

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	14/08/2020 14:48
Date Of Accident	14/08/2020 06:25
Exact Location Of Accident	787 MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR1625S
Insured/Policyholder	
Name Of Registered Owner	CLARENCE LEE YEW HIANG
NRIC No	SXXXX358D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91169953
Alternative Phone No	OFFICE-91169953

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS ELEGANCE AUTO
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116528249
Cover Note Number	

Driver

Name of Driver	CLARENCE LEE YEW HIANG
NRIC No	SXXXX358D
Date Of Birth	16/10/1969
Occupation	INDOOR
Date Of Driving Pass	08/04/2002
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91169953
Fax Number	
Contact Number	OFFICE-91169953
EEmail Address	NOEMAIL

Address	BLK 107 JALAN RAJAH #08-104
Postcode	320107
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	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?	NO
Was any injured conveyed to hospital by ambulance?	
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/20200814/2041.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	AT46B
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)

Accident 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.



Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature

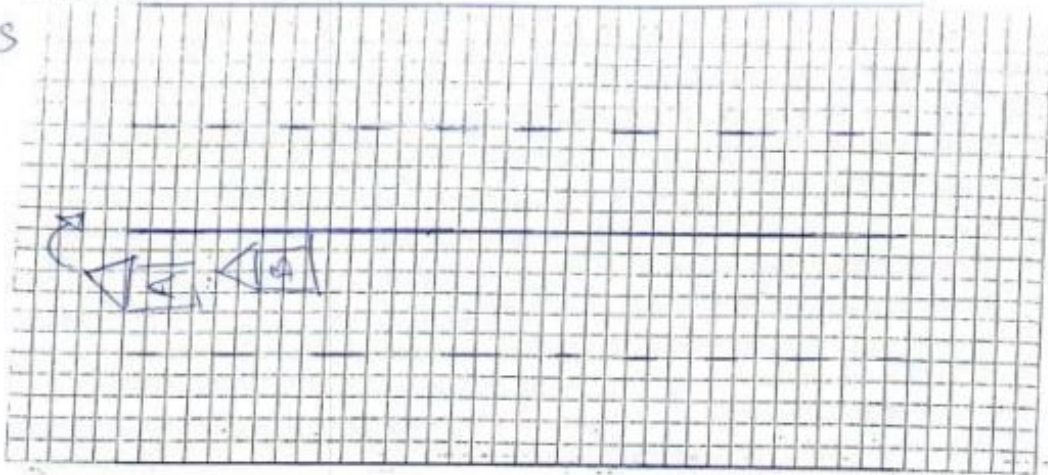
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A - SMR16253S

B - AT46B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~REPORT TO ROAD REPORT~~

AT THE STATED DATE AND TIME, I WAS DRIVING ALONG MOUNT BATTEN ROAD IN MY VEHICLE BEARING NUMBER SMR16253. I CAME TO A TOTAL STOP LOOKING OUT FOR TRAFFIC AS I WAS PREPARING TO MAKE A LEGAL U-TURN WHEN ALL OF A sudden, A MOTOR BIKE BEARING VEHICLE NUMBER AT46B REAR ENDED MY VEHICLE FROM THE BACK CAUSING AN ACCIDENT. AFTER WHICH HE I GOT DOWN FROM MY VEHICLE AND ASK BIKE RIDER TO EXCHANGE PARTICULAR AND ALSO CONTACT BUT RIDER REFUSED. TRAFFIC POLICE AND ALSO AMBULANCE WERE CALL IN AND RIDER CONVEYED.

DECLARATION

(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:

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

Witness's Signature:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200814/2041

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

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Report No. T/20200814/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2020 13:19		Vide Report No.: G/20200814/0057		Station Diary No.:
Informant's Particulars				
Name of Informant: CLARENCE LEE YEW HIANG		Address: APT BLK 107 JALAN RAJAH #08-104 RAJAH COURT SINGAPORE 320107		
ID Type / ID No.: NRIC NO / S6935358D		Contact No.: Home/Office: Mobile: 91169953		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 50	Date of Birth: 16/10/1969	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: TECHNICIAN		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/08/2020 06:25	Type of Location:
Location: MOUNTBATTEN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AT46B	Motorcycle	PIAGGIO	VESPA SPRINT SPORT 150 ABS	Grey		0
SMR1625S	Car	TOYOTA	COROLLA ALTIS ELEGANCE AUTO	Silver		0

Police Report



SINGAPORE
POLICE FORCE



T/20200814/2041

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

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Report No. T/20200814/2041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR1625S	NTUC Income Insurance Co-Operative Limited	5116528249	13/03/2020	12/03/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CLARENCE LEE YEW HIANG	ID No.	S6935358D
Related Vehicle	SMR1625S (Car)	Contact No.	91169953
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 THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS HEADING TO PICK UP ANOTHER PASSENGER, WHILE I WAS MAKING A U TURN, A SCOOTER HIT THE REAR OF MY VEHICLE, I STOPPED MY VEHICLE AND GOT OUT. I WENT TO HELP HIM UP AND HELP PUSH HIS SCOOTER TO THE SIDE OF THE ROAD. I THEN PROCEED TO MOVE MY VEHICLE TO THE SIDE ALSO. THEN I GOT OUT OF MY VEHICLE AND STARTED TALKING TO HIM. HE MENTIONED THAT HE IS GOING TO CALL HIS NTUC INSURANCE COMPANY PEOPLE TO COME DOWN BUT DUE TO COVID SITUATION THEY WERE NOT ABLE TO. HENCE HE DECIDE TO CALL THE POLICE WITHOUT INFORMING ME ANYTHING. THEN I ASKED TO EXCHANGE PARTICULARS BUT HE IS UNWILLING TO EXCHANGE PARTICULARS WITH ME.

AMBULANCE ARRIVED FIRST FOLLOWED BY TRAFFIC POLICE I WITNESS THE RIDER GOT CONVEYED BY THE AMBULANCE. TRAFFIC POLICE TOOK MY STATEMENT AND THE PASSENGER THAT I AM GOING TO PICK UP WITNESSED THE WHOLE INCIDENT AND AGREED TO BE THE WITNESS FOR THIS ACCIDENT. TRAFFIC POLICE ADVISED ME TO LODGE A POLICE REPORT. I AGREED AND DROVE BACK HOME.

THAT IS ALL.

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20200814/2041

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Report No. T/20200814/2041

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:
TP /
WINSTON KOH WEN ZHONG *WZ*

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NG BEIFENG
Contact No.: 65476415

Authentication Stamp
NP168

Signature Of Informant: *[Signature]*

Date/Time:
14/08/2020 13:19

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: *WZ*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

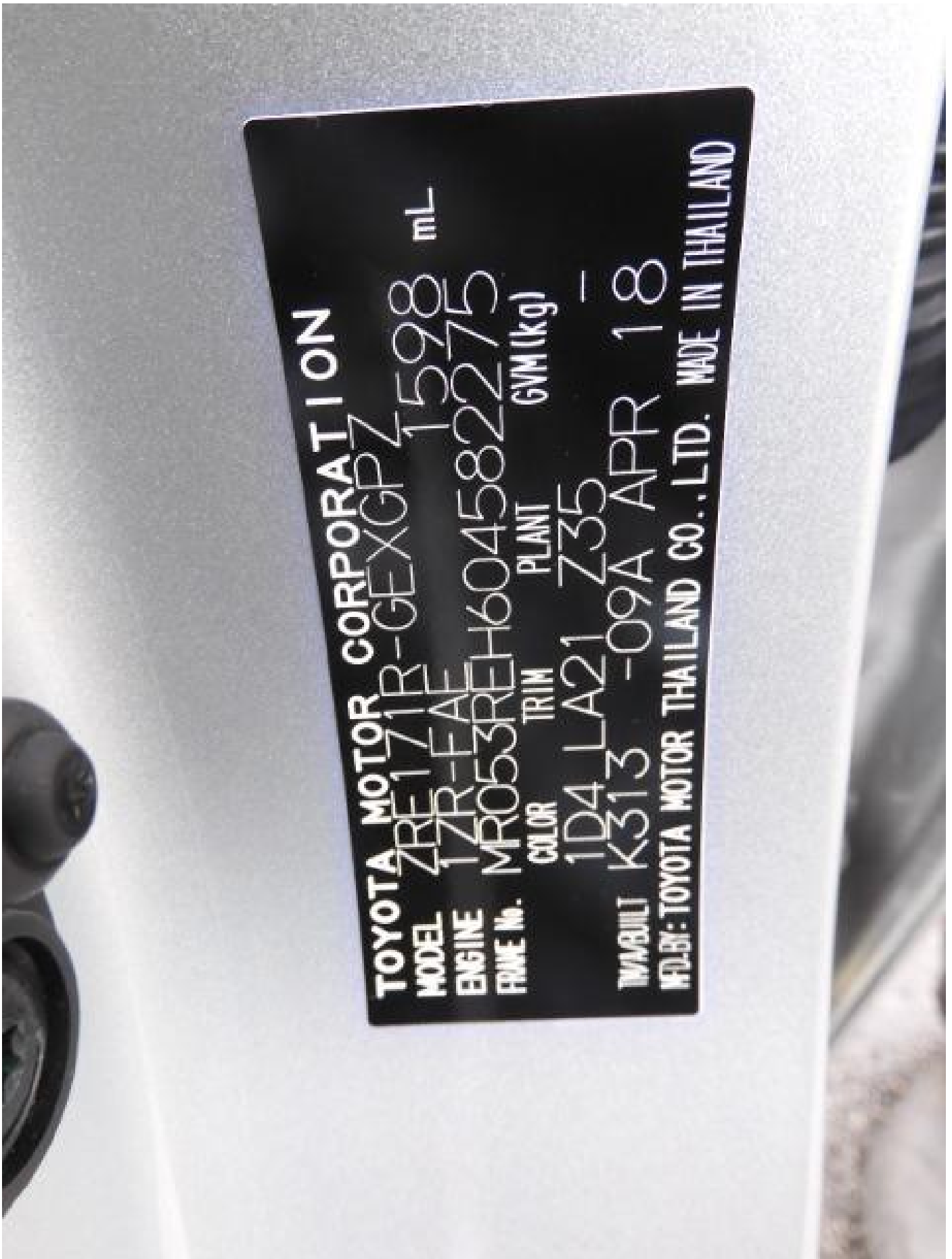


Accident Photo



Accident Photo





Accident Photo

