

# 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	18/01/2021 16:50 (SGT)
Date of Accident	17/01/2021 11:40 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	Ang Mo Kio Avenue 3 (Near AMK Hub)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1472E
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lee Hock Chye
NRIC No	SXXXX649J
Email Address	vincentlee@chongseng.com.sg
Mobile Phone No	(Phone) +65-96381508
Alternative Phone No	+65-96381508

### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	Private car

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	20-MU010629-R03
Cover Note Number	-

### DRIVER

Name of Driver	Chen Kok Leong
NRIC No	SXXXX064F
Date Of Birth	29/03/1970
Occupation	Indoor

Date Of Driving Pass	13/11/1996
Driving experience	24 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96266392
Alt. Phone Number	-
Email Address	chenkl@chongseng.com.sg
Address	Blk 652 Punggol Central #17-318 Eastdale
Address complement	-
Postcode	820652
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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	Christine Ong
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to Police Report No. T/20210117/2056.

#### 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	SLE4740C
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-



Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	Low Shu Xian Daphne
NRIC No	SXXXX578F
Contact Number	(Phone) +65-97325027
Address	-
Address complement	-
Postcode	-
Insurance Company Name	EQ
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	Low Shu Xian Daphne
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Unknown
Injured person in which vehicle?	SLE4740C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

# SKETCH PLAN

## IMPORTANT NOTICE

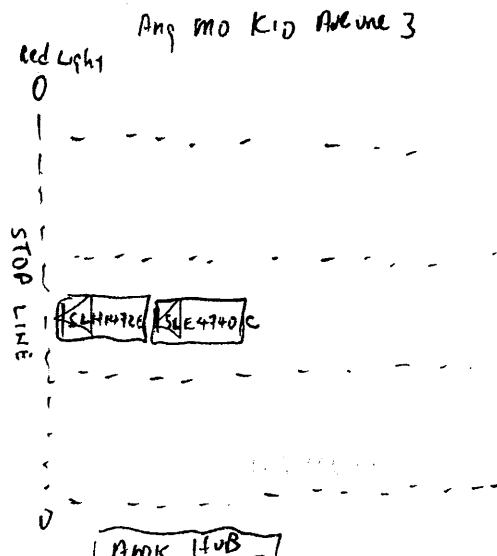
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

Policyholder's Signature / Date & Time  
18 JAN 2021

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time  
18 JAN 2021

Witnessed by Reporting Centre Personnel



## Declaration

Policyholder's Signature / Date &  
Time  
**18 JAN 2021**

Driver's Signature (If driver is not the policyholder) / Date  
& Time **18 JAN 2021**

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20210117/2056

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210117/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/01/2021 16:38		Vide Report No.: F/20210117/0197		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHEN KOK LEONG			Address: APT BLK 652 PUNGGOL CENTRAL #17-318 EASTDALE SINGAPORE 820652		
ID Type / ID No.: NRIC NO / S7048064F			Contact No.: Home/Office: Mobile: 96266392		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 29/03/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT COORDINATOR			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/01/2021 11:40	Type of Location:
Location: ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE4740C	Car	HONDA	VEZEL 1.5X CVT	White		0
SLH1472E	Car	SUBARU	FORESTER 2.0XT CVT AWD SR	Silver		1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210117/2056

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210117/2056

**CONTINUATION OF REPORT**

Driver			
Name	CHEN KOK LEONG		ID No. S7048064F
Related Vehicle	SLH1472E (Car)		Contact No. 96266392
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 the stated date, time and place,

I was travelling along Ang Mo Kio Avenue 3, going home. I was in the middle of 3 lanes. I stopped at the junction near to the Ang Mo Kio Hub as the traffic light turned red. It was not a sudden brake, but a gradual one. I was the first vehicle in the middle lane, just before the stop line. Then, a few seconds later, a car, SLE4740C hit onto the rear of my vehicle. My partner stayed in the car, while I got off the vehicle to assess the damage and talk to the driver of the other car. The driver of the other car was a pregnant lady. At that moment, no one was complaining about getting hurt. We talked about how to settle this and decided to just claim insurance since no one was hurt. We exchanged particulars and took some photos of the scene. After that, I left the scene. I had no idea the other driver called ambulance. Case is under IO Ken Lee. Ext: 6547 6423. That's all.



SINGAPORE  
POLICE FORCE



T/20210117/2056

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210117/2056

## 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:

TP /

SC NAFEEES ABDUL KADER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/01/2021 16:38

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476178

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

Signature: