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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 09/06/2021 16:43 (SGT) Date of Accident 05/06/2021 16:20 (SGT) Exact Location of Accident Bukit Batok West Ave 5, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI J42J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner EHB LIMOUSINE PTE LTD Company Reg No 2XXXXX531R **Email Address** SHAWNLEECK@GMAIL.COM Mobile Phone No (Phone) +65-93633366 Alternative Phone No +65-93633366

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto

CC 1800

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD20V13663/VPZ/R00 Cover Note Number

DRIVER

Name of Driver LEE CHEE KUANG NRIC No. SXXXX243D

Date Of Birth 07/04/1969 Occupation Indoor Date Of Driving Pass 01/03/1990 Driving experience 31 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-93633366 Alt. Phone Number Email Address SHAWNLEECK@GMAIL.COM Address 14 JALAN PERNAMA Address complement Postcode 499259 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name SON Gender Male 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 PLS REFER TO THE POLICE REPORT: T/20210605/7032 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Reasons for not uploading a video of the accident SD CARD WITH TRAFFIC POLICE Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJT6312L

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)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &

Time

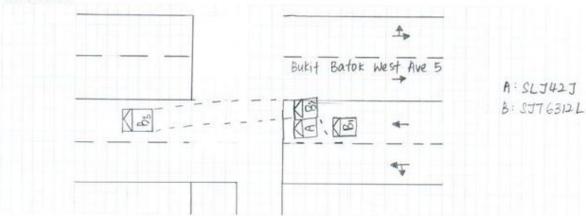
Nor

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

Witnessed by Reporting Centre

Personnel

Sketch Plan



	Refer to police report T120×1060517032	
		0.5
V		
ration		

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

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel



T/20210605/7032

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20210605/7032

CONTINUATION OF REPORT

Driver		STATE OF THE STATE	A SECURITION OF THE PARTY OF TH	The State	
Name	LEE CHEE KUANG			ID No.	S6912243D
Related Vehicle	SLJ42J (Car)			Contact N	o. 93633366
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of	NIL	

Brief Details.

Traffic Police had attended and took away the SD Card from my car. I was approaching the X-junction along Bukit Batok West Ave 5 just outside Swiss Cottage Secondary School. Suddenly a car plate number SJT6312L Honda collide to the right side of my vehicle and stop beside my car. I couldn't open the door as his vehicle is blocking me, I wind down my window and asked him what happen. He could not answer me, and I told him stop his vehicle at the side, he suddenly accelerate his car and move off, I tried to chase him for a distance about 500m and noticed he almost crash into a bus, I give up the chase and reported to Police. A Traffic Police attended to me and I describe to him how the accident happen, he took away my SD card from my car camera and advise me to lodge a Police Report within 24hrs via online.







