

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	27/07/2020 13:37
Date Of Accident	24/07/2020 09:30
Exact Location Of Accident	BUKIT TIMAH ROAD AFTER ANAMALAI AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP3638H
Insured/Policyholder	
Name Of Registered Owner	LEE CHEE CHUAN
NRIC No	S8915639D
Email Address	LEEJIAHONG69@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84285085
Alternative Phone No	OFFICE-84285085

Vehicle Particulars

Manufacturer	HONDA
Model	CBF 190WH
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108408354-01
Cover Note Number	

Driver

Name of Driver	LEE CHEE CHUAN
NRIC No	S8915639D
Date Of Birth	11/05/1989
Occupation	INDOOR
Date Of Driving Pass	21/03/2019
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84285085
Fax Number	
Contact Number	OFFICE-84285085
Email Address	LEEJIAHONG69@GMAIL.COM

Address	BLK 20 #05-69 TECK WHYE LANE
Postcode	680020
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	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	TRAFFIC POLICE DIVISION HQ
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

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	SHA2680Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 CHEE CHUAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBP3638H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 27/07/2020 / 13:40

Report No: MT/

D.O.A: 24/07/2020

Time: 09:30 hrs

Vehicle No: **FBP3638H**

Reporting Type:

SKETCH PLAN

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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.

27/07/20 / 13:40

Policyholder's Signature / Date & Time

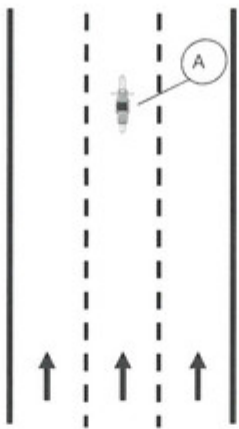
27/07/20 / 13:40

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



Bukit Timah Road after Anamalai Ave

Vehicle A: FBP3638H Vehicle B: SHA2680Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Declaration

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

 27/07/20 / 13:40
Policyholder's Signature / Date & Time

27/07/20 / 13:40
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200727/2045

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

1 of 3

Report No. T/20200727/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2020 12:59	Vide Report No.: D/20200724/0042	Station Diary No.:
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Informant's Particulars

Name of Informant: Lee Chee Chuan (Li Zhiquan)		Address: APT BLK 20 TECK WHYE LANE #05-69 SINGAPORE 680020	
ID Type / ID No.: NRIC NO / S8915639D		Contact No.: Home/Office: Mobile: 84285085	
Nationality: SINGAPORE CITIZEN		Email:	
Sex:	Age: 31	Date of Birth: 11/05/1989	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB FOOD DELIVERY		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/07/2020 09:30	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD after Anamalai Avenue				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP3638H	Motorcycle	HONDA	CBF190WH	Red	Slightly Damaged	0
SHA2680Z	Taxi				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP3638H	NTUC Income Insurance Co-Operative Limited	5108408354-01	21/03/2020	20/03/2021



**SINGAPORE
POLICE FORCE**



T/20200727/2045

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

2 of 3

Report No. T/20200727/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Lee Chee Chuan (Li Zhiquan)	ID No.	S8915639D
Related Vehicle	FBP3638H (Motorcycle)	Contact No.	84285085
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/07/2020	Date Discharge	25/07/2020
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

On 24/07/2020 at about 9 in the morning, I finished work and wanted to go home. I am working at town area. I stayed at Teck Whye. The route that I need to take to go back home is Bukit Timah Road all the way straight down before I make a right turn into Jalan Anak Bukit.

On that day, my last delivery is at Toa Payoh at about 9.00 a.m. I remembered that I was riding straight along Bukit Timah Road and then I cannot remember what happened after that. I woke up in Ng Teng Fong Hospital. I was told that I was involved in an accident through the ambulance record.

I sustained injuries to my head, left shin, left shoulder and abrasions on my left elbow. I was admitted in hospital for 1 day and discharged on 25/07/2020. I was granted 14 days of hospitalization leave.



**SINGAPORE
POLICE FORCE**



T/20200727/2045

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

3 of 3

Report No. T/20200727/2045

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 /
Sgt 3 RASHIDAH BINTE AZMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/07/2020 12:59

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOOR HIDAYAH BINTE
ABDULLAH
Contact No.: 65476251

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



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