driver

Name of Driver	LEE GUAN SIONG MARCUS
NRIC No	SXXXX861A
Date Of Birth	19/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2000
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88585188
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 335 AMK AVE 1 #07-2011
Postcode	560335
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	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

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?	YES
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	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200509/2022

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	WALL
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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 GUAN SIONG MARCUS
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJL5576R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.



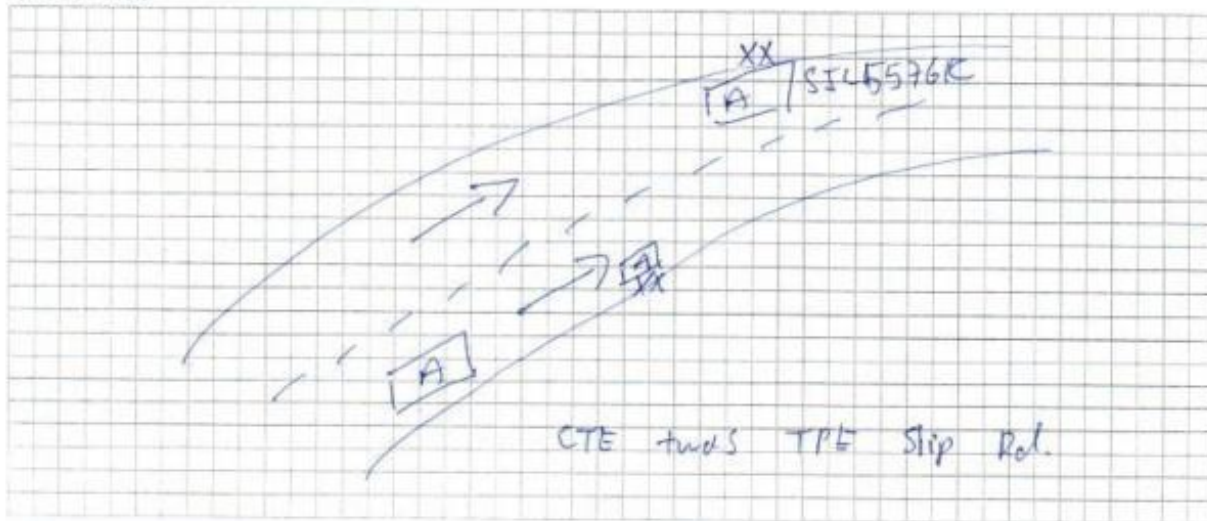
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refu to Police report T/20200509/2022

Preferred Workshop— Optima Wc/c2 Pte Ltd
~~9117 7568~~
9117 7568—Ms Sharon

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/20200509/2022

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

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Report No. T/20200509/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2020 12:50	Vide Report No.: E/20200506/0035	Station Diary No.: 11
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Informant's Particulars

Name of Informant: LEE GUAN SIONG, MARCUS			Address: APT BLK 335 ANG MO KIO AVENUE 1 #07-2011 SINGAPORE 560335	
ID Type / ID No.: NRIC NO / S7907861A			Contact No.: Home/Office:	Mobile: 88585188
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 41	Date of Birth: 19/03/1979	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class:	
			Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/05/2020 07:45	Type of Location: Bend
Location: Along Road 1 CENTRAL EXPRESSWAY CTE TUNNEL TOWARDS TPE				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL5576R	Car	TOYOTA	ALLION 1.5 A	White		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/20200509/2022

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

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Report No. T/20200509/2022

CONTINUATION OF REPORT

Driver				
Name	LEE GUAN SIONG, MARCUS		ID No.	S7907861A
Related Vehicle	SJL5576R (Car)		Contact No.	88585188
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/05/2020		Date Discharge	08/05/2020
No. of Days granted Medical Leave	17		Degree of Injury	NIL

Brief Details.

On 06/05/2020, at about 0750hrs, I was driving my vehicle SJL5576R along the CTE tunnel going towards TPE. As I was turning right at the bend, my vehicle skidded and collided into the wall at the left side of the road which resulted in my vehicle being unable to drive. I came out of my vehicle to direct the traffic while waiting EMAS to arrive to help tow my vehicle away. As I was directing the traffic, I noticed a motorcycle turning at the bend which skidded past me. After which something else knocked into me and I lost consciousness. When I gain back consciousness I was in an ambulance.

I was admitted to SKGH from 06/05/2020 - 08/05/2020, and was given a 17 days MC till 22/05/2020. I do not know the motorcycle registration number which collided into me.

Traffic Police IO Zickie 98152587 had contacted me to lodge a report for the accident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200509/2022

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

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Report No. T/20200509/2022

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:
F /
Sgt 3 SWEE WEI ERN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/05/2020 12:50

Officer In Charge Of Case:
TP / GIT /
Sgt 3 INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476256

Classification Of Case:

Authentication Stamp
NP168



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

