

## 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	14/09/2020 16:33
Date Of Accident	12/09/2020 01:15
Exact Location Of Accident	CROSS JUNCTION OF JURONG WEST ST 62 & ST65
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE6157U
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### Insured/Policyholder

Name Of Registered Owner	MOVA AUTOMOTIVE PTE LTD
Co Reg No	198904033G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-64763333

### 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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	

### Driver

Name of Driver	LEE KHEI LEONG
NRIC No	S9716590D
Date Of Birth	21/05/1977
Occupation	INDOOR
Date Of Driving Pass	31/07/2017
Driving Experience	3 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-98268863
Fax Number	
Contact Number	
E-Mail Address	LEEKHEILEONG2@GMAIL.COM
Address	BLK 762 BEDOK RESERVOIR RD #01-18
Postcode	479246
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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?	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)	3
Passenger 1	Name: : TAN XIANG YONG Gender: : Male
Passenger 2	Name: : EFFANDI Gender: : Male

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 CASSIA LINK , <b>POSTCODE:</b> 397618 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
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	SLV2410D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	AZIZ BIN ISAHAK
NRIC/Passport Number	S1429804E
Contact Number	93202154
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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.:

LICENSE PLATE: SFE6157U ACCIDENT DATE & TIME: 12/9/2020, 0115Hrs

CONTACT NUMBER: 98268863 E-MAIL ADDRESS: leaicheileong2@gmail.com

LOCATION: Cross Junction of Jurong West st 62 and st 65.

Refer to Police Report.

There was 2 passenger in my car at the time of accident.

1) Tan Xiang Yong

2) Effandi

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

☐ Claim Own Policy ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

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

**Date & Time:**

(If driver is not the policyholder)

**Date & Time:**

Name: \_\_\_\_\_

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20200912/2009

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 3

Report No. T/20200912/2009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/09/2020 03:29		Vide Report No.:		Station Diary No.: 17	
<b>Informants Particulars</b>					
Name of Informant: LEE KHEI LEONG			Address: APT BLK 762 BEDOK RESERVOIR ROAD #01-18 SINGAPORE 479246		
ID Type / ID No.: NRIC NO / S9716590D			Contact No.: Home/Office: Mobile: 98268863		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 23	Date of Birth: 21/05/1997	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CERTIS OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2020 01:15	Type of Location: X-Junction
Location:  JURONG WEST STREET 65				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFE6157U	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Silver	Seriously Damaged	2
SLV2410D	Car	HONDA	VEZEL HYBRID 1.5X SENSING A	Green	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20200912/2009

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

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Report No. T/20200912/2009

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LEE KHEI LEONG	ID No.	S9716590D
Related Vehicle	SFE6157U (Car)	Contact No.	98268863
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
<b>Details of Person Involved</b>			
Name	Aziz Bin Isahak	ID No.	S1429804E
Related Vehicle	SLV2410D (Car)	Contact No.	93202154
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 12/09/2020 at 0115hrs, I was driving along Jurong West Street 62 when I was turning right into Jurong West Street 65, the rear left bumper of my vehicle was hit by another vehicle. After the collision, I called 999 and the operator informed me that for this incident, police isn't required. I then informed the operator that I am from Certis Cisco and I am currently on duty and was driving an unmarked vehicle of Certis Cisco. The operator then informed me that he will be sending a Traffic Police officer down to assist with the incident. Few minutes later, I received a phone call from an unknown number and the person informed me that he is from Traffic Police and he advised me to just exchange particulars with another driver and settle with the insurance company personally.



**SINGAPORE  
POLICE FORCE**



T/20200912/2009

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

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Report No. T/20200912/2009

**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:

G /

Sgt 1 KENDRICK TAN KIAN LIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

12/09/2020 03:29

Classification Of Case:



Officer- In -Charge  
Investigation Section  
Traffic Police  
No. 10 Ubi Avenue 3  
Singapore 408865

Name : Lee Khei Leong  
NRIC : S9716590D  
Address: Apt Blk 762 Bedok  
Reservoir Road #01-18  
Singapore (479246)  
Tel : 6744 5330

Dear Sir

ACCIDENT INVOLVING SFE 6157U AND SLV 2410D

ALONG JURONG WEST STREET 65

ON 12 SEPTEMBER 2020 AT 1.15AM


With reference to the above, I have on 12 September 2020 at 0329hrs make a police report at Geylang NPC in NP 168: T/20200912/2009.

2 On 12 September 2020, at 1422hrs at Eunoss NPP, I make the following amendments to the above report.

On 12/09/2020 at 0115hrs, I was driving along Jurong West Street 62 when I was turning right into Jurong West 65, when the rear left bumper of my vehicle was hit by another vehicle. I wish to state that I only made the right turn when the green arrow appeared and that the other party had beat the red light. Thus, this resulted in the accident. After the collision, I called 999 and the operator informed me that for this incident, police was not required. I then informed the operator that I am from Certis Cisco and I am currently on duty and was driving an unmarked vehicle of Certis Cisco. The operator then informed me that he will be sending a Traffic Police Officer down to assist with the incident. Few minutes, later I received a phone call from an unknown number and the person informed me that he is from Traffic Police and he advised me to just exchange particulars with the other driver and settle with the insurance company personally.

Yours faithfully

  
Signature

If a police officer records this amendment, please complete the following;		<b>Eunoss NPP</b>
Name / Rank No: Sgt(3) Amirul Harith	Station Diary No: 14	Block 629 Bedok Reservoir Road
Signature 		#01-1620 Singapore 470629
		Tel: 1800 4439999

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

