

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 18/03/2021 13:59 (SGT)
Date of Accident 27/02/2021 00:30 (SGT)
Exact Location of Accident Bukit Batok East Ave 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL2590M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE CHEE KANG
NRIC No SXXXX356J
Email Address JOHN_LEE93@ICLOUD.COM
Mobile Phone No (Phone) +65-93386014
Alternative Phone No +65-93386014

VEHICLE PARTICULARS

Manufacturer Ktm
Model Rc 200
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 Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5118129397
Cover Note Number -

DRIVER

Name of Driver LEE CHEE KANG
NRIC No SXXXX356J
Date Of Birth 08/12/1993
Occupation Outdoor

Date Of Driving Pass	23/04/2019
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93386014
Alt. Phone Number	+65-93386014
Email Address	JOHN_LEE93@ICLOUD.COM
Address	BLK 203B PUNGGOL FIELD #08-324
Address complement	-
Postcode	822203
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	Side Swipe
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?	Yes
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	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/20210304/2068

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	GBD2583B
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LEE CHEE KANG
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? FBL2590M
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop: Alpha Car Services P/L via email. (alphacarservices@hotmail.com)

Signature : _____

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

X

Policyholder's Signature
Date & Time:

X

Driver's Signature
(If driver is not the policyholder)
Date & Time:

X

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:






















**SINGAPORE
POLICE FORCE**


T/20210304/2068

1 of 3

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

Report No: T/20210304/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
04/03/2021 14:54

Vide Report No.:
J/20210227/0012

Station Diary No.:

Informant's Particulars

Name of Informant: LEE CHEE KANG		Address: APT BLK 203B PUNGGOL FIELD #08-324 SINGAPORE 822203	
ID Type / ID No.: NRIC NO / S9379356J		Contact No.: Home/Office: Mobile: 93386014	
Nationality:		Email:	
Sex: Male	Age: 27	Date of Birth: 08/12/1993	Type of Informant: Rider
Race:		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/02/2021 00:30	Type of Location: T-Junction
Location: BUKIT BATOK EAST AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL2590M	Motorcycle	KTM	RC200	Black		0
GBD2583B	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL2590M	NTUC Income Insurance Co-Operative Limited	5118129397	06/07/2020	14/08/2021



SINGAPORE
POLICE FORCE



T/20210304/2068

2 of 3

Report No. T/20210304/2068

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000






CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEE CHEE KANG	ID No.	S9379356J
Related Vehicle	FBL2590M (Motorcycle)	Contact No.	93386014
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/02/2021	Date Discharge	27/02/2021
No. of Days granted Medical Leave	10	Degree of Injury	NIL

Brief Details.

ON 27/2/2021 @0030HRS, I WAS RIDING ALONG BUKIT BATOK EAST AVENUE 3, LEFT OF 2 LANES. I SAW THE SAID LORRY (GBD2583B) IN FRONT OF ME ON THE MIDDLE LINE OF THE 2 LANES, LEANING A BIT MORE TO THE RIGHT. APPROACHING THE SMALL T-JUNCTION TO TURN LEFT INTO THE CARPARK, I ACCELERATED BY KEEPING ON THE LEFT TO TURN LEFT. WHILE WAS ALREADY INFRONT OF THE LORRY, TURNING LEFT ON THE LEFT LANE, THE SAID LORRY ON THE MIDDLE LINE SUDDENLY ACCELERATED AND TURN LEFT, CAUSING A HEAD TO REAR SIDE SWIPE COLLISION. I FELL DOWN AND WAS INJURED. MOMENTS LATER THE AMBULANCE CAME FOLLOWED BY THE TRAFFIC POLICE. I WAS THEN CONVEYED TO NG TENG FONG HOSPITAL.

IC IO JEYA 65476178

 SINGAPORE POLICE FORCE		 T/20210304/2068
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000		3 of 3 Report No. T/20210304/2068
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch plan		
<p>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 <u>report number</u> as reference.</p>		
Signature Of Officer Recording The Report: TP / SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 04/03/2021 14:54
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390		 Classification Of Case 
Authentication Stamp NP168		