

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	28/07/2020 12:03
Date Of Accident	27/07/2020 14:15
Exact Location Of Accident	ALONG CHIN SWEE RD NEAR TO OUTRAM SEC SCH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ6316C
Insured/Policyholder	
Name Of Registered Owner	LEE KEE HUI
NRIC No	SXXXX613F
Email Address	DREAM_DAN46@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96784225
Alternative Phone No	OTHERS-96784225

Vehicle Particulars

Manufacturer	TOYOTA
Model	YARIS
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

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	DMPCSNW00093042000
Cover Note Number	

Driver

Name of Driver	LEE KEE HUI
NRIC No	SXXXX613F
Date Of Birth	06/04/1979
Occupation	INDOOR
Date Of Driving Pass	13/02/2019
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96784225
Fax Number	
Contact Number	OTHERS-96784225
Email Address	DREAM_DAN46@YAHOO.COM

Address	BLK 633 ANG MO KIO AVENUE 6 #10-5133
Postcode	560633
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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	2
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200727/2118

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	FBE5771A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	DOMINIQUE MARCUS LABROOY
NRIC/Passport Number	SXXXX362D
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE KEE HUI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SGQ6316C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name DOMINIQUE MARCUS LABROOY

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBE5771A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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.

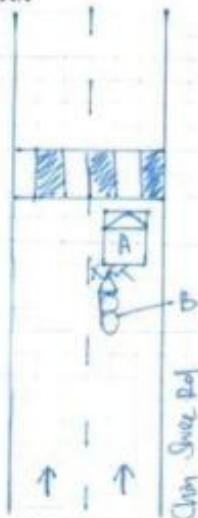

Policyholder's Signature
Date & Time:


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

 28/07/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



Veh A: SGQ 6316C
Veh B: FBE 5771A


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to police report

Report NO: T/20200727/2118

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:

 28/07/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200727/2118

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 3

Report No. T/20200727/2118

CONTINUATION OF REPORT

Rider			
Name	DOMINIQUE MARCUS LABROOY		ID No. S7656362D
Related Vehicle	FBE5771A (Motorcycle)		Contact No. NIL
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	LEE KEE HUI		ID No. S7989613F
Related Vehicle	SGQ6316C (Car)		Contact No. 96784225
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,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 27/07/2020 at about 1415hrs, I was driving in my vehicle SGQ6316C along Chin Swee Road at vicinity of China Town.

As I wanted to make a U-Turn at the front, I signaled and change lane to the most right lane. As there was a road hump at the road, I slowed down my vehicle. About 2-3 sec later, I felt someone collided at the passenger's rear side.

I came down from vehicle and saw a male rider lying down on the floor. I then called for 999. I then ask the Police to send the ambulance. After about 15- 20 min later, the paramedic attended to the rider and eventually sent him to hospital.

The Traffic Police came shortly after the rider was sent to the hospital. I was then asked by the Traffic Police to make a Traffic accident report. I am lodging this report for Traffic Police to investigate into this accident.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200727/2118

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No: T/20200727/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2020 19:33	Vide Report No.: A/20200727/D093	Station Diary No.: 87
--------------------------------------------	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: LEE KEE HUI			Address: APT BLK 633 ANG MO KIO AVENUE 8 #10-5133 SINGAPORE 560633		
ID Type / ID No. NRIC NO / S7989813F			Contact No.: Home/Office:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/07/2020 14:15	Type of Location: Straight Road
Location Along Road 1 CHIN SWEE ROAD				
Along CHIN SWEE ROAD near to Outram Sec school				
Weather Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two 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
FBE5771A	Motorcycle					0
SGQ6318C	Car				Slightly Damaged	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/20200727/2118

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 3

Report No: T/20200727/2118

CONTINUATION OF REPORT

Rider			
Name	DOMINIQUE MARCUS LABROOY		ID No. S7656362D
Related Vehicle	FBE5771A (Motorcycle)		Contact No. NIL
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	LEE KEE HUI		ID No. S7988613F
Related Vehicle	SGQ6316C (Car)		Contact No. 96784225
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,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 27/07/2020 at about 1415hrs, I was driving in my vehicle SGQ6316C along Chin Swee Road at vicinity of China Town.

As I wanted to make a U-Turn at the front, I signaled and change lane to the most right lane. As there was a road hump at the road, I slowed down my vehicle. About 2-3 sec later, I felt someone collided at the passenger's rear side.

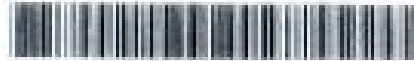
I came down from vehicle and saw a male rider lying down on the floor. I then called for 999. I then ask the Police to send the ambulance. After about 15- 20 min later, the paramedic attended to the rider and eventually sent him to hospital.

The Traffic Police came shortly after the rider was sent to the hospital. I was then asked by the Traffic Police to make a Traffic accident report. I am lodging this report for Traffic Police to investigate into this accident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200727/2118

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
689784
Tel No: 1800-4849999

3 of 3

Report No: T/20200727/2118

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 /

Sr Staff Sgt LIM KANG QUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/07/2020 19:33

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt JOFILIANO BIN MOHAMED ALI

Contact No.: 85476980

Classification Of Case:

Authentication Stamp

NP138