

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	06/08/2020 13:43
Date Of Accident	05/08/2020 18:20
Exact Location Of Accident	JUNCTION OF HOUGANG AVENUE 3 AND LORONG AH SOO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS3172Z
Insured/Policyholder	
Name Of Registered Owner	MICHAEL TEE ENG HUI
NRIC No	SXXXX754C
Email Address	MTEH1@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97200239
Alternative Phone No	OFFICE-97200239

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA076176
Cover Note Number	

Driver

Name of Driver	MICHAEL TEE ENG HUI
NRIC No	SXXXX754C
Date Of Birth	30/12/1974
Occupation	INDOOR
Date Of Driving Pass	26/10/2007
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97200239
Fax Number	
Contact Number	OFFICE-97200239
E Mail Address	MTEH1@YAHOO.COM

Address	BLK 203D COMPASSVALE ROAD #05-49
Postcode	544203
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 - CROSS JUNCTION
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

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	SHC3157B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE KUM LIAW
NRIC/Passport Number	SXXXX589C
Contact Number	97278289
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MICHAEL TEE ENG HUI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJS3172Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

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:

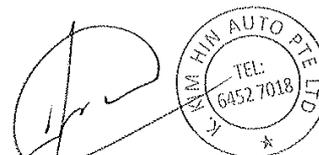
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature
Date & Time:

[Handwritten Signature]
6.8.2020 @ 12.10pm

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

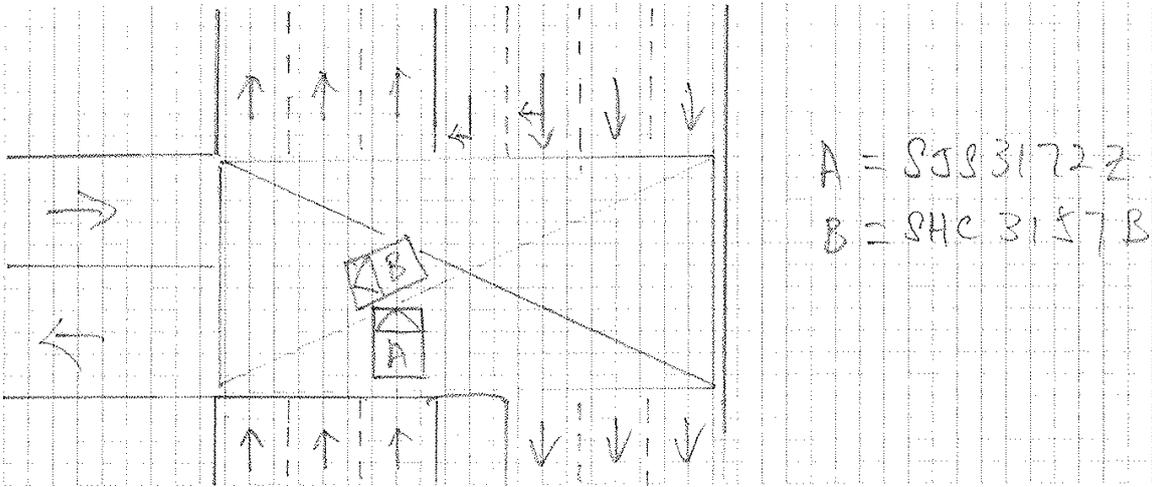
Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:



HOU GANG AVE 3

SKETCH PLAN

Lor
Ah
Soo



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Hougang Ave 3 (after Defu) when I was in a traffic accident. Comfort Taxi (SHC 3157B) driven by Mr. Lee Kum Liew (S1414589C) suddenly turned right to Lorong Ah Soo while the traffic light was in my favour.

My car (SJS 3172Z) hit the comfort taxi on its left side. I was driving alone while the taxi had a male passenger (details unknown).

Later on, the Police and Ambulance came. I declined to be brought to Raffles Hospital, and the Police said this can be settled privately.

I notified my car insurer AXA

This incident happened at around 1820hrs (05/08/20)

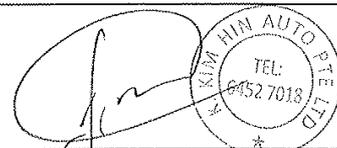
I would like to request video footage from the taxi

DECLARATION

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


 Policyholder's Signature
 Date & Time: 06/08/20 1208hrs.
 Company Chop (if applicable)

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



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



**SINGAPORE
POLICE FORCE**



T/20200806/2059

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20200806/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2020 15:28	Vide Report No.:	Station Diary No.: 59
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Informant's Particulars			
Name of Informant: MICHAEL TEE ENG HUI		Address: APT BLK 203D COMPASSVALE ROAD #05-49 SINGAPORE 544203	
ID Type / ID No.: NRIC NO / S7482754C		Contact No.: Home/Office: Mobile: 97200239	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 45	Date of Birth: 30/12/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: OPERATIONS MANAGER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/08/2020 18:20	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 HOUGANG AVENUE 3 LORONG AH SOO				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SHC3157B	Car				Seriously Damaged	1
SJS3172Z	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20200806/2059

2 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200806/2059

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS3172Z	AXA INSURANCE SINGAPORE PTE LTD	GA076176	25/05/2020	24/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LEE KUM LIAW		ID No.	S1414589C
Related Vehicle	SHC3157B (Car)		Contact No.	97278289
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	MICHAEL TEE ENG HUI		ID No.	S7482754C
Related Vehicle	SJS3172Z (Car)		Contact No.	97200239
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/08/2020		Date Discharge	05/08/2020
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

On 05/08/2020 at about 1820hrs, I was driving in vehicle bearing no. SJS3172Z along Hougang Avenue 3 when I came to a T-Junction of Hougang Avenue 3 and Lorong Ah Soo. As the traffic light is in my favor, I proceeded on. Suddenly, a taxi bearing no. SHC3157B turned right from the opposite traffic. As a result, my car hit onto the left side of the said taxi.

The traffic police and ambulance came and made a check on us. No conveyance is needed as none of us needed any conveyance. The police officer told us to exchange particulars and to proceed settle the accident privately as both of us were fine.

My car sustained damages at the front portion of the car mainly of the left side. The taxi sustained damages at the left front and rear doors.

On the same day, I proceeded to Sengkang General Hospital for consultation as I was unwell. I was subsequently given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20200806/2059

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 4

Report No. T/20200806/2059

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200806/2059

4 of 4

Report No. T/20200806/2059

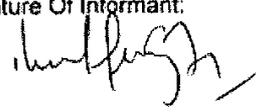
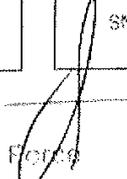
Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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 MUHAMMAD SYAZWAN BIN MOHAMAD YASIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/08/2020 15:28
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: SN 035
Authentication Stamp NP168	 Signature: Singapore Police Force



TOYOTA MOTOR CORPORATION

MODEL

3ZE141R-GEPEK

ENGINE

3ZZ-EE

FRAME No.

MR053ZEE106145685

COLOR

1F8

TRIM

EA40

PLANT

Z35

GVM (kg)

INVA/BUILT

U341E

-02A APPR 09

-

MD. BY: TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND

mL

Accident Photo



Accident Photo



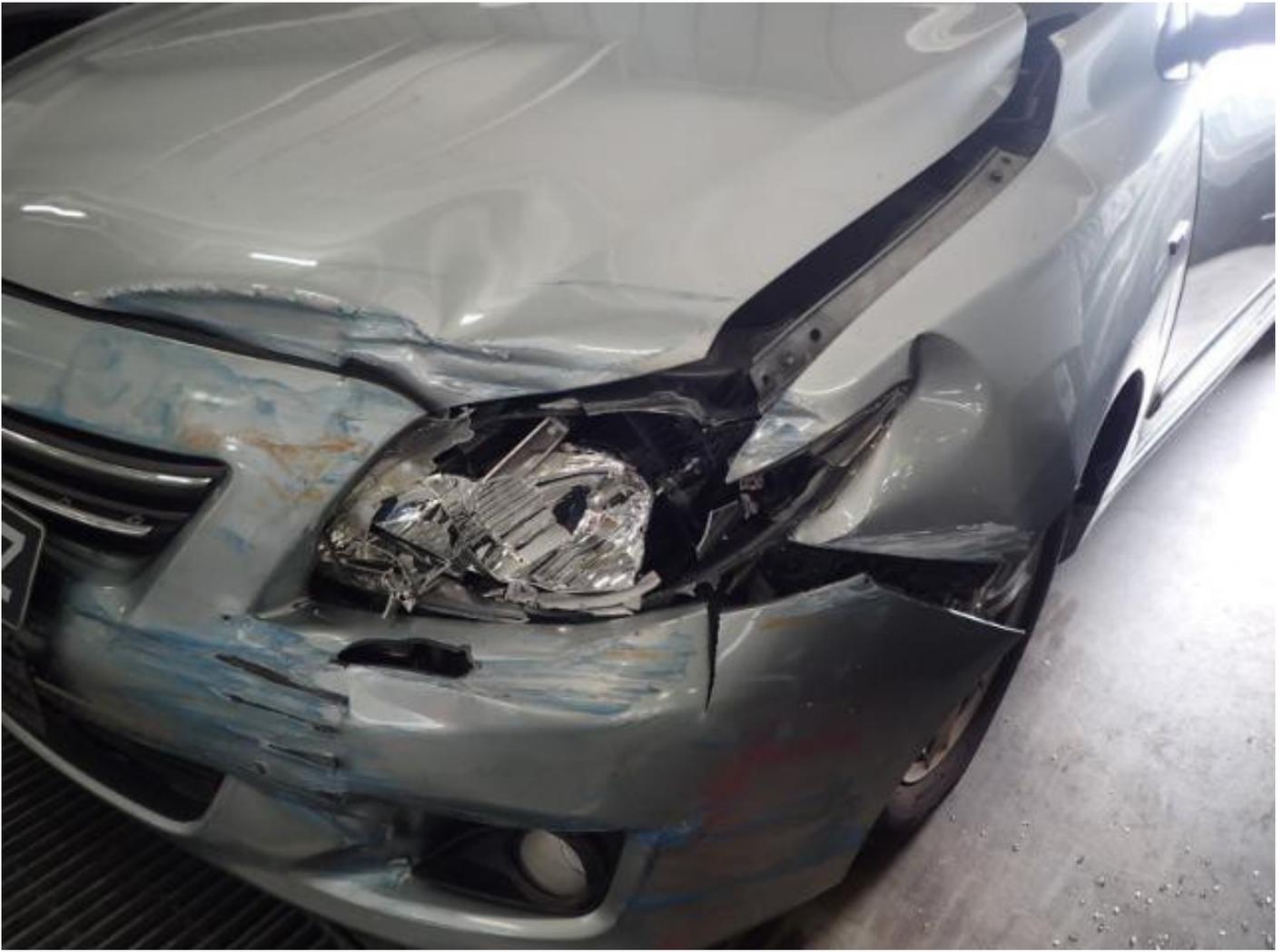
Accident Photo



Accident Photo



Accident Photo



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