

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 29/01/2021 14:30 (SGT)
Date of Accident 28/01/2021 17:58 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information TOWARDS MCE BEFORE TUAS FLYOVER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM3425R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FOO SIEW KIM
NRIC No SXXXX887C
Email Address DARYLCHEAH96@GMAIL.COM
Mobile Phone No (Phone) +65-98173598
Alternative Phone No +65-98173598

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
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 NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5111173388-01
Cover Note Number -

DRIVER

Name of Driver LEE MIN KEONG
NRIC No SXXXX222A
Date Of Birth 23/02/1965
Occupation Indoor

Date Of Driving Pass	25/04/1994
Driving experience	26 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98316981
Alt. Phone Number	-
Email Address	DARYLCHEAH96@GMAIL.COM
Address	BLK 298C COMPASSVALE STREET #12-86
Address complement	-
Postcode	543298
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT J/20210128/7057

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	XD6871H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDD8838D
 Vehicle Manufacturer -
 Vehicle Model -
 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 MIN KEONG
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SHOULDER AND BACK PAIN. SPRAINED WRIST
 Injured person in which vehicle? SMM3425R
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

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 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. 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 :

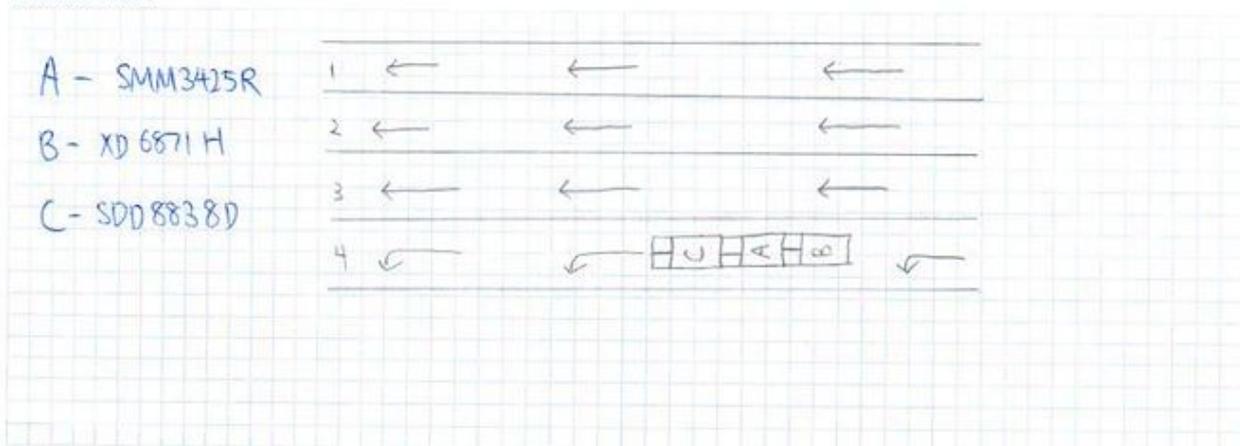
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

<p style="font-size: 1.2em; color: blue;">500</p> <p>_____ Policyholder's Signature / Date & Time</p>	<p style="font-size: 1.2em; color: blue;">60001</p> <p>_____ Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p style="font-size: 1.2em; color: blue;">[Signature]</p> <p>_____ Witnessed by Reporting Centre Personnel</p>
---	---	--

Sketch Plan






























**SINGAPORE
POLICE FORCE**


J/20210128/7057

1 of 2

POLICE REPORT (NP299)

Report No. J/20210128/7057

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 28/01/2021 21:21	Vide Report No.	Station Diary No.
Name Of Informant LEE MIN KEONG	Address 298C COMPASSVALE STREET #12-86 SINGAPORE 543298	
ID Type / ID No. NRIC NO / S1730222A	Contact No. Home/Office:	Mobile: 98316981
Nationality SINGAPORE CITIZEN	Email Address darylcheah96@gmail.com	
Occupation Manufacturing engineer (general)	Sex Male	Age 55
Institution/School Name	Date of Birth 23/02/1965	Race Chinese
Date/Time Of Incident 28/01/2021 17:45 - 28/01/2021 17:50	Location Of Incident AYER RAJAH EXPRESSWAY	

Brief details.

On 28th Jan 2021, I was travelling towards on AYE towards MCE before Tuas Flyover in my vehicle SMM3425R.

I had gradually come to a stop due to traffic conditions when suddenly, I felt a massive impact from the rear. The impact was so great that my vehicle surged forwards and collided into the vehicle in front.

I alighted to realise that a truck bearing plate number XD6871H had hit my car from the rear.

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: 28/01/2021 21:21
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20210128/7057

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210128/7057

SDD8838D was the vehicle my vehicle surged forwards to hit after the impact from the rear.

I felt pain on my neck, back, shoulder and wrist while on the way back home and as such, I went to see the doctor immediately at a nearby clinic Unihealth 24-Hr Clinic (Jurong East) and was given 3 days MC.

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: 28/01/2021 21:21
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	