

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	18/05/2020 14:48
Date Of Accident	17/05/2020 21:45
Exact Location Of Accident	BEHIND BLOCK 26 TECK WHYE LANE CARPARK (TW1)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX7665R
Insured/Policyholder	
Name Of Registered Owner	CCA LEASING PTE.LTD.
Co Reg No	2XXXXX720W
Email Address	CHRIS.YEO@INFINITE-PARTNERS.COM
Mobile Phone No	(LOCAL) +65-96662234
Alternative Phone No	OFFICE-96662234

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112089465
Cover Note Number	

Driver

Name of Driver	LUCAS LEE JIA KIE
NRIC No	SXXXX780D
Date Of Birth	18/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96662234
Fax Number	
Contact Number	OTHERS-96662234
Email Address	CHRIS.YEO@INFINITE-PARTNERS.COM

Address	BLK 621B EDGEFIELD WALK #11-37
Postcode	822621
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 - MAJOR/MINOR RD
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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200518/2004

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	SJA8433H
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH CHEE GUAN GU ZHI YUAN
NRIC/Passport Number	SXXXX770Z
Contact Number	94899537
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LUCAS LEE JIA KIE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJX7665R
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.
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. 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:

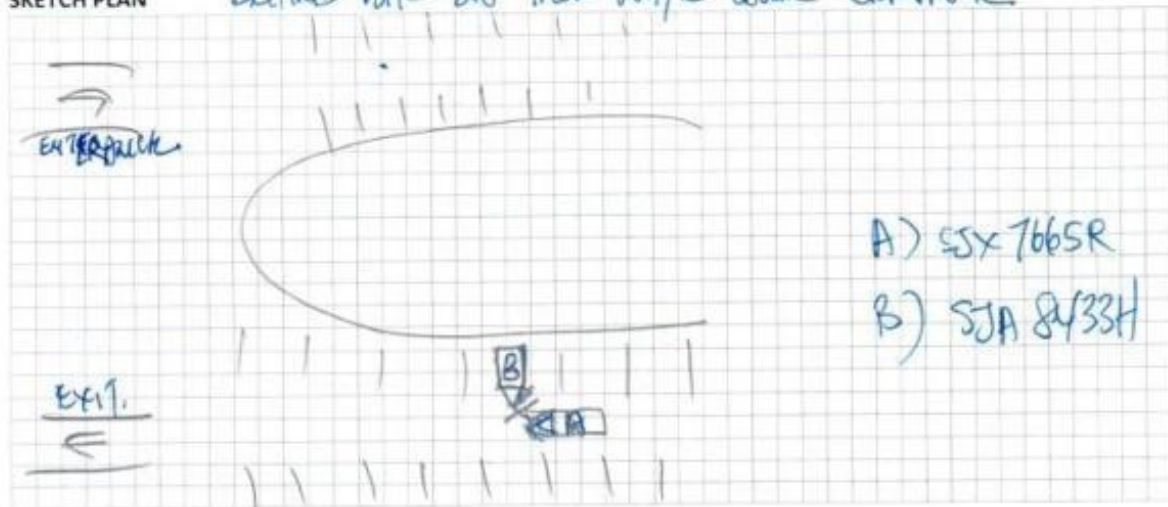
19/5/20 1325 hrs

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

18/05/2020
Kosa / HOB

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/200518/2004

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:

[Handwritten signature]

19/5/20 1325hr

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

[Handwritten signature]
Name: *[Handwritten name]*
NRIC/FIN No.: *[Handwritten number]*

Police Report



**SINGAPORE
POLICE FORCE**



T/20200518/2004

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 4

Report No. T/20200518/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2020 01:54		Vide Report No.: J/20200517/0206		Station Diary No.: 8	
Informant's Particulars					
Name of Informant: LUCAS LEE JIA KIE			Address: APT BLK 621B EDGEFIELD WALK #11-37 SINGAPORE 822621		
ID Type / ID No.: NRIC NO / S9233780D			Contact No.: Home/Office: Mobile: 96662234 ✓		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 18/09/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Plumber			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/05/2020 21:45	Type of Location: Car Park
Location: Along Road 1 TECK WHYE LANE Behind Blk 26 Open Car Park				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA8433H	Car					0
SJX7665R	Car					1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200518/2004

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 4

Report No. T/20200518/2004

CONTINUATION OF REPORT

Driver			
Name	KOH CHEE GUAN GU ZHI YUAN		ID No. S7323770Z
Related Vehicle	SJA8433H (Car)		Contact No. 94899537
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	LUCAS LEE JIA KIE		ID No. S9233780D
Related Vehicle	SJX7665R (Car)		Contact No. 96662234
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/05/2020 at about 2145hrs, I was at driving my vehicle bearing registration number SJX7665R at behind Blk 26 Teck Whye Lane Car Park. When I was driving near to lot number 78, the vehicle bearing registration number SJA8433H suddenly came out of the lot and collided onto my right front wheel area of my vehicle. As the impact from the collision was very big, I blackout for a few seconds before getting back my conscious. After which we started to exchange particulars as per normal. While we were discussing how to settle the matter, I took a smoke break at the side and when the driver told me that his car was unable to start and requested me to help him jump-start his vehicle, I then agreed.

When he went to his boot to take the equipment and came back to the bonnet area, I suddenly smell some alcohol smell from him. I even stepped away a few times to make sure that the alcohol smell came from the said driver before calling for Police assistances.

On the same day at about 2330hrs, after the police arrived, they took my particulars from me and I complied. After which they did their necessary checks with the driver and shortly after, they asked me to take my leave first. I do not know what happen after that.

I would like to inform that this is the first time such incident happens and I do not have an in-car camera. There are also no CCTV around the vicinity.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200518/2004

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 4

Report No. T/20200518/2004

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20200518/2004

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

4 of 4

Report No. T/20200518/2004

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 1 YEO HUI YU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/05/2020 01:54
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: CHOC
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

