

# 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 10:34 (SGT)  
Date of Accident ..... 24/12/2020 17:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG SIXTH AVENUE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBF7250T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE KIAM PENG  
NRIC No ..... S1347059F  
Email Address ..... kiampenglee@gmail.com  
Mobile Phone No ..... (Phone) +65-81538380  
Alternative Phone No ..... +65-81538380

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... HONDA / ANF125CR M  
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 - Claiming third party  
Vehicle Category ..... Motorcycle

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5117878720  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE KIAM PENG  
NRIC No ..... S1347059F  
Date Of Birth ..... 05/07/1959  
Occupation ..... Indoor

Date Of Driving Pass .....	21/07/1978
Driving experience .....	42 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81538380
Alt. Phone Number .....	+65-81538380
Email Address .....	kiampenglee@gmail.com
Address .....	BLK 117 #05-193 BUKIT MERAH VIEW
Address complement .....	-
Postcode .....	151117
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 .....	Side Swipe
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 .....	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003779999
Alt. Police Station Phone No .....	(Fax) +65-63773923
Police Station Address .....	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20201225/2026 & T/20201225/2045;

#### 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 .....	SY777K
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	TOYOTA / VELLFIRE 2.5X CVT
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 KIAM PENG
Address .....	BLK 117 #05-193 BUKIT MERAH VIEW
Address Complement .....	-
Post Code .....	151117
Approximate Age Years Old .....	61
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBF7250T
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

**VACK BUKIT (VAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

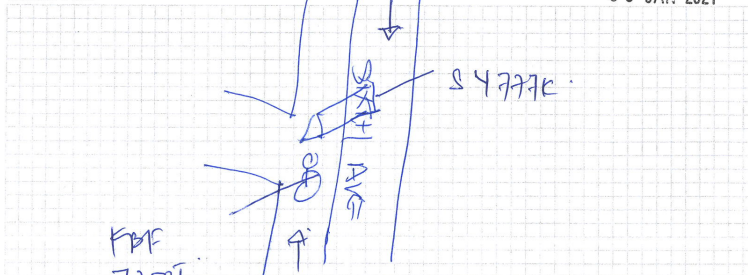
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

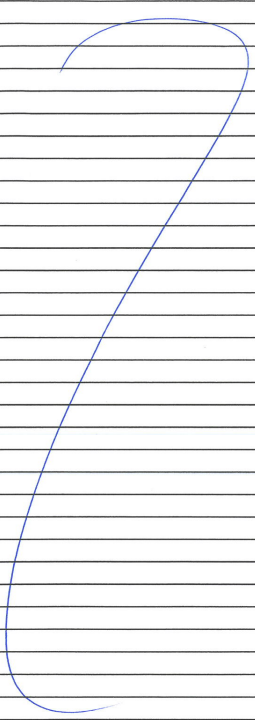
**Sketch Plan**

08 JAN 2021



Describe Circumstances of the Accident

refer to police Report no: T/20201225/2026 a  
T/20201225/2045



Declaration

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

08 JAN 2021





























05-01-21 13:02 FROM- Arasan Law Chambers 68353352

T-791 P0001/0001 F-670


**SINGAPORE  
POLICE FORCE**


T/20201225/2026

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 3

Report No. T/20201225/2026

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2020 10:45	Vide Report No.:	Station Diary No.: 24
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## Informant's Particulars

Name of Informant: LEE KIAM PENG		Address: APT BLK 117 BUKIT MERAH VIEW #05-193 SINGAPORE 151117	
ID Type / ID No.: NRIC NO / S1347059F		Contact No.: Home/Office: Mobile: 81538380	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 05/07/1959	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Foodpanda Delivery		Driving Licence Information: Class: 2B,3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/12/2020 17:30	Type of Location: T-Junction
Location: SIXTH AVENUE				
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 On			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF7250T	Motorcycle	HONDA	ANF125CR M	Red	Seriously Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBF7250T	NTUC Income Insurance Co-Operative Limited	5117878720	22/06/2020	19/10/2021

SY 777K

05-01-'21 13:02 FROM- Arasan Law Chambers 68353352

T-792 P0001/0001 F-671


**SINGAPORE  
POLICE FORCE**


T/20201225/2026

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

2 of 3  
Report No. T/20201225/2026

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LEE KIAM PENG	ID No.	S1347059F
Related Vehicle	FBF7250T (Motorcycle)	Contact No.	81538380
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 3 Date of Expiry: 24/12/2020
Date Treatment	24/12/2020	Date Discharge	24/12/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 24/12/2020 at around 1730hrs, I was riding my motorcycle FBF7250T, along Sixth Ave (towards Holland Rd) to collect my delivery for Foodpanda. When I was approaching a straight road, I saw a black coloured van turning right (from an opposite direction) into a minor road. I tried to apply the brakes but it was too late, hence I crashed onto the front panel of the van and caused my right leg to be stuck in between my motorbike and the front of the van. After that the passengers of the vehicle assisted to carry me and my motorbike to the side of the road. They also assisted to call for ambulance. A while later, both traffic police and ambulance arrived and the ambulance conveyed me to NUH. I suffered several cuts and swelling on my right leg, swelling on my left leg and bruises on the right side of my face. On 25/12/2020 around midnight the traffic police investigator advised me to lodge a police report.

05-01-21 13:03 FROM- Arasan Law Chambers 68353352

T-793 P0001/0001 F-672

**SINGAPORE  
POLICE FORCE**

T/20201225/2026

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159662  
Tel No: 1800-3779999

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Report No. T/20201225/2026

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:  
D /  
Sgt 3 MUHAMMAD NASIRUDIN BIN KAMAL

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/12/2020 10:45

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Classification Of Case:

Authentication Stamp  
NP168

SN 45

05-01-21 13:03 FROM- Arasan Law Chambers 68353352

T-794 P0001/0001 F-673



T/20201225/2045

1 of 3

Report No. T/20201225/2045

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No 0

Report Number T/20201225/2045

Vide Report Number T/20201225/2026

Date/Time of Report Made 25/12/2020 15:08

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant LEE KIAM PENG

ID Type / ID No. NRIC NO / S1347059F

Home/Office

Mobile 81538380

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 24/12/2020 17:30

Accident Location QUEEN ASTRID PARK

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
FBF7250T	Motorcycle	HONDA	ANF125CR M	Red	Seriously Damaged	0

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

05-01-21 13:04 FROM- Arasan Law Chambers 68353352

T-795 P0001/0001 F-674



T/20201225/2045

2 of 3

Report No. T/20201225/2045

## Continuation of CSF For NP168

Name	LEE KIAM PENG	ID No.	S1347059F
Related Vehicle	FBF7250T (Motorcycle)	Contact No.	81538380
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/12/2020	Date Discharge	24/12/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Facts.**

With Reference to: T/20201225/2026 these are the following amendments:

- 1) There is no expiry date on the driving licence.
- 2) Exact location of the accident is the junction of Sixth Avenue and Queen Astrid Park.

05-01-'21 13:05 FROM- Arasan Law Chambers 68353352

T-796 P0001/0001 F-675



T/20201225/2045

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Report No. T/20201225/2045

**Continuation of CSF For NP168****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.

Case Sensitivity No  
Officer-In-Charge of Case TP / GIT /  
MOHAMMAD ABDILLAH BIN PALIL  
Classification of Case 1) INJURY / CONVEYED BY AMBULANCE



Sut's Nasim