

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	05/06/2020 16:37
Date Of Accident	05/06/2020 12:15
Exact Location Of Accident	KAKI BUKIT RD 3 TWDS JALAN DAMAI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE5835T
Insured/Policyholder	
Name Of Registered Owner	CHUA WAN HWEE
NRIC No	SXXXX890G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94591857
Alternative Phone No	OFFICE-94591857

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 200
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	20-MS000435-R01
Cover Note Number	

Driver

Name of Driver	LEE JO WEE
NRIC No	SXXXX445H
Date Of Birth	24/01/1996
Occupation	INDOOR
Date Of Driving Pass	30/10/2015
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90994928
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 864A TAMPINES STREET 83 #05-458
Postcode	521864
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200605/7014.

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	FBJ4293T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 JO WEE
Approximate Age	
Injuries Sustain	LEFT HAND & BACK STRAIN
Injured person in which vehicle?	SKE5835T
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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- 5) Any false reporting may be referred to the police for investigation.
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- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

Quah Jian Hwee

Policy holder's signature
Date / time:

J

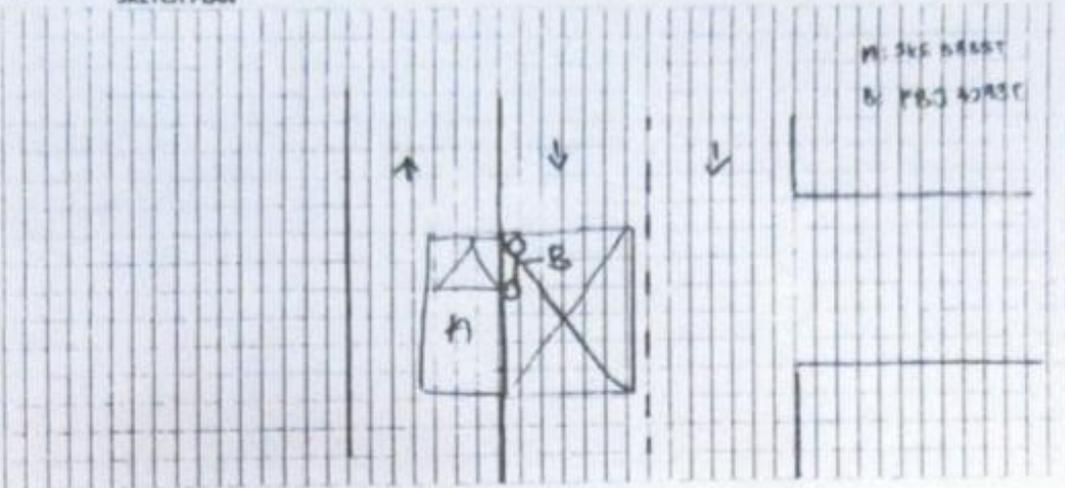
Driver's signature
(if driver is not policy holder)
Date / time:

[Handwritten Signature]

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at Kap. But. Road 3 waiting to turn right into East. East. Industrial terrace. While waiting for the opposite traffic to be clear, my car was stationary. Suddenly, a bike came from my right and hit into the front right portion of my vehicle.

DECLARATION

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

Shamir Jant Khair
 Policy holder's signature
 Date & time:

[Signature]
 Driver's signature
 (if driver is not policy holder)
 Date & time:

[Signature]
 reporting centre personnel's Signature
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200605/7014

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200605/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2020 14:17	Vide Report No.: G/20200605/0080	Station Diary No.:
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Informant's Particulars

Name of Informant: LEE JO WEE		Address: APT BLK 864A TAMPINES STREET 83 #05-458 SINGAPORE 521864	
ID Type / ID No.: NRIC NO / S9603445H		Contact No.: Home/Office: Mobile: 90994928	
Nationality: SINGAPORE CITIZEN		Email: leejowee@gmail.com	
Sex: Male	Age: 24	Date of Birth: 24/01/1996	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Other aircraft pilots and related associate professionals		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: 05/06/2020 12:15	Type of Location:
Location: KAKI BUKIT ROAD 3				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ4293T	Motorcycle					0
SKE5835T	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200605/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200605/7014

CONTINUATION OF REPORT

Driver			
Name	LEE JO WEE		ID No. S9603445H
Related Vehicle	SKE5835T (Car)		Contact No. 90994928
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	Slight

Brief Details.

I was at kaki bukit road 3 waiting to turn right into kaki bukit industrial terrace. While waiting for the opposite traffic to be clear, my car was stationary. Suddenly, a bike came from my right and hit onto the front right portion of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20200605/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20200605/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
05/06/2020 14:17

Officer In Charge Of Case:
TP / TPHQ /
RASHIDAH BINTE AZMAN
Contact No.: 65476216

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



CENTRAL INSURANCE ASSOCIATION OF SINGAPORE - 200 SILES ROAD, #01-01 CENTRAL
Saffles Building, 300 Orchard Road
Tel: (65) 522-0000 Fax: (65) 522-1100
Operating Hours: Monday to Friday: 09:00 - 17:00
09:00 - 17:00 (Sat) / 09:00 - 17:00 (Sun)

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120049879 Vehicle Registration No: SKE5835T
Name (as shown in NRIC) : CHUA WAN HWEE NRIC/FIN/Passport No : SXXXX890G
[*Vehicle Driver / Vehicle Owner] [*] Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 94591857
Email Address : _____
Date of Accident : 05/06/2020 Time of Accident : 12:15
Place of Accident : KAKI BUKIT RD 3 TWDS JALAN DAMAI
Insurance Company: Tokio Marine Insurance Singapore Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add in owner signature

Chua Wan Hwee
Policyholder / Driver's Signature
Date: _____

[Signature]
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No: _____
Date: _____

Addendum Sheet



CENTRAL INSURANCE ASSOCIATION OF SINGAPORE (INCORPORATED IN SINGAPORE)
100 ROBINSON ROAD, #10-01, SINGAPORE 068902
Tel: 6733 3333 Fax: 6733 3334
www.ciaa.com.sg

IMPORTANT NOTE: Please refer to the completed Addendum form to the plus Affiliated Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENT:

Original Report No: PA1A120049879 Vehicle Registration No: SKR5X35T
Name of Insured Party: LEE JO WEE ABC/FF/Pass No: S XXXX445H
[*Vehicle Driver / Vehicle Owner] [*] Please delete if not applicable
Address: BK SGA Tampines Street 83 #B-18 Singapore 520849
Contact (Tel): 90994428 Mobile No: _____
Email Address: _____
Date of Accident: 05/06/2020 Time of Accident: 12:15
Place of Accident: Kok Sui Road 3 towards Jalan Damai
Insurer's Company: TOKIO MARINE Insurance Singapore LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

change to own Damage claim

Joee
Policyholder / Driver's Signature
Date: _____

[Signature]
Reporting Centre Personnel's Signature
Name: _____
ABC/FF/No: _____
Date: _____