

# 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 ..... 29/12/2020 14:07 (SGT)  
Date of Accident ..... 28/12/2020 12:40 (SGT)  
Exact Location of Accident ..... Lor Low Koon, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC6718T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... JACKY TRADING  
Company Reg No ..... 5XXXX805E  
Email Address ..... HANG\_SENG888@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-96180938  
Alternative Phone No ..... +65-96180938

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Bus

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5120125023  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE HANG SENG  
NRIC No ..... SXXXX768Z  
Date Of Birth ..... 21/08/1958  
Occupation ..... Outdoor

Date Of Driving Pass .....	19/10/1978
Driving experience .....	42 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96180938
Alt. Phone Number .....	-
Email Address .....	HANG_SENG888@YAHOO.COM
Address .....	BLK 729 WOODLANDS CIRCLE #09-47
Address complement .....	-
Postcode .....	730729
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 - Cross Junction
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LEE YI JIE
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	MacPherson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007449999
Alt. Police Station Phone No .....	(Fax) +65-65476366
Police Station Address .....	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201228/2091

#### 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 .....	SMN9977U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
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 .....	LEE HANG SENG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	PC6718T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	LEE YI JIE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	PC6718T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### Declaration

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

**SKETCH PLAN****IMPORTANT NOTICE**

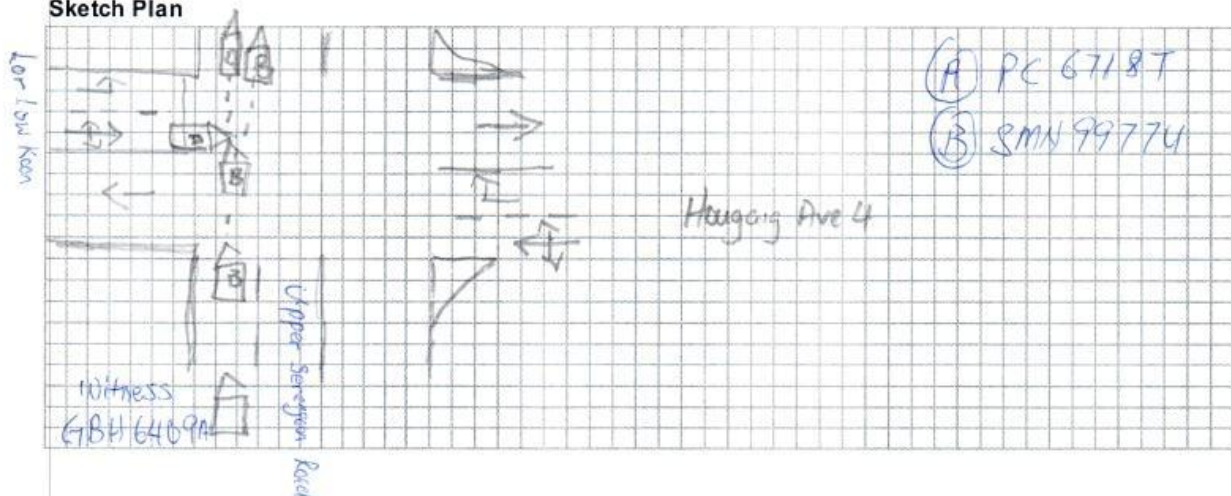
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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. 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 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.
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.



Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**
































**SINGAPORE  
POLICE FORCE**


T/20201228/2091

1 of 4

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20201228/2091

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/12/2020 17:07	Vide Report No.: F/20201228/0097	Station Diary No.: 32
--	-------------------------------------	--------------------------

Informant's Particulars				
Name of Informant: LEE HANG SENG		Address: APT BLK 729 WOODLANDS CIRCLE #09-47 SINGAPORE 730729		
ID Type / ID No.: NRIC NO / S1336768Z		Contact No.: Home/Office: Mobile: 96180938		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 62	Date of Birth: 21/08/1958	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/12/2020 12:40	Type of Location: X-Junction
Location:  LORONG LOW KOON				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC6718T	Van	TOYOTA	HIACE	White		1
SMN9977U	Car	TOYOTA	CAMRY	Black		0

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




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999



T/20201228/2091

2 of

Report No. T/20201228/2091

**CONTINUATION OF REPORT**

Driver			
Name	LEE HANG SENG		ID No. S1336768Z
Related Vehicle	PC6718T (Van)		Contact No. 96180938
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	LEE YI JIE		ID No. T0001051G
Related Vehicle	PC6718T (Van)		Contact No. 90363028
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 28/12/2020, at around 1240hrs, I was travelling along Lorong Low Koon towards Hougang Ave 4. My son was seated in the passenger seat of my vehicle. I was on the most right lane and I stopped at the cross junction of Upper Serangoon Rd and Lorong Low Koon as the traffic light was red. I was also the first car in the lane. Based on the lane direction arrows, I was allowed to either go straight, turn right or left at the junction.

When the traffic light turned green, I then proceeded to slowly move off and continue straight. Just as I was about to reach the other side of the junction, another car suddenly collided headfirst into the right side of my vehicle. The other vehicle did not immediately stop and continued to push our vehicle, causing both vehicles to spin about one lane, to the most left lane of Lorong Low Koon.

At first, due to the impact, me and my passenger felt dazed. Subsequently, when we came down from the vehicle to make a check, I saw that the other driver involved was already out of her vehicle. I realized that she was actually driving from the opposite direction of Lorong Low Koon, from Hougang Ave 4 direction and wanted to make a right turn into Upper Serangoon Rd.

Subsequently, we were assisted by traffic police and ambulance, and the other driver was conveyed to hospital. Neither me nor my passenger were injured.

The front of her vehicle was badly damaged and the right side of my vehicle was also damaged especially to the driver door.

I had in-car camera installed in my vehicle and it was handed over to the TP officers who attended to my



**SINGAPORE  
POLICE FORCE**



T/20201228/2091

3 of 4

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20201228/2091

**CONTINUATION OF REPORT**

accident. I observed that there was CCTV at the traffic junction of Lorong Low Koon and Upper Serangoon Rd.

There was also a witness who came forward to me after the accident. He was driving vehicle GBH6409A and was stationary at the junction on Upper Serangoon Rd. I did not get his name, however his contact number is 84688421.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999



T/20201228/2091

4 of 4

Report No. T/20201228/2091

**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 JOHANN PAK ZHUO-EN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SUFIYAN BIN KHAIRI  
Contact No.: 65476390

Authentication Stamp  
NP168

SIGNATURE

Signature Of Informant:

Date/Time:  
28/12/2020 17:07

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S665S0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0920CT000B Vehicle Registration No: PC 6718T  
 Name (as shown in NRIC) : LEE HANG SENH NRIC/FIN/Passport No : S1336768/Z  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : BLK 729, WOODLANDS CIRCLE, #09-47 Singapore (730729)  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 9618 0938  
 Email Address : \_\_\_\_\_  
 Date of Accident : 28/12/20 Time of Accident : 12:40  
 Place of Accident : Lor Low Koon.  
 Insurance Company : NTUC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To make amendments on sketch plan. vehicle B (8mm9977U)  
should be travelling from UPPER SERANGOON ROAD instead of  
HOUGHAN AVE 4.



Policyholder / Driver's Signature  
 Date:

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

GIARMC.addendumform\_v3