

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 15/02/2021 14:22 (SGT)
Date of Accident 10/02/2021 22:45 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information TOWARDS SLE AFTER JALAN BAHAGIA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW173J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BELLA ONG BEE LAY
NRIC No SXXXX482B
Email Address BEEBEEELAY@GMAIL.COM
Mobile Phone No (Phone) +65-98163355
Alternative Phone No +65-98163355

VEHICLE PARTICULARS

Manufacturer BMW
Model 420i
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 5119633578
Cover Note Number -

DRIVER

Name of Driver LEE KWONG HONG
NRIC No SXXXX230E
Date Of Birth 21/07/1991
Occupation Outdoor

Date Of Driving Pass	15/02/2012
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-87490084
Alt. Phone Number	-
Email Address	BEEBEELAY@GMAIL.COM
Address	BLK 131 JALAN BUKIT MERAH #09-1585
Address complement	-
Postcode	160131
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BELLA ONG BEE LAY
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

REFER TO POLICE REPORT T/20210211/7017

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	SKL1911X
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGC8686U
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 KWONG HONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SMW173J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	BELLA ONG BEE LAY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK
Injured person in which vehicle?	SMW173J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

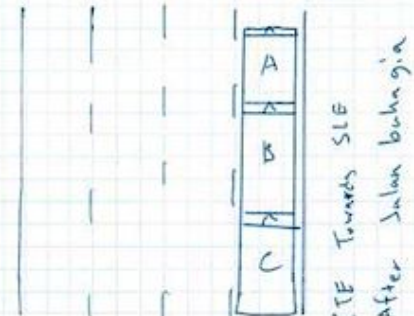
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



CTE Towards SLE
After Jalan buhangia

Vek A : SNV1733
Vek B : 777
Vek C : 54c8686u

Describe Circumstances of the Accident

Refer to police report T/20210211/7017

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

Witnessed by Reporting Centre
Personnel





























**SINGAPORE
POLICE FORCE**



T/20210211/7017

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

1 of 3

Report No: T/20210211/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2021 12:22		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE KWONG HONG			Address: 131 JALAN BUKIT MERAH #09-1585 SINGAPORE 160131		
ID Type / ID No.: NRIC NO / S9128230E			Contact No.: Home/Office: Mobile: 87490084		
Nationality: SINGAPORE CITIZEN			Email: Bzai91@hotmail.com		
Sex: Male	Age: 29	Date of Birth: 21/07/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Outdoor sale			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2021 22:45	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SGC8686U	Car					0
SMW173J	Car					0
	Car					0



**SINGAPORE
POLICE FORCE**

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



T/20210211/7017

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Report No. T/20210211/7017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Passenger		Use of Pedestrian Crossing: NA	
Name	BELLA ONG BEE LAY	ID No.	S9051482B
Related Vehicle	SMW173J (Car)	Contact No.	98163355
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/02/2021	Date	11/02/2021
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	LEE KWONG HONG	ID No.	S9128230E
Related Vehicle	SMW173J (Car)	Contact No.	87490084
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/02/2021	Date	11/02/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated time and date, I was driving vehicle SMW173J on CTE towards SLE after Jalan bahagia on lane 1 of 4 lanes. Suddenly I heard a loud bang from my rear and next minutes I felt an impact from my rear. I alighted my vehicle and realised I'm involved in a 3 car chain collision im the 1st car from the front. 2nd car I forgot to take pictures as the vehicle plate drop off I manage to take the last vehicle carplate which is SGC8686U. And I consult a doctor and received 3 days mc and my passenger which is the owner of the vehicle Bella ong bee lay s9051482b called me and complain uncomfortable at back area as well.



**SINGAPORE
POLICE FORCE**



T/20210211/7017

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

3 of 3

Report No. T/20210211/7017

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/02/2021 12:22

Classification Of Case:

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66550020G / 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: SND 9212 F0009 Vehicle Registration No: SMW 193 J
 Name (as shown in NRIC): Bella Ong Bee Lay NRIC/FIN/Passport No: S 9051482B
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: 89 Gerald Drive Singapore 799 022 Singapore ()
 Contact (Tel): _____ Mobile No.: +65 9816 3355
 Email Address: bbeebelay@gmail.com
 Date of Accident: 10/02/2021 Time of Accident: 22.45 hrs
 Place of Accident: CTE, Towards SLE After Jalan Bukit Timah
 Insurance Company: NTUC

3) 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:

to amend vehicle 2 car plate from SKL 1991 X to SKL 1911 X.

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

[Signature]
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____