

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	24/11/2020 16:05
Date Of Accident	23/11/2020 15:10
Exact Location Of Accident	BEDOK RD TWDS UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP152T
Insured/Policyholder	
Name Of Registered Owner	LEE TAT MING
NRIC No	SXXXX854G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90303958
Alternative Phone No	OFFICE-90303958

Vehicle Particulars

Manufacturer	TOYOTA
Model	RUSH 1.5X A
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 CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0005049
Cover Note Number	

Driver

Name of Driver	LEE TAT HWANG BROAN
NRIC No	SXXXX488F
Date Of Birth	27/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2006
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90029688
Fax Number	
Contact Number	OFFICE-90029688
Email Address	NOEMAIL

Address	89 STILL ROAD
Postcode	423984
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 15 BEDOK SOUTH ROAD #01-117 , POSTCODE: 460015 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2419999 - FAX NO: 64431687
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201124/2029.

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	GBA1967A
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)

1

DETAILS OF INJURED PERSON 1

Name	LEE TAT HWANG BROAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLP152T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.:

Accident Sketch Plan

SKETCH PLAN

Diagram illustrating a geological structure with a fault line. The structure is divided into two main sections by a vertical line representing a fault. On the left side, there is a vertical column of three rectangular blocks. The top block is labeled 'A' and contains the text 'SLP152T'. The middle block is labeled 'B' and contains the text 'GBA1957A'. The bottom block is labeled 'C' and contains the text 'Bedrock red'. On the right side, there is a single rectangular block labeled 'D' containing the text 'SLP152T'. A dashed line connects the top of block 'A' to the bottom of block 'D', indicating a fault or a boundary. Arrows point upwards from the bottom of the column and downwards from the right side, suggesting movement or direction.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/1021124/229.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20201124/2029

1 of 4

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

Report No. T/20201124/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2020 13:33	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: LEE TAT HWANG BROAN			Address: 89 STILL ROAD SINGAPORE 423984	
ID Type / ID No.: NRIC NO / S8701488F			Contact No.:	Mobile: 90029688
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email: urb_broany@hotmail.com	
Sex: Male	Age: 33	Date of Birth: 27/01/1987	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: EVENTS			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2020 15:10	Type of Location: Straight Road
Location: BEDOK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
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	Condition	No of Passenger
GBA1967A	Lorry				Slightly Damaged	0
SLP152T	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20201124/2029

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Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

Report No. T/20201124/2029

CONTINUATION OF REPORT

Driver			
Name	SITARAMAN PERUMAL		ID No. G8261587W
Related Vehicle	GBA1967A (Lorry)		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
Driver			
Name	LEE TAT HWANG BROAN		ID No. S8701488F
Related Vehicle	SLP152T (Car)		Contact No. 90029688
Hospital/Clinic	MEDILINE WEI MIN CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	23/11/2020	Date Discharge	23/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 23/11/2020 at about 1510hrs, I was driving my vehicle (SLP152T, Blue, Toyota Rush) along Bedok Road towards the direction of Upper Changi Road. While driving, I intended to turn right to enter the private compound of my friend's place (256 Bedok Road). I turned on my signal and drive to a complete stationary to allow vehicles from other lane to pass through.

While I was stationary, that is when I felt an impact coming from the rear and due to the impact, my forehead hit onto the steering wheel and knee hit onto the dashboard. I was stunned and in a daze due to the impact. I recompose myself, alighted from my vehicle and took photo of the accident scene. I then discovered that my vehicle was hit by a grey in color lorry, bearing plate number GBA1967A (V1). I took down the driver of V1's details but not his contact number. After doing the necessary, the driver of V1 left scene while I sat at the road side to recompose myself due to the shock and head trauma. After a while, I then drove my vehicle to my workshop.

Due to the impact, the left rear side of my vehicle was damaged, the left rear light was shattered, rear windscreen and rear left windscreen were totally shattered. The left rear mud guard was also dislodged and came in contact with my left rear wheel. As of now, I am unsure of the cost of repair.

I wish to state that I do not have any in car camera installed in my vehicle. Due to the accident, I felt some pain around my head, back area and left knee. I seek medical attention on the same day and was given 3 days of medical leave.

Police Report



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POLICE FORCE**



T/20201124/2029

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Report No. T/20201124/2029

CONTINUATION OF REPORT

Police Report



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T/20201124/2029

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460015
Tel No: 1800-2419999

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Report No. T/20201124/2029

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 3 MUHAMMAD NUR ISKANDAR BIN MUHO
NUR GHAZALI LIM

Signature Of Informant:

LT/B.

Signature Of Interpreter:

Not applicable

Date/Time:

24/11/2020 13:33

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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