

## 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	31/10/2020 11:08
Date Of Accident	30/10/2020 16:45
Exact Location Of Accident	ALONG YIO CHU KANG RD/ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK540G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR LEE YONG JIE
NRIC No	SXXXX774A
Email Address	LEEYONGJIE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96951843
Alternative Phone No	OTHERS-96951843

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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 HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSN1937231900
Cover Note Number	

### Driver

Name of Driver	MR LEE YONG JIE
NRIC No	SXXXX774A
Date Of Birth	25/05/1988
Occupation	INDOOR
Date Of Driving Pass	22/04/2010
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96951843
Fax Number	
Contact Number	OTHERS-96951843
Email Address	LEEYONGJIE@HOTMAIL.COM

Address	BLK 184A WOODLANDS STREET 13 #27-647
Postcode	731184
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?	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)	2
Passenger 1	NAME: : RAMONA GENDER: : FEMALE

#### 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	<b>ROAD:</b> 1 WOODLANDS STREET 12 , <b>POSTCODE:</b> 738622 , <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

PLS REFER TO THE POLICE REPORT: T/20201030/2148

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ2943K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMAD AQI BIN ISMAIL
NRIC/Passport Number	SXXXX978H

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MR LEE YONG JIE  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJK540G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name RAMONA  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJK540G  
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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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. 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.

X 

Policyholder's Signature  
Date & Time:



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

 31/10/20

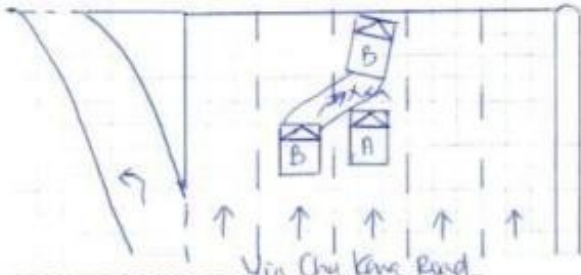
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

Yeo Chu Kang Road

Ang Mo Kio Ave 3



Veh A: SJK 540G

Veh B: SJZ 2943K

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SJK 540G) traveling along Yeo Chu Kang Road towards Upper Thomson Road on third lane of a 5-lanes, road. My vehicle was in moderate speed, when I approached the junction of Ang Mo Kio Ave 3, the traffic light turned amber. All of sudden, vehicle B (SJZ 2943K) which from lane 4 made a sharp turn and filter to my lane then made a jammed brake. Due to the sudden, I couldn't stop in time and collided onto the rear portion of vehicle B.

## 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20201030/2148

2 of 4

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

Report No. T/20201030/2148

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK540G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSN1937231900	04/11/2019	03/11/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LEE YONG JIE		ID No.	S8818774A
Related Vehicle	SJK540G (Car)		Contact No.	96951843
Hospital/Clinic	MAYFAIR MEDICAL CLINIC PTE LTD		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	30/10/2020		Date Discharge	30/10/2020
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Driver				
Name	MOHAMMAD AQI BIN ISMAIL		ID No.	S9033978H
Related Vehicle	NIL		Contact No.	NIL
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 30/10/2020 at around 1645hrs - 1650hrs, I was driving along Yio Chu Kang Road (towards upper Thomson) in my vehicle SJK540G with 01 passenger. My vehicle was on the 3rd of the 5 lanes. As I was driving near to the upcoming traffic junction, the traffic light turned amber and a vehicle from the 4th lane cut into my lane. The vehicle already passed the stop line and it stopped. I immediately did an emergency brake however, was unable to stop in time and collided with SJZ2943K.

Due to the collision, my vehicle's front bumper is loose. The front left headlight is broken, there are many scratches and major dents near the front left headlight area. I felt uncomfortable after the accident and went to see a doctor. I was given 03 days MC due to neck muscular strain and lower back muscular strain.

I have exchanged particulars with the driver (Mohammad Aqi Bin Ismail, S9033978H) as well. No traffic police or ambulance attended to us, no government property were involved. I wish to state that I have an

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20201030/2148

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

3 of 4

Report No. T/20201030/2148

CONTINUATION OF REPORT

In-car camera footage of the accident.

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





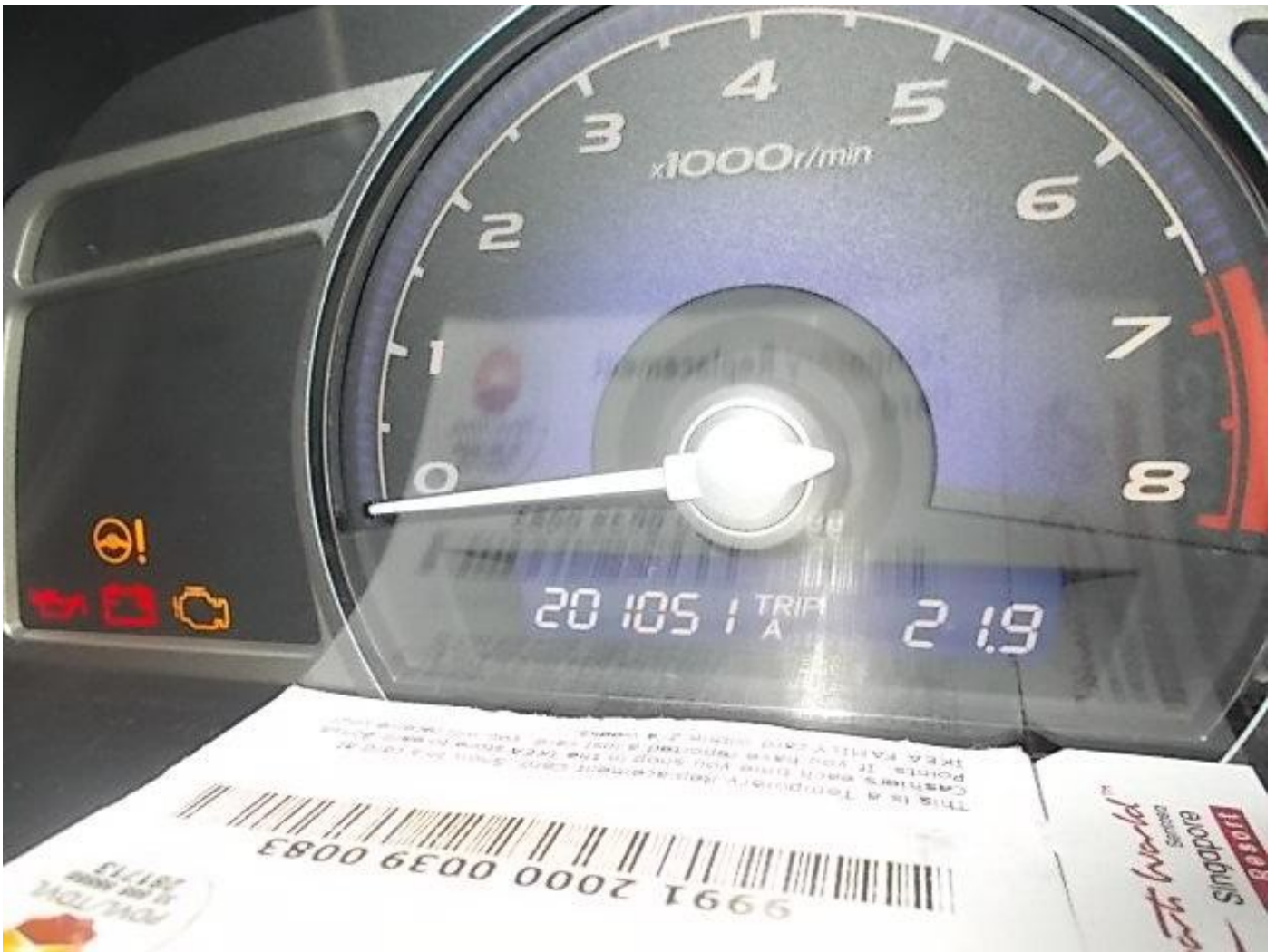
Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/2020/030/2148

1 of 4

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738822  
Tel No: 1800-353 9999

Report No. T/2020/030/2148

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2020 23:41		Vide Report No.:		Station Diary No.: 758	
<b>Informant's Particulars</b>					
Name of Informant: LEE YONG JIE			Address: APT BLK 194A WOODLANDS STREET 13 #27-647 SINGAPORE 731184		
ID Type / ID No.: NRIC NO / S8818774A			Contact No : Home/Office:                      Mobile: 96951843		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 25/05/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TEACHER			Driving Licence Information: Class: 2B,2A,3,4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/10/2020 18:45	Type of Location: Straight Road
Location:  YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SJK540G	Car	HONDA	CIVIC 1.6L VTI AUTO	Black	Seriously Damaged	1
SJZ2843K	Car	MITSUBISHI	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR	Red		0



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201030/2148

2 of 4

Police Station Of Origin:  
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Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE YONG JIE	ID No.	S8818774A
Related Vehicle	SJK540G (Car)	Contact No.	98951843
Hospital/Clinic	MAYFAIR MEDICAL CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	30/10/2020	Date Discharge	30/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MOHAMMAD AQI BIN ISMAIL	ID No.	S9033978H
Related Vehicle	NIL	Contact No.	NIL
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.

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Police Report



**SINGAPORE  
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T/20201030/2148

3 of 4

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CONTINUATION OF REPORT

In-car camera footage of the accident.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201030/2148

4 of 4

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738822  
Tel No: 1800-363 9999

Report No. T/20201030/2148

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 CHONG HUI LUN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65478436

Authentication Stamp

NP165

Singapore Police Force

Signature Of Informant:

Date/Time:

30/10/2020 23.41

Classification Of Case: