

# 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 ..... 17/02/2021 16:41 (SGT)  
Date of Accident ..... 09/02/2021 17:50 (SGT)  
Exact Location of Accident ..... Upper Serangoon Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKX607T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE BUCK HOE  
NRIC No ..... SXXXX691E  
Email Address ..... JASONKCAPL@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91777838  
Alternative Phone No ..... +65-91777838

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
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 ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00162222004  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE BUCK HOE  
NRIC No ..... SXXXX691E  
Date Of Birth ..... 28/12/1958  
Occupation ..... Indoor

Date Of Driving Pass .....	18/04/1978
Driving experience .....	42 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91777838
Alt. Phone Number .....	+65-91777838
Email Address .....	JASONKCAPL@GMAIL.COM
Address .....	11 YISHUN ST 51 #07-23
Address complement .....	-
Postcode .....	767971
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 - Change/cross lane
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LEE WEE YONG
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Yishun South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008522999
Alt. Police Station Phone No .....	(Fax) +65-68522239
Police Station Address .....	32 Yishun Street 81 Singapore 768456
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210210/2035

#### 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 .....	GQ4359S
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) .....	-

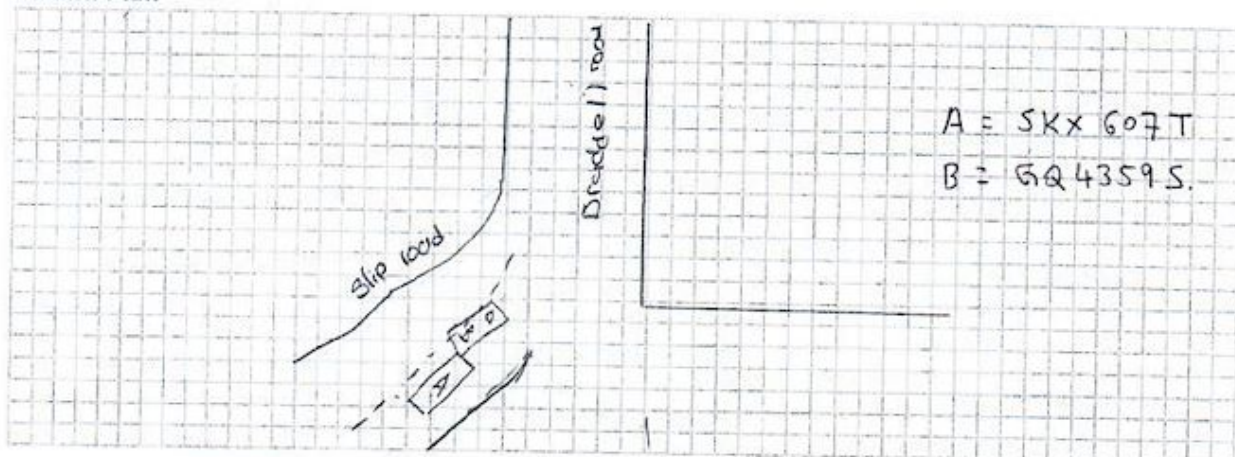
**SKETCH PLAN****IMPORTANT NOTICE**

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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**

**Describe Circumstances of the Accident**

Please refer to the police report. (T/20210210/2035)

**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





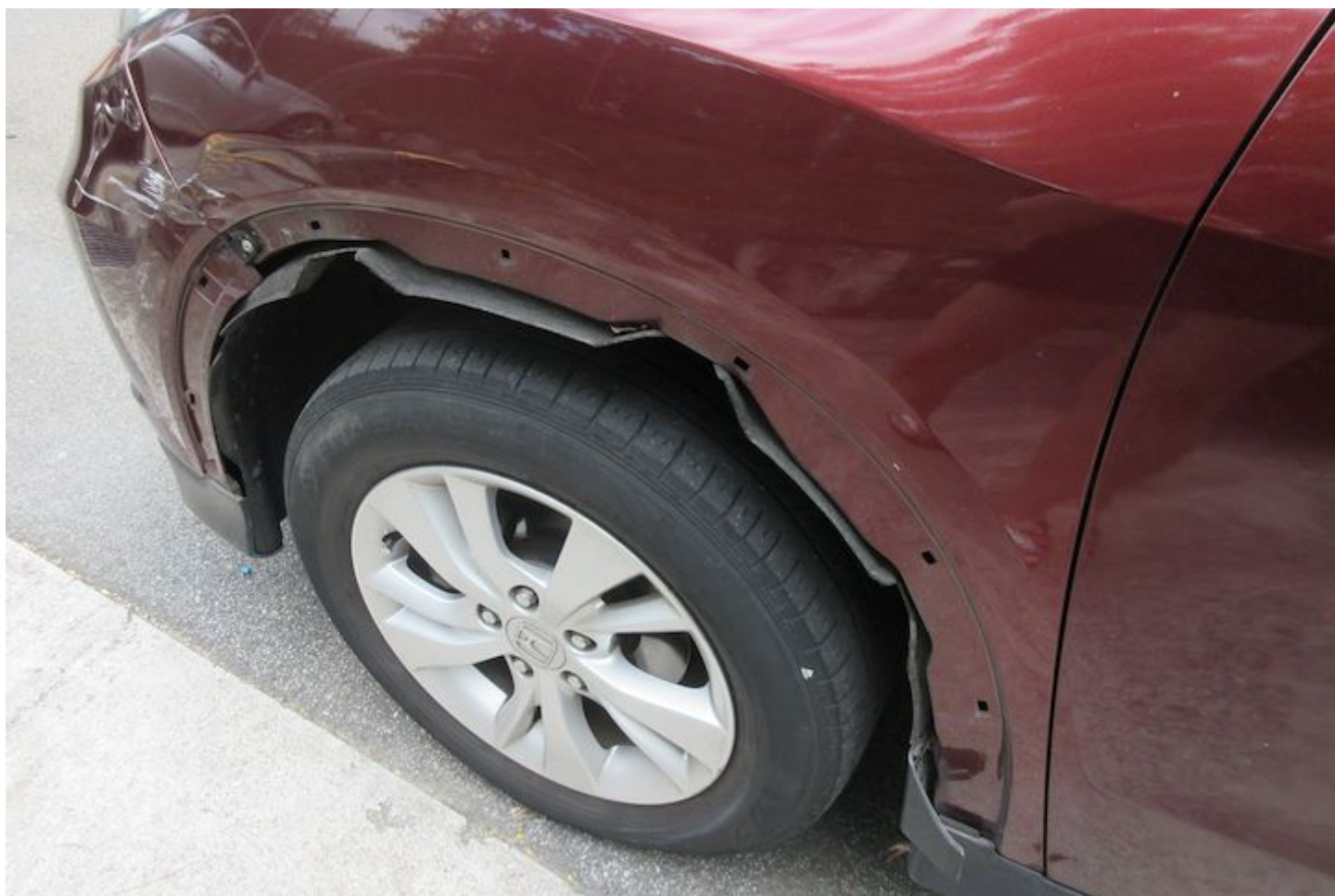

















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999



T/20210210/2035

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Report No. T/20210210/2035

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/02/2021 11:29		Vide Report No.:		Station Diary No.: 50
<b>Informant's Particulars</b>				
Name of Informant: LEE BUCK HOE		Address: 11 YISHUN STREET 51 #07-23 SINGAPORE 767971		
ID Type / ID No.: NRIC NO / S1319691E		Contact No.: Home/Office: Mobile: 91777838		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 62	Date of Birth: 28/12/1958	Type of Informant: Driver	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: LIFT TECHNICIAN		Driving Licence Information: Class: 2,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/02/2021 17:50	Type of Location: Bend
Location:  UPPER SERANGOON ROAD				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GQ4359S	Lorry			Silver	No Damage	0
SKX607T	Car	HONDA	VEZEL 1.5X A	Maroon	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKX607T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001622 22004	25/11/2020	24/11/2021



**SINGAPORE  
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T/20210210/2035

Police Station Of Origin:  
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Tel No: 1800-8522999

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Report No. T/20210210/2035

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LEE BUCK HOE	ID No.	S1319691E
Related Vehicle	SKX607T (Car)	Contact No.	91777838
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	Lee Wee Yong	ID No.	S9233439B
Related Vehicle	SKX607T (Car)	Contact No.	81282766
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 09/02/2021 at about 5.50pm, I was travelling with my son along Upper Serangoon Road turning into the slip road towards Braddell road when a lorry collided into mine. The slip road had 2 lanes and I was on the right lane. However a lorry GQ4359S belonging to Nippon Paint company, turned from the left lane onto my lane abruptly and collided onto my front left bumper. I then horned repeatedly at the driver wanting him to stop his vehicle so that we can settle the issue however he kept on driving very quickly. As my vehicle had some damages I had to stop my car and was unable to give chase. I noticed that the rim above my front left wheel was damaged and sticking out as such I had to peel it off. I managed to get a picture of the lorry as well. No one was injured during the accident.



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32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999



T/20210210/2035

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Report No. T/20210210/2035

**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:  
L /  
Sgt 1 PANG KENG WENG, ISAAC

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/02/2021 11:29

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt NEO ZHI YUAN  
Contact No.: 65476079

Classification Of Case:

Authentication Stamp  
NP168

SN 085

Signature: