

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	10/11/2020 17:24
Date Of Accident	09/11/2020 16:00
Exact Location Of Accident	CHOA CHU KANG WAY (LAMPOST 99)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU9403H
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Insured/Policyholder

Name Of Registered Owner	TIEH HUK MENG
NRIC No	SXXXX244D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82184391
Alternative Phone No	OTHERS-82184391

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 (FD) 1.6 AUTO ABS AIRBAG SR 2WD 5DR PRIMARY COLOUR SILVER

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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5106651544-01
Cover Note Number	

Driver

Name of Driver	TIEH YOUNG LEE
NRIC No	SXXXX263C
Date Of Birth	21/07/1996
Occupation	INDOOR
Date Of Driving Pass	07/03/2016
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82184391
Fax Number	
Contact Number	

EMail Address NOEMAIL
Address BLK 756 CHOA CHU KANG NORTH 5
Postcode #07-111
Was driver an employee of the Insured's Company 680756
If No, Relationship of the Driver with the Insured NO
Vehicle Registration Number of Driver's Own CHILDREN
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION
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 3
Was any body injured in the Accident? NO
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) 3
Passenger 1 NAME: : QUAH MIN XUAN
GENDER: : FEMALE
Passenger 2 NAME: : CHUA LE MIN
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED.

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 GBD5644P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address

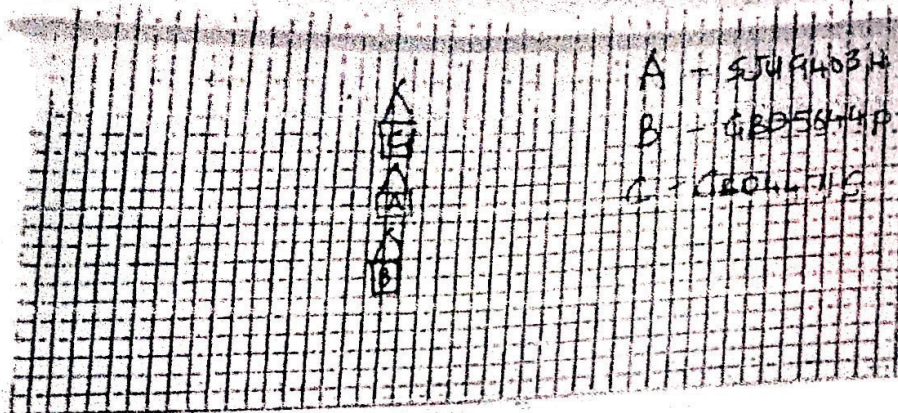
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD4471C
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)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After the front car stopped at the junction I follow suit and stop. A few seconds later I felt a great impact from the rear car. My car moved forward and hit the front car. It was a chain collision.

DECLARATION

We declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's Signature
 Date & Time:

[Signature]
 Witness's Signature
 (It should read the policyholder's)
 Date & Time:

Examiner's Signature
 Name
 Date & Time:



**SINGAPORE
POLICE FORCE**



T/20201109/7043

1 of 3

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

Report No. T/20201109/7043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2020 19:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TIEH YOUNG LEE			Address: 756 CHOA CHU KANG NORTH 5 #07-111 SINGAPORE 680756		
ID Type / ID No.: NRIC NO / S9625263C			Contact No.: Home/Office: Mobile: 82184391		
Nationality: SINGAPORE CITIZEN			Email: redyounglee@hotmail.com		
Sex: Male	Age: 24	Date of Birth: 21/07/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/11/2020 16:00	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD4471C	Van	NISSAN	NV200	Silver	Slightly Damaged	0
GBD5644P	Van	TOYOTA	HIACE	Silver	Seriously Damaged	0
SJU9403H	Car					0



**SINGAPORE
POLICE FORCE**



T/20201109/7043

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

Report No. T/20201109/7043

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TIEH YOUNG LEE	ID No.	S9625263C
Related Vehicle	SJU9403H (Car)	Contact No.	82184391
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/11/2020	Date	09/11/2020
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

on the stated date and time , I was travelling along Choa Chu Kang Way with my vehicle (SJU9403H) . I was stationary while waiting for the traffic light to turn green , out of the sudden i felt a huge impact from the back and realise that another vehicle(GBD5644P) collided onto my rear and due to the huge impact my vehicle collided into another vehicle(GBD4471C) infront . After wards my vehicle was towed to a workshop . So that i went to Mount Alvernia to consult a doctor due to back pain from the accident and recieved 5 days MC with medication .