

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 26/01/2021 15:58 (SGT)
Date of Accident 24/01/2021 00:30 (SGT)
Exact Location of Accident Lor Ong Lye, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX9919J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE KOON SENG
NRIC No S7207913B
Email Address JOELEEE.XMAIL@GMAIL.COM
Mobile Phone No (Phone) +65-96821011
Alternative Phone No +65-96821011

VEHICLE PARTICULARS

Manufacturer Honda
Model Stepwagon
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 car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070100658
Cover Note Number -

DRIVER

Name of Driver LEE KOON SENG
NRIC No S7207913B
Date Of Birth 09/03/1972
Occupation Indoor

Date Of Driving Pass	07/07/1994
Driving experience	26 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96821011
Alt. Phone Number	+65-96821011
Email Address	JOELEE.XMAIL@GMAIL.COM
Address	3 JALAN GOTONG ROYONG
Address complement	-
Postcode	538286
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CRYSTAL
Gender	Female

PASSENGER 2

Name	KAYDEE
Gender	Female

PASSENGER 3

Name	KAYDEN
Gender	Male

PASSENGER 4

Name	KAYLA
Gender	Female

PASSENGER 5

Name	MAY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

OI REVERSE AND HIT TP VEHICLE (SLIGHT)
REFER TO ATTACHED
STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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 UNKNOWN
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
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) -





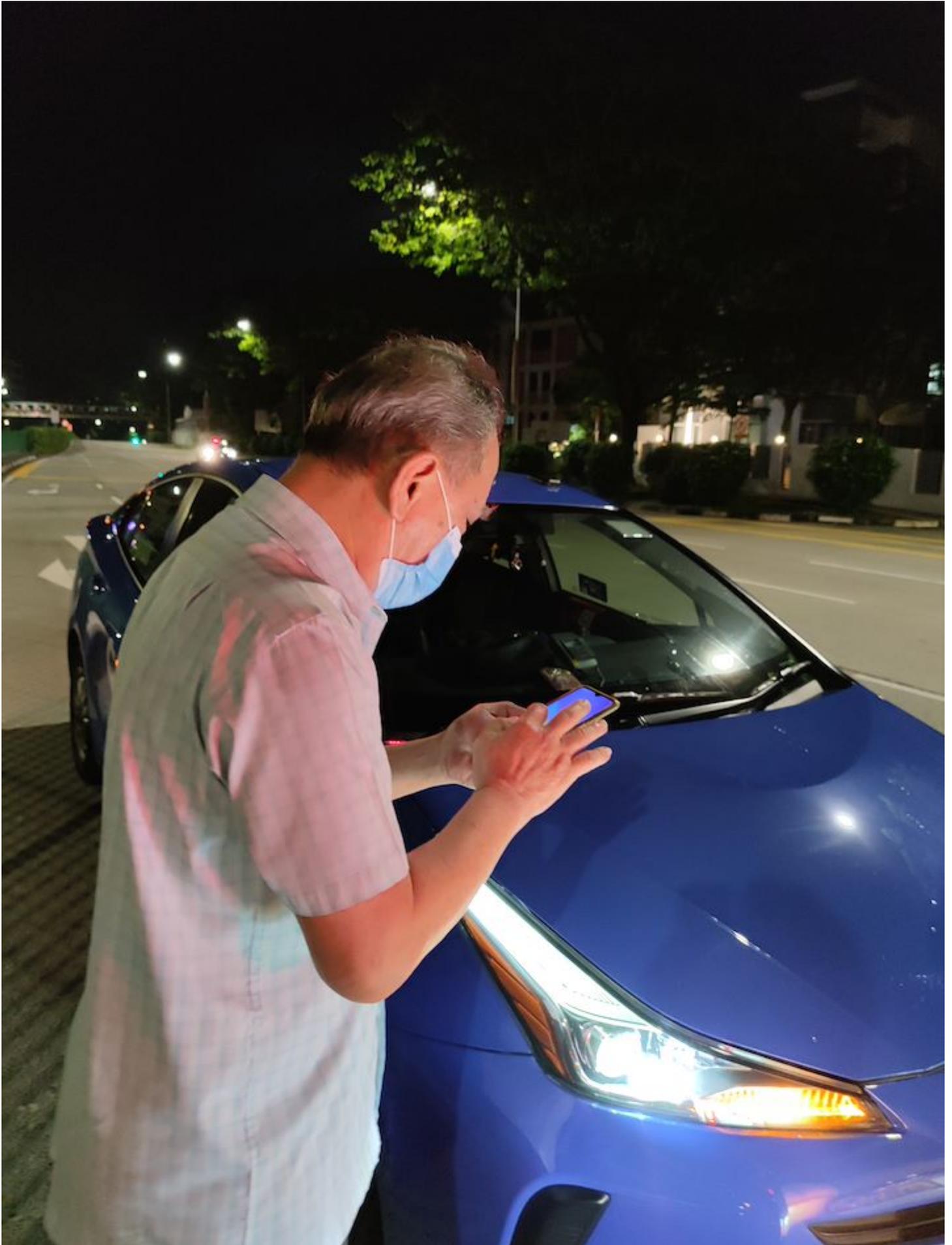














**SINGAPORE
POLICE FORCE**



F/20210124/7004

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210124/7004

on any part of the taxi beside the number plate. We decided that we should not waste time taking to him and will just report the case since he refuse to settle amicably over such a minor incident. And also it was already past midnight & our 3 kids were tired, so we left the scene after. I will be available at 96821011 and my wife and kids were in the car to witness this incident & how unreasonable the taxi-driver is. We can furnish the photos of the slightest dent on the number plate & our own car's conditions at any anytime. Thanks & take car!

Subjects Involved			
Victim			
Person Name	LEE KOON SENG		
ID Type	NRIC NO	ID No	S7207913B
Gender	Male	Age	48
Race	Chinese	Language	English
Occupation	Draughtsman (general)	Address	3 JALAN GOTONG ROYONG SINGAPORE 538286
Mobile No	96821011	Is Informant A Victim?	Yes
Person Name	LEE KOON SENG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2021 02:50
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



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: 56550020G / 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 : SP0U211Q000C Vehicle Registration No: SKx9919J.
Name (as shown in NRIC) : Lee Koon Seng NRIC/FIN/Passport No : 57207913B.
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96821011.
Email Address : _____
Date of Accident : 24/11/2021. Time of Accident : 0030hrs.
Place of Accident : Jor Ong Lye
Insurance Company : AI& Insurance.

(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:

Attached. Taxi photos. taken on scene.

➔ [Signature]
Policyholder / Driver's Signature
Date:

PROGRESSIVE CAR CARE PTE LTD
Bik 3022A Ubi Road, #01-45/46
Singapore 408716
Tel: 6741 5338 Fax: 6741 7208
Email: claims@progressive.com.sg
Name:
NRIC/FIN No.:
Date: