

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 13/04/2021 13:41 (SGT)
Date of Accident 12/04/2021 19:27 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH7317E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN WAI YUAN (CHEN WEIYUAN)
NRIC No SXXXX194A
Email Address KIMKIM_80@HOTMAIL.COM
Mobile Phone No (Phone) +65-96834146
Alternative Phone No +65-96834146

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
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
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00103542000
Cover Note Number -

DRIVER

Name of Driver LEE WEE KIM
NRIC No SXXXX181B

Date Of Birth	29/12/1980
Occupation	Indoor
Date Of Driving Pass	21/06/2001
Driving experience	19 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96834146
Alt. Phone Number	-
Email Address	KIMKIM_80@HOTMAIL.COM
Address	BLK 414 JURONG WEST ST 42 #11-795
Address complement	-
Postcode	640414
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	Collision - Head to Rear
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?	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 West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ3551L
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)	-

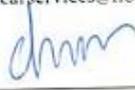
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE WEE KIM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJH7317E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email.
Email : alphacarservices@hotmail.com

Signature :  x

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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 lodgment 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.
- (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: 13/4/21

x 

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/4/21

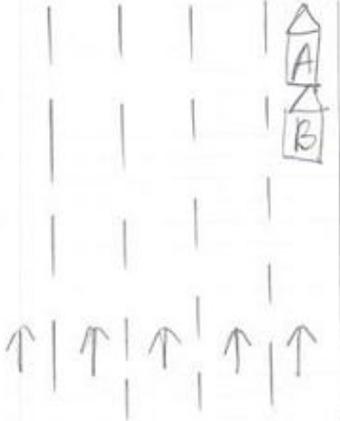


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

*Please sign at the above portion also.

SKETCH PLAN

AYE Trucks Junction
Before NUS - Normanston Park.



Vehicle A = SJH 7317E

Vehicle B = SLJ 3551L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the attachment.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X CHAN
Policyholder's Signature
Date & Time: 13/4/21

X [Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/4/21

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

On the 12/04/2021 at about 19.27 hrs along AYE towards Jurong Before NUS - Normanton Park.

While I was travelling on the lane 1, my front vehicle slows down and stop hence I follow suit. Suddenly, I heard a loud bang from behind and the impact forced my vehicle (A) to move forward. When I alighted, I realized it was vehicle (B) who hit me causing damages to my rear portion of my vehicle.

After the incident, I felt discomfort all my body and nausea. Thus, I seek treatment and was granted with 3 days Medical Leave.

Vehicle A: SJH 7317E

Vehicle B: SLJ 3551L

Chan

Jung

13/4/21

13/4/21





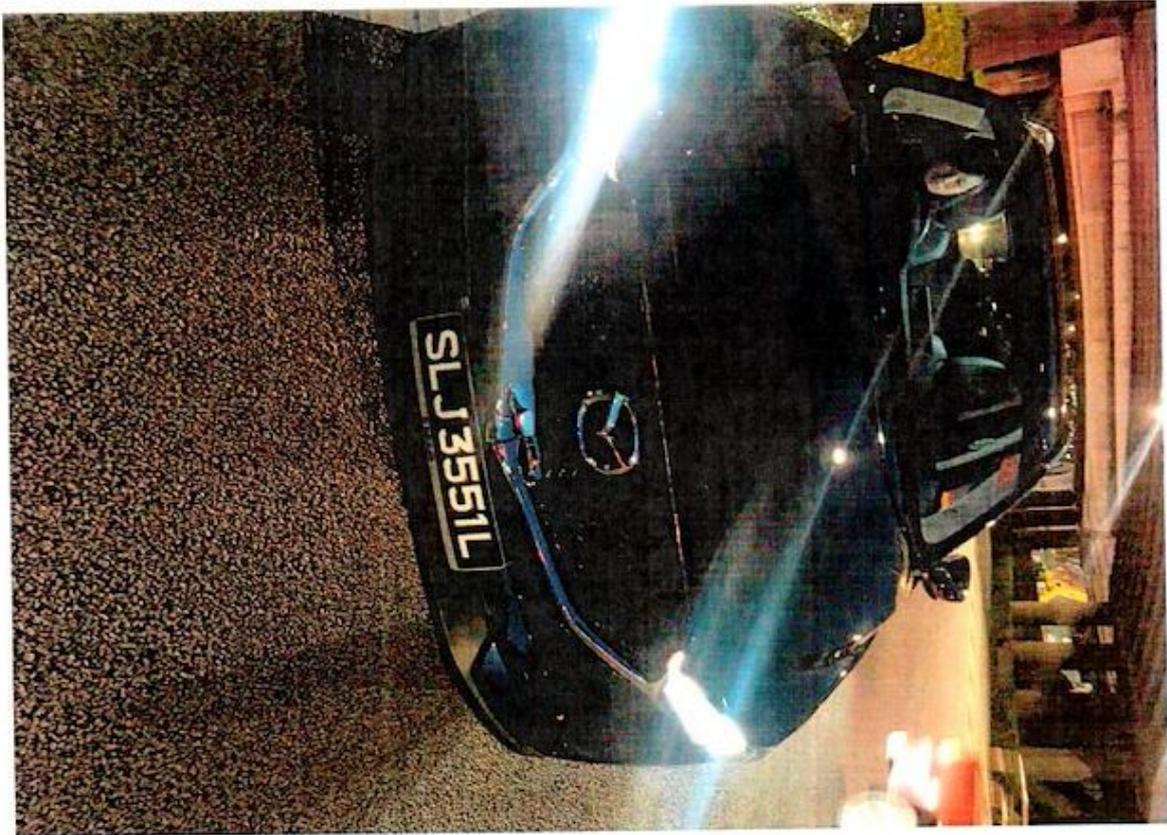














**SINGAPORE
POLICE FORCE**



T/20210419/2024

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20210419/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2021 11:22	Vide Report No.:	Station Diary No.: 56
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Informant's Particulars

Name of Informant: LEE WEE KIM		Address: APT BLK 414 JURONG WEST STREET 42 #11-795 SINGAPORE 640414	
ID Type / ID No.: NRIC NO / S8041181B		Contact No.:	Mobile: 96834146
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 29/12/1980	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES		Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/04/2021 19:25	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	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 Passenger
SJH7317E	Car				Slightly Damaged	0
SLJ3551L	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210419/2024

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210419/2024

CONTINUATION OF REPORT

Driver			
Name	LEE WEE KIM		ID No. S8041181B
Related Vehicle	SJH7317E (Car)		Contact No. 96834146
Hospital/Clinic	LOI+WONG CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	13/04/2021	Date Discharge	13/04/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/04/2021 at about 1927hrs, I was driving my vehicle SJH7317E along AYE towards Tuas near Normanton Park on the right most lane. The traffic at that point of time was heavy and as such the vehicles were slow moving. As the vehicle in front of mine slowed down and came to a stop, I followed suit. Suddenly, another vehicle SLJ3551L collided into the rear of my vehicle.

I alighted from the vehicle to take photos of the incident and to exchange particulars however the other driver did not. Later on I suggested to her to move to the front so as not to block the traffic. I waited for her at a bus stop near NUS however she did not come.

Due to the collision, my vehicle sustained some major dents on the rear bumper and car boot door. I went for a medical check up the following day as I felt some pain on my neck, back and hands and I was issued with 3 days MC. There is a CCTV recording of the incident.



**SINGAPORE
POLICE FORCE**



T/20210419/2024

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210419/2024

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:

J/

Sr Staff Sgt IQBAL PRATAMA PUTRA BIN
AZMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/04/2021 11:22

Officer In Charge Of Case:

TP/AEIT/

S/1 ANJEOK LENG
Contact No.: 65476151

S/1 126

Authentication Stamp
NP168
Signature: _____

Singapore Police Force

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 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 : SN09214D000A. Vehicle Registration No: SJH 7317E.
Name (as shown in NRIC) : Lee Wee Kim (Li Wei Qin) NRIC/FIN/Passport No : S 8041181B.
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : blk 414 Jurong West Street 42 # 11-795 Singapore 640414
Contact (Tel) : _____ Mobile No. : 96834146.
Email Address : kimkim_80@hotmail.com
Date of Accident : 12/04/2021 Time of Accident : 19:27 hrs.
Place of Accident : AYE Singapore.
Insurance Company: China Taiping

(B) 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:

Add in Police report : T/20210419/2024.

x CHAN [Signature]
Policyholder / Driver's Signature
Date:

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