

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 Submission 28/12/2020 13:19 (SGT)
Date of Accident 26/12/2020 15:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP RD HOUGANG AVE 9 TWDS YIO CHU KANG RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT1933R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE YI PENG, GILBERT
NRIC No S9016075C
Email Address LEE.YP.GILBERT@GMAIL.COM
Mobile Phone No (Phone) +65-91193055
Alternative Phone No +65-91193055

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Glc250
Variant -
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800142574-02
Cover Note Number -

DRIVER

Name of Driver LEE YI PENG, GILBERT
NRIC No S9016075C
Date Of Birth 10/05/1990
Occupation Indoor

Date Of Driving Pass	08/04/2009
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91193055
Alt. Phone Number	+65-91193055
Email Address	LEE.YP.GILBERT@GMAIL.COM
Address	76 PUNGGOL WALK #09-56
Address complement	-
Postcode	828788
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO: F/20201228/7013.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6635Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	DOMINIC TAN CHIN TAK
NRIC No	S7308741D

Contact Number	-
Address	-
Address complement	BLK 422 HOUGANG AVE 6 #06-128
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DOMINIC TAN CHIN TAK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB6635Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

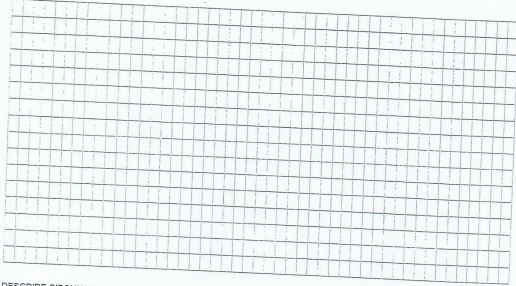
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the judgment 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/are 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 stated 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 (c) above may be shared if 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 necessary for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time *28/11/2020 11:15 am*

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

Reporting Centre Personnel's Name

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020


































**SINGAPORE
POLICE FORCE**


F/20201228/7013

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POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Report No. F/20201228/7013

Date/Time Report Made 28/12/2020 10:03	Vide Report No.	Station Diary No.
Name Of Informant LEE YI PENG, GILBERT	Address 274 YIO CHU KANG ROAD #15-32 SINGAPORE 545688	
ID Type / ID No. NRIC NO / S9016075C	Contact No.	Mobile: 91193055
Nationality SINGAPORE CITIZEN	Email Address lee.yi.peng@gmail.com	
Occupation Management executive	Sex Male	Age 30
Institution/School Name	Date of Birth 10/05/1990	Race Chinese
Date/Time Of Incident 26/12/2020 15:25 - 26/12/2020 15:30	Location Of Incident HOUGANG AVENUE 9	

Brief details.

I was driving my vehicle SKT1933R home along Hougang Ave 9 filtering into Yio Chu Kang Road on 26th December 2020 at around 3.25pm. The traffic light along Yio Chu Kang Road had turned Red and the white car in front of the Comfort Taxi SHB6635Z proceeded to filter into Yio Chu Kang Road. The Taxi moved forward but braked unnecessarily beyond the give way line resulting in me rear ending his vehicle. The taxi driver, Dominic Tan Chin Tak, S7308741D exited the taxi with a passenger. The passenger left in a hurry and I was unable to get his contact details. I had checked with the taxi driver to see if he was injured or required any medical support immediately after the accident but was told, "I am okay now, but I am not sure if I will be okay later." He left shortly after his taxi was towed away. I called him the next day

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
28/12/2020 10:03

Classification Of Case:

SINGAPORE
POLICE FORCE

F/20201228/7013

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201228/7013

on 27th December 2020 to check on him. He told me the same thing, "I am okay now, but i am not sure if i will be okay later." He called me at 9.17am on 28th December 2020 to tell me that he is feeling a little bit of pain in his back and will be getting medical attention.

Subjects Involved			
Suspect			
Person Name	Dominic Tan Chin Tak		
ID Type	NRIC NO	ID No	S7308741D
Gender	Male	Age	47-47
Race	Chinese	Language	Chinese
Occupation	Taxi driver	Address	422 Hougang Avenue 6 #06-128 SINGAPORE 530422
Mobile No	96926671		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/12/2020 10:03
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	