

# 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 ..... 11/01/2021 16:50 (SGT)  
Date of Accident ..... 09/01/2021 16:10 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... twds tuas before bendemeer exit  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GU9717M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... STEVEN COURIER SERVICES  
Company Reg No ..... 5XXXX006L  
Email Address ..... tobytngis@gmail.com  
Mobile Phone No ..... (Phone) +65-98203472  
Alternative Phone No ..... +--

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
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 ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5119469998  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE NGIN TEE STEVEN  
NRIC No ..... SXXXX031Z  
Date Of Birth ..... 10/08/1949  
Occupation ..... Outdoor

Date Of Driving Pass .....	10/09/1968
Driving experience .....	52 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98203472
Alt. Phone Number .....	-
Email Address .....	tobytnngis@gmail.com
Address .....	BLK 756 PASIR RIS STREET 71
Address complement .....	#09-156
Postcode .....	510756
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 - Change/cross lane
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) .....	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 .....	Bedok Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002419999
Alt. Police Station Phone No .....	(Fax) +65-64431687
Police Station Address .....	Blk 15 Bedok South Road #01-117 Singapore 460015
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210109/2108.

#### 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 .....	YN6682Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	JIA HAO
Contact Number .....	(Phone) +65-87799856

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 NGIN TEE STEVEN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & SHOULDER
Injured person in which vehicle? .....	GU9717M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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

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- 5) **Any false reporting may be referred to the Police as 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 lodgment of this report to 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
  - ii. For compliance with the requirements under any regulations, law or court orders.

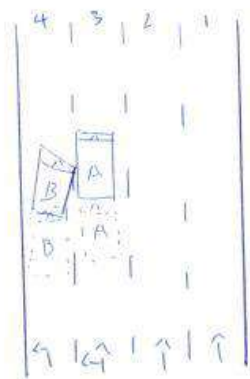
Policyholder's Signature  
Date & Time:

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

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



**SKETCH PLAN**



Veh A: 6U9717M

Veh B: VN6682Y

Refer to police report T/20210109/2108

**DECLARATION**

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

Policyholder's Signature  
Date & Time:



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

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



























T/20210109/2108  
1 of 3  
Report No. T/20210109/2108

**SINGAPORE POLICE FORCE**

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
480015  
Tel No. 1800-2419999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
09/01/2021 19:14

Vide Report No.: \_\_\_\_\_

Station Diary No.:  
26

**Informant's Particulars**

Name of Informant:  
LEE NGIN TEE STEVEN

Address:  
APT BLK 756 PASIR RIS STREET 71 #09-156 SINGAPORE  
510756

ID Type / ID No.:  
NRIC NO / S0281031Z

Contact No.: \_\_\_\_\_ Mobile: 98203472

Nationality:  
SINGAPORE CITIZEN

Email: \_\_\_\_\_

Sex: Male Age: 71 Date of Birth: 10/08/1949

Type of Informant:  
Driver

Race:  
Chinese

Language: \_\_\_\_\_ Institution / School Name: \_\_\_\_\_

Occupation:  
DELIVERY VAN

Driving Licence Information:  
Class: 2B, 2A, 2, 3 Date of Expiry: \_\_\_\_\_

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	09/01/2021 16:10	Flyover
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GU9717M	Van				Slightly Damaged	0
YN6682Y	Lorry				Slightly Damaged	2

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



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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/20210109/2108

CONTINUATION OF REPORT

Driver Name	LEE NGIN TEE STEVEN		ID No.	S0281031Z
Related Vehicle	GU9717M (Van)		Contact No.	98203472
Hospital/Clinic	UNIHEALTH CLINIC (BEDOK)		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	09/01/2021	Date Discharge	NIL	
No. of Days granted Medical Leave	03	Degree of Injury	NIL	
Driver Name	JIAHAO		ID No.	NIL
Related Vehicle	YN6682Y (Lorry)		Contact No.	87799856
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 the 9 January 2021 at about 1610 hrs, I was travelling on lane 3 of PIE towards Tuas before Bendemeer exit after Geylang Bahru exit when another vehicle, YN6682Y, side swiped my vehicle from the left. The lorry was on the lane to exit Geylang Bahru however decided to make lane change and side swiped my vehicle.

We exchanged particulars after which I sought medical attention and was given 3 days MC.



**SINGAPORE  
POLICE FORCE**

T/20210109/2108

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15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

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Report No. T/20210109/2108

**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 /

Sr Staff Sgt SHAHARALAMIN BIN ABDUL  
RAZAKSignature Of Interpreter:  
Not applicable

Signature Of Informant:

Date/Time  
09/01/2021 19:14Officer In Charge Of Case:  
TP / AEIT /Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No: 65476404Authentication Stamp  
NP168

Classification Of Case: