

## 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	19/08/2020 17:17
Date Of Accident	17/08/2020 07:30
Exact Location Of Accident	BUKIT TIMAH ROAD TOWARDS NAMLY AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN41C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE SIEW MOI
NRIC No	SXXXX836G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90031673
Alternative Phone No	OTHERS-90031673

### Vehicle Particulars

Manufacturer	PORSCHE
Model	MACAN S
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V09954/VPS/R04
Cover Note Number	

### Driver

Name of Driver	LEE SIEW MOI
NRIC No	SXXXX836G
Date Of Birth	04/07/1973
Occupation	INDOOR
Date Of Driving Pass	24/01/2003
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90031673
Fax Number	
Contact Number	OTHERS-90031673
Email Address	NOEMAIL

Address	559 SIXTH AVENUE
Postcode	276634
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	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	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b> 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200818/2098

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE1082M
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 SIEW MOI
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SKN41C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN

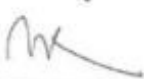
#### IMPORTANT NOTICE


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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.

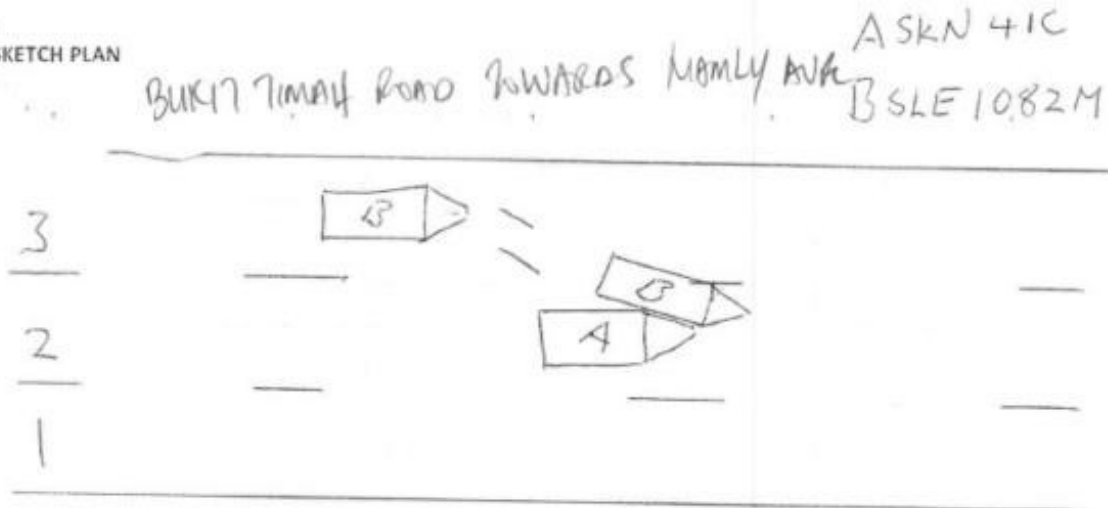
  
Policyholder's Signature  
Date & Time:

  
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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving along Bukit Timah Road towards Momly Ave on the centre lane of a 3-lane road. While I was driving straight, vehicle B suddenly came from my left hand and hit onto the left hand portion of my vehicle. After the accident, I alighted to see that vehicle B rear right hand portion collided into the front left hand portion of my vehicle and caused my front bumper to dislodge from my vehicle. Hence I was involved in an accident of 2 vehicles.

Vehicle A: SKN 41C

Vehicle B: SLE 1082M

POLICE REPORT 7/20200818/2098

## 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:

19/08/2020

Reporting Centre Personnel's Signature  
Name: 10821 Woon  
NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200818/2098

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3  
Report No. T/20200818/2098

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2020 17:42	Vide Report No.:	Station Diary No.: 96
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### Informant's Particulars

Name of Informant: LEE SIEW MOI			Address: 559 SIXTH AVENUE SINGAPORE 276634	
ID Type / ID No.: NRIC NO / S7380836G			Contact No.:	Mobile: 90031673
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Female	Age: 47	Date of Birth: 04/07/1973	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Accountant			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: 17/08/2020 07:30	Type of Location: Straight Road
Location:  BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Heavy
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
SKN41C	Car				Seriously Damaged	0
SLE1082M					Slightly Damaged	1

### Details of Person Involved

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200818/2098

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20200818/2098

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LEE SIEW MOI		ID No. S7380836G
Related Vehicle	SKN41C (Car)		Contact No. 90031673
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	17/08/2020	Date Discharge	18/08/2020
No. of Days granted Medical Leave	12	Degree of Injury	Slight
<b>Driver</b>			
Name	TEE SIOK LEE		ID No. S1630622C
Related Vehicle	SLE1082M		Contact No. 97322071
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

### Brief Details.

On 17/08/2020 at about 0730hrs, I was driving down Bukit Timah Road outside Hwa Chong Institution towards Sixth Avenue MRT. I was driving my vehicle (SKN41C) on the middle lane on a three-lane road beside another vehicle (SLE1082M) that was to the left of me. Suddenly, the vehicle (SLE1082M) abruptly cut into my path in front of me and the left side of that vehicle (SLE1082M) grazed the front of my vehicle (SKN41C). My vehicle's (SKN41C) front bumper sustained heavy damage and fell off while the other vehicle (SLE1082M) sustained dents down the right side of the vehicle.

I would like to state that I have an in-car dash camera in front of my vehicle (SKN41C) that was recording the incident. No ambulance was at the scene. Traffic Police was at the scene as they were driving by but I did not receive a case card. No government property was damaged. I would like to state that I was not conveyed to the hospital. However, I felt pain in my neck and admitted myself to the hospital on 17/08/2020 1200hrs and diagnosed with "Dislocations, sprains and strains involving head with neck" and given a 12 day MC. I am writing this report for insurance and record purposes.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200818/2098

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

3 of 3

Report No. T/20200818/2098

## 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:

J /

Sgt 2 MOHAMMAD ISKANDAR ZULHAQQIM  
BIN ZULKENAIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

18/08/2020 17:42

Classification Of Case:



**SINGAPORE  
POLICE FORCE**  
CERTIFICATION OF REPORT

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

