

## 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 ..... 16/04/2021 17:57 (SGT)  
Date of Accident ..... 15/04/2021 17:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TOA PAYOH LORONG 2 SLIP RD TWRDS CHANGI AIRPORT  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMK5626A

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MA YI GROUP PTE. LTD.  
Company Reg No ..... 2XXXXX736Z  
Email Address ..... jasonkcapl@gmail.com  
Mobile Phone No ..... (Phone) +65-96300389  
Alternative Phone No ..... +65-96300389

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... TOYOTA / VIOS G AUTO  
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 ..... 1600

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5109237288-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LEE TIAN XI  
Passport No/FIN ..... SXXXX460G

Date Of Birth .....	19/06/1985
Occupation .....	Outdoor
Date Of Driving Pass .....	29/07/2009
Driving experience .....	11 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96300389
Alt. Phone Number .....	-
Email Address .....	jasonkcapl@gmail.com
Address .....	BLK 296B BUKIT BATOK STREET 22 #09-68
Address complement .....	-
Postcode .....	652296
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	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 .....	TAN BOON YIH
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

REFER ATTACHED;

#### 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 .....	GBE943D
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	TOYOTA / TOYOTA DYNA 150 MANUAL
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LEE TIAN XI
Address .....	BLK 296B BUKIT BATOK STREET 22 #09-68
Address Complement .....	-
Post Code .....	768159
Approximate Age Years Old .....	-
Injuries Sustained .....	MC 2DAYS
Injured person in which vehicle? .....	SMK5626A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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

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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.



Policyholder's Signature / Date & Time

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

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

**16 APR 2021**

## Describe Circumstances of the Accident

On 15.04.2021 at about 17:00pm. I was travelling along Toa Payoh Lorong 2 Slip Road towards PIE Changi Airport. I was stationary to check incoming vehicle. Suddenly, vehicle B hit my rear portion.

## 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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

16 APR 2021

梁 醫 藥 中 心

NEO MEDICAL CENTRE

BLK. 120, POTONG PASIR AVE. 1,

#01-818 SINGAPORE 350120.

TEL: 62854210

MEDICAL CERTIFICATE

Ref No. \_\_\_\_\_

Date 16 APR 2021This is to certify that Lee Tian Xi
☒ is unfit for work/ school for a period of 2 (Two) days  
 from 16 APR 2021 to 17.4.21 inclusive.

☐ is fit only for light duty from \_\_\_\_\_ to \_\_\_\_\_ inclusive.

☐ is fit for duty/ school from \_\_\_\_\_.

☐ is excused from physical exercises/ \_\_\_\_\_ for \_\_\_\_\_ weeks/months.

☐ for review on \_\_\_\_\_.

☐ Remarks/Diagnosis \_\_\_\_\_.

Time in: \_\_\_\_\_ am/pm

Time out: \_\_\_\_\_ am/pm

A No. 97870
DR. NEO TIAM SOON  
 M.B.B.S. (SINGAPORE)

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.































**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 : SV0L214G000C Vehicle Registration No: SMK 5626A  
Name (as shown in NRIC) : Ma Yi Group Pte Ltd. NRIC/FIN/Passport No : 201540736Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 2 Yishun Industrial Street 1 #06-13 North Point Bizhub Singapore (76859)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9630 0389.  
Email Address : jasonkcap@gmail.com  
Date of Accident : 15.04.2021 Time of Accident : 17:00 pm  
Place of Accident : Tua Payoh Lorong 2 Ship Road Towards Changi Airport.  
Insurance Company : NTUC

#### (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:

Was anybody injured in the Accident? (No Change to Yes).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_



**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@vicom.com.sg](mailto:vackb@vicom.com.sg)

Reporting Centre Personnel's Signature  
Name: 19 APR 2021  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_