

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	03/08/2020 11:03
Date Of Accident	01/08/2020 12:50
Exact Location Of Accident	AYE TOWARDS TUAS (11KM) BEF. CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5870G
Insured/Policyholder	
Name Of Registered Owner	SIONG LEE CONTRACTOR
Co Reg No	3XXXX700J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92720567

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5118202935 PREF W/SHOP
Cover Note Number	

Driver

Name of Driver	LEE KEOW KOK
NRIC No	SXXXX514H
Date Of Birth	21/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1978
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92720567
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	50A TOH TUCK ROAD #01-01
Postcode	596742
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE PROPRIETOR
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	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	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM8542K
Vehicle Make/Model/Colour	MITSUBISHI/FE84BE6SRDEA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 KEOW KOK
Approximate Age	61
Injuries Sustain	PAIN ON BACK NECK & SHOULDER
Injured person in which vehicle?	GBH5870G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	50A TOH TUCK ROAD #01-01
Postcode	596742

Sketch Plan

SKETCH PLAN

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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.

Siong Lee Contractor
Blk 324 #03-209
Clementi Ave 5
9272 0567

Policyholder's Signature
Date & Time:



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

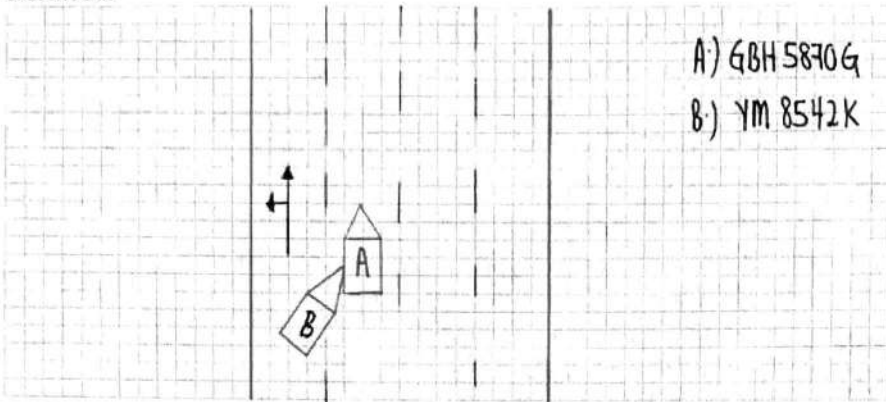
- 3 AUG 2020

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer the Attached Police Report NO : T/20200802/2019.

DECLARATION

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

Siong Lee Contractor
Blk 324 #03-209
Clementi Ave 5

Policyholder 69720667

Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: - 3 AUG 2020

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vacb@vulcom.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200802/2019

1 of 3

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

Report No. T/20200802/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2020 12:46	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: LEE KEOW KOK			Address: 50A TOH TUCK ROAD #01-01 SINGAPORE 596742	
ID Type / ID No.: NRIC NO / S1369514H			Contact No.: Home/Office: Mobile: 92720567	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 61	Date of Birth: 21/07/1959	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Employment agent/Labour contractor			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/08/2020 12:50	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY Along AYE towards Tuas (11Km) before Clementi Avenue 6 exit Lamp Post Number: 559				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH5870G	Van				Slightly Damaged	0
YM8542K	Lorry				Slightly Damaged	0

Individual Statement



SINGAPORE
POLICE FORCE



T/20200802/2019

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-458
SINGAPORE 120427
Tel No: 1800-7759999

2 of 3

Report No. T/20200802/2019

CONTINUATION OF REPORT

Brief Details.

On 01/08/2020 at about 1250hrs, I was driving my van bearing registration number GBH5870G along AYE towards Tuas on the third lane. Shortly, one lorry bearing registration number YM 8542K from Clementi Avenue 2 slip road wanted to enter AYE as well. At this juncture, the said lorry did not slow down but just churned right into my lane.

As a result, the lorry collided with the left side of my vehicle. Upon the collision, both of us moved our vehicle to the road shoulder near lamp post 559. Both of us exchanged particulars and took photos of our vehicle damages. My van has some dents and damages on the left side. The lorry on the other hand sustained, some damages on the front right side. My van has an in-car camera which recorded the whole incident.

Later that night, I felt some pain on the back part of my neck and my shoulder. I then went to E.L Chin Family Clinic and Surgery Pte Ltd to get it checked. I was given 5 days MC from 02/08/2020 to 06/08/2020. I was advised to get X-ray as they suspected that it might be muscle tear. I have yet to go for an X-ray.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200802/2019

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

3 of 3

Report No. T/20200802/2019

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: D / Sgt 2 KHAIRUL ANWAR LLOVIDO BIN JOHARI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/08/2020 12:46
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP155	