

# 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 ..... 05/04/2021 13:47 (SGT)  
Date of Accident ..... 04/04/2021 11:59 (SGT)  
Exact Location of Accident ..... Xilin Ave, Singapore  
Additional Location Information ..... Near Laguna golf green  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SME9913B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE WEE BENG  
NRIC No ..... SXXXX588H  
Email Address ..... alexleeweebeng@gmail.com  
Mobile Phone No ..... (Phone) +65-87993203  
Alternative Phone No ..... (Home) +65-87993203

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5104582500-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE WEE BENG  
NRIC No ..... SXXXX588H



Birth	19/12/1952
Location	Outdoor
Date Of Driving Pass	22/09/1977
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87993203
Alt. Phone Number	(Home) +65-87993203
Email Address	alexleeweebeng@gmail.com
Address	BLK 571C WOODLANDS AVENUE 1 #02-934
Address complement	-
Postcode	733571
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	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	Justin
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I was stationary and waiting for traffidlight, i got one passenger with me. The front car SJA6286D suddenly reversed back and hit my vehicle SME9913B.  
My in-car camera captured this accident and i got one passenger Mr Justin 92716769 witnessed this accident.

#### 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	SJA6286D
Vehicle Manufacturer	Subaru
Vehicle Model	-
Vehicle Variant	-

Colour .....  
Category .....  
Name of Driver .....  
NIC No .....  
Contact Number .....  
Address .....  
Address complement .....  
Postcode .....  
Insurance Company Name .....  
Nature Of Damage .....  
Details of property damaged in accident .....  
No. Of Passenger (Including Driver) .....

-  
Private car  
JONATHAN WONG TECK FATT  
SXXXX538C  
-  
-  
-  
-  
-  
-  
-

#### WITNESS DETAILS

##### WITNESS 1

Name .....  
Phone .....  
Email .....

JUSTIN  
(Phone) +65-92716769  
-



Date of Accident : 04/04/2021 Accident Time: 11:19am (24-HR-Format)  
Accident Place : Xinlin Ave / Near Laguna Golf Green  
Vehicle Reg. No. (Car Plate No.) : SME9913D  
Vehicle Make/Model : Honda  
Insurance Company : Income Policy No. 5104582500-02  
Owner or Company Name / IC No. : Lee Wei Beng S000458814  
Owner or Company Contact No. : Owner's Hp 87993203 Company Tel  
DRIVER'S Name / IC No. : Lee Wei Beng S000458814  
DRIVER'S Date Of Birth : 19-12-1952 DRIVER'S License Pass Date 18 Aug 1982  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner.  
DRIVER'S Address : B1K 571C Woodlands Avenue 1 #02-934  
DRIVER'S Contact No./ Alt No. : 1) 87993203 2)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : febantecche.kiang@gmail.com / Alex12aweebung@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 2 Justin M 92716769  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particular (if any)**

Vehicle Reg. No: SJA 6286D	Vehicle Reg. No: _____
Vehicle Make/Model: Subaru	Vehicle Make/Model: _____
Name Driver: Jonathan Wong Teck Fatt	Name Driver: _____
IC No. Driver: S1376538C	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

\* Witness: Same as Passenger Info.

Video e-mail to NTUC Income. (not attach to report)

Report Done ~~E-mail~~ to driver.  
Whatsapp.



## SKETCH PLAN

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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.

Policyholder's Signature

Date & Time: 05/04/21

12:45 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

05/04/21


12:45 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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