

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	11/09/2020 17:24
Date Of Accident	10/09/2020 15:15
Exact Location Of Accident	CTE NEAR THOMSON FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7981L
Insured/Policyholder	
Name Of Registered Owner	LEE SAY POULTRY INDUSTRIAL
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96428922
Alternative Phone No	OFFICE-96428922

Vehicle Particulars

Manufacturer	FIAT
Model	FIORINO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	20-MK001064-R00
Cover Note Number	

Driver

Name of Driver	LEE SEOK CHING
NRIC No	SXXXX695I
Date Of Birth	18/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	18/06/1999
Driving Experience	21 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96428922
Fax Number	
Contact Number	OTHERS-96428922
EEmail Address	NOEMAIL

Address	BLK 525 WOODLANDS DRIVE 14 #12-439
Postcode	730525
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200911/2065

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	GBH4540R
Vehicle Make/Model/Colour	
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 SEOK CHING
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBG7981L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.:

001166 Approved by GIA

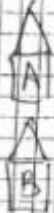
Accident Sketch Plan

SKETCH PLAN

CIE NINE THOMSON FIVEUR

A - GBG 7981L

B - GBH 4540R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date and time as
I was travelling straight on the centre lane suddenly
I felt a very great impact from my rear, after the
impact I felt giddy and my car came out under the
ambulance came and lay me to hospital.

POLICE REPORT 7/10/2009 11/2065

DECLARATION

(We declare the following particulars are true in every respect.



Policyholder's Signature
Date & Time:

FORM 1 (2/01/2009) (Rev. 1/01)

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-383 9999



T/20200911/2065

1 of 3

Report No: T/20200911/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
11/09/2020 15:37

Vide Report No.

Station Diary No.:
487

Informant's Particulars

Name of Informant:
LEE SEOK CHING

Address:
APT BLK 525 WOODLANDS DRIVE 14 #12-439 SINGAPORE
730525

ID Type / ID No.:
NRIC NO / S72096951

Contact No.:
Home/Office:

Mobile: 96428922

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Female Age: 48 Date of Birth: 18/03/1972

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
ASSISTANT SALES MANAGER

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/09/2020 15:15	Type of Location: Flyover
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
GBG7981L	Van				Seriously Damaged	0
GBH4540R	Lorry				Seriously Damaged	0

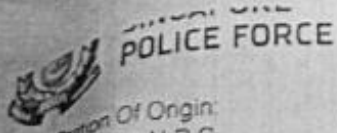
Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

POLICE REPORT



Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



T/20200911/2065

2 of 3

Report No. T/20200911/2065

CONTINUATION OF REPORT

Driver Name	LEE SEOK CHING	ID No.	S72096951
Related Vehicle	GBG7981L (Van)	Contact No.	96428922
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/09/2020	Date Discharge	10/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 10/09/2020 at 3.15pm, I was driving my company's van - GBG7981L when was involved in an accident with another lorry GBH4540R. At that time, I was travelling along the middle lane of the 3 lanes when the lorry suddenly hit onto the rear side of my van. The impact was great that my van stopped and could not move as I was shocked and felt pain on my head and neck. The driver of the lorry then checked on me and wanted to exchange particulars however I told him that I wanted the police to attend to the incident. There was also a motorist who was passing by and helped me to call the ambulance and police. A while later, the ambulance came to scene and conveyed me to Khoo teck Puat Hospital. I then received outpatient treatment and was granted 3 days of MC reference KHANE201867664. I wish to state that van sustained serious damages on the rear side. I am lodging this report as advised by the traffic police.

POLICE REPORT

Tel No: 1800-363 9999

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:

L/

Sgt 2 NUR FADILAH BINTE ARSHAD

Signature Of Informant:

[Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
11/09/2020 15:37

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt LIM ENG KUAN, CLARENCE
Contact No.: 65476200

Classification Of Case:

Authentication Stamp
NP158

Accident Photo



Accident Photo



Accident Photo

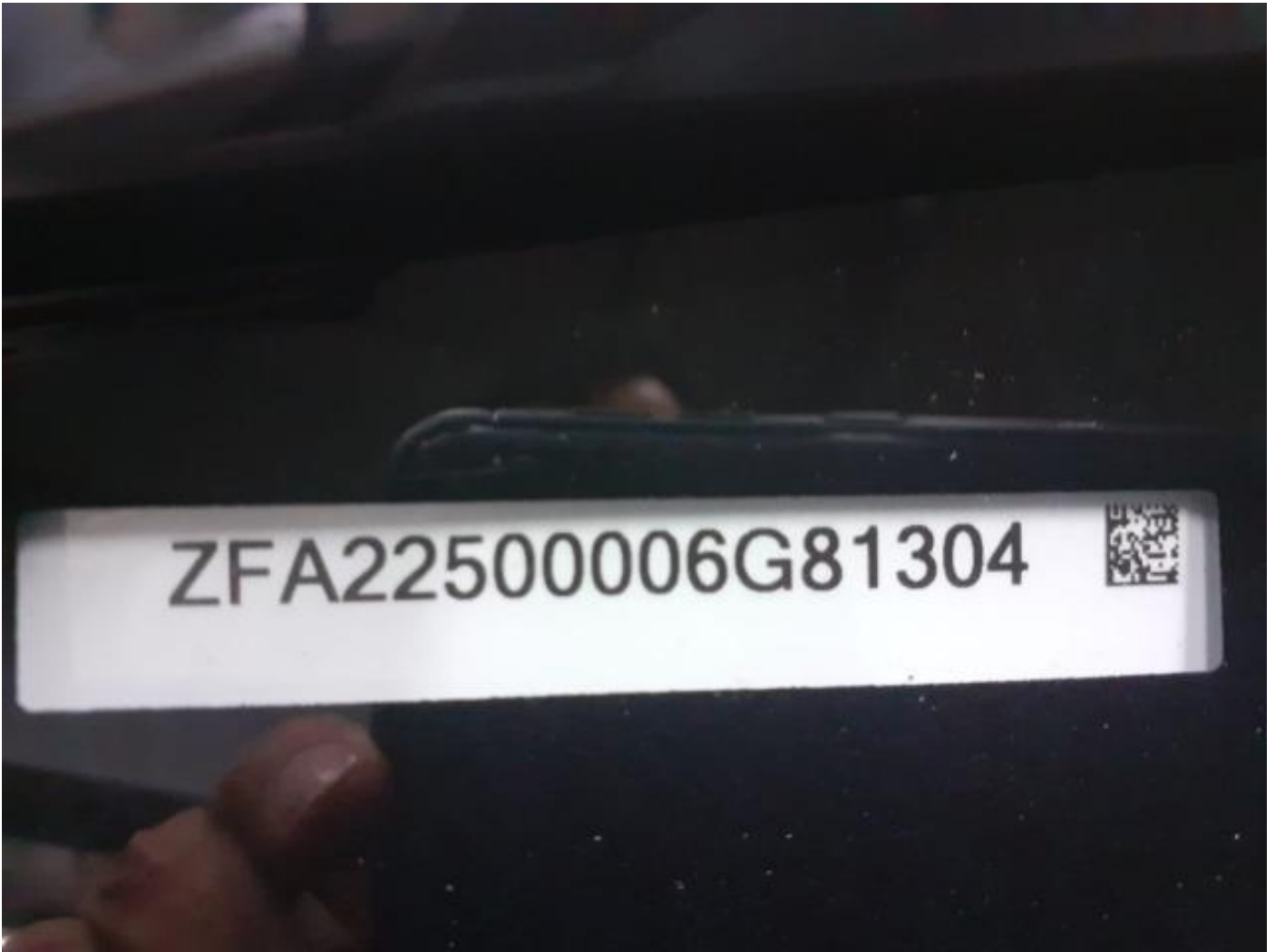


Accident Photo



Accident Photo





Accident Photo



Accident Photo

