

# 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 ..... 08/01/2021 17:24 (SGT)  
Date of Accident ..... 07/01/2021 10:55 (SGT)  
Exact Location of Accident ..... Bukit Batok West Ave 5, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMF4391J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LT AUTO  
Company Reg No ..... 5XXXX977K  
Email Address ..... beeleetl@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-97861737  
Alternative Phone No ..... +65-97861737

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... -  
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 - Reporting only  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5108238503-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE TUEN LEE  
NRIC No ..... SXXXX875B  
Date Of Birth ..... 22/10/1961  
Occupation ..... Outdoor

Date Of Driving Pass .....	25/07/1984
Driving experience .....	36 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97861737
Alt. Phone Number .....	-
Email Address .....	beeleetl@yahoo.com.sg
Address .....	BLK 769 CHOA CHU KANG STREET 54
Address complement .....	#08-13
Postcode .....	680769
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Major/Minor Rd
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	WIFE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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


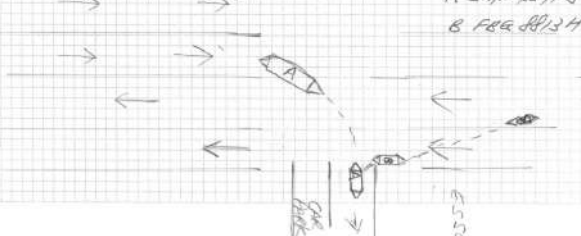
Vehicle Registration Number .....	FBG8813H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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) .....	-

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 willful 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' 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' 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 law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	<p><i>[Signature]</i> 08017021 11:45AM</p>	<p><i>[Signature]</i> 08/01/2021</p>
<p>Policyholder's Signature / Date &amp; Time</p>	<p>Driver's Signature (if driver is not the policyholder) / Date &amp; Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
<p><b>Sketch Plan</b></p> <p>BK17 PARK WAST BVR 5</p> <p>A SMF K991 J</p> <p>B FBR J913 H</p> 		

Describe Circumstances of the Accident

On 07 Jan. 2021, at 10.53pm, I am travelling toward Bukit Botak West Ave 5 heading toward and turning in on my right side to the entrance of Bukit Botak Driving Centre and once my car almost reach gantry I had a loud bang on my rear of the door of the passenger side. The motorcycle number F&G 8818 H fell on the ground and the rider call for an ambulance.

POLICE REPORT 7/2021/408/2090

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

08 01 2021 11.45 a.m

Witnessed by Reporting Centre Personnel



































**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C.  
20 Choa Chu Kang Street S2 #01-02  
SINGAPORE 680039  
Tel No: 1800-7559999

1 of 4  
Report No: SN0821180006

Report of a Traffic Accident

Date/Time Report Made: 06/01/2021 16:38

Vehicle Report No: J202101070152

Station Diary No: 31

**Informant's Particulars**

Name of Informant: LEE TION LEE

Address: APT BLK 709 CHOA CHU KANG STREET S4 #05-13  
SINGAPORE 680709

ID Type / ID No: NRIC NO: S14588753

Contact No: Mobile: 97861737

Nationality: SINGAPORE CITIZEN

Sex: Male

Age: 58

Date of Birth: 23/10/1961

Type of Informant: Driver

Language: Chinese

Institution / School Name:

Race: Chinese

Occupation: UNEMPLOYED

Driving Licence Information: Class: Date of Expiry:

**General Information of the Accident**

Type of Accident: Injury  
Drink & Drive: Yes

Drink Drive: Yes

Date/Time of Accident: 07/01/2021 22:50

Type of Location: Straight Road

Location: DUKIT DATOK WEST AVENUE S

Weather: Clear

Road Surface: Dry

Road Speed Limit:

Traffic Flow: Two Way

Traffic Control: Not Controlled

Traffic Volume: Light

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
FBG9813H	Motorcycle				Slightly Damaged	0
SMP4391J	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



1/2021108/2290 3 of 4  
Report No. 1/2021108/2290

**SINGAPORE POLICE FORCE**  
Police Station Of Origin  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 660206  
Tel No: 1800-7559900

CONTINUATION OF REPORT


Rider Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBG8813H (Motorcycle)	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	Slight
Driver Name	LEE TUEN LEE	ID No.	S1450875B
Related Vehicle	SMF4351J (Car)	Contact No.	97861737
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details:**  
On 07/01/2021 at around 2250hrs, My wife and I is travelling along Bukit Batok west ave 5 to pick up my daughter from bukit batok driving Centre. B.Lore turning into the driving Centre, my wife and I checked that the road is clear before I turn. When I was approaching the gantry of the driving Centre, I heard a loud bang on my rear left passenger side. As not to block the traffic, I continue to drive into the driving centre and park my vehicle before coming out to check on the rider.

When I was out, the rider of vehicle (FBG8813H) was standing and after awhile he sat on the grass patch. I observed there is no blood or visible injuries. I ask the rider is he ok, he replied that he is ok. At that point of time, a group of people was gathering around the rider. My daughter and I overheard the group saying to him about insurance claim instead of being concern about his injuries. My daughter heard one of the tall guy in the group telling the rider about him being very experienced in this kind of insurance claim and he is able help him.

Shortly the ambulance came, my daughter observed that the tall guy keep wanting to speak on behalf of the rider and he kept changing his statement. Initially he mentioned he heard a loud bang then he notice the accident, then he change his statement to him witnessing the accident. The police came shortly to gather the facts and they did a breathalyzer test on me and I failed the test. The police officer then brought me to Traffic Police Headquarter for investigation. I wish to state that I have an in car camera and the SD card is with TP SGT(S) T150140 Alfa Johan.

I am lodging this report for a record and insurance claim purpose.


 **SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C.  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 680286  
Tel No: 1800-7859999

122213198-0090

3 of 4  
Report No: T/0210106/2080

CONTINUATION OF REPORT

 **SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C.  
20 Choa Chu Kang Street 82 #01-02  
SINGAPORE 686286  
Tel No. 1800-7559999

12031101942090  
A of A  
Report No. T202101942090

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report: 1/ Sgt 2 ZENG JIE MIN, JASMINE <i>Jenny</i>	Signature Of Informant: <i>L. J. K.</i>
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2021 16:38
Officer In Charge Of Case: TP / DDGVT / SI MU WEE JIUN Contact No: 65476225 <i>Jenny</i>	Classification Of Case:
Authentication Stamp NP 156	

SIGNATURE

