

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	14/06/2021 12:42 (SGT)
Date of Accident	12/06/2021 20:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE (CITY) AT ANG MO KIO AVENUE 5 ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1263R
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOW HORNG SOON
NRIC No	S2574374A
Email Address	Leeseekai@live.com
Mobile Phone No	(Phone) +65-96746813
Alternative Phone No	+65-96746813

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116727377-01
Cover Note Number	-

DRIVER

Name of Driver	LEE SEE KAI
NRIC No	S9038985H

Date Of Birth	18/10/1990
Occupation	Indoor
Date Of Driving Pass	19/10/2009
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90087992
Alt. Phone Number	-
Email Address	Leeseekai@live.com
Address	BLK 612 #08-1111
Address complement	ANG MO KIO AVENUE 4
Postcode	560612
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Kebun Baru Neighbourhood Police Post
Police Station Address	Blk 111 Ang Mo Kio Avenue 4 Singapore 560111
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	TO SUBMIT TO WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK1511Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN



Contact Number	(Phone) +65-81385931
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE SEE KAI
Address	BLK 612 #08-1111
Address Complement	ANG MO KIO AVENUE 4
Post Code	560612
Approximate Age Years Old	30
Injuries Sustained	BRUISES ON LEFT KNEE, BODY ACHE, PAIN ON NECK AND MID BACK
Injured person in which vehicle?	SLM1263R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19.05.21
1200HRS

Reporting Centre Personnel's Signature
Name: JHAN
NRIC/FIN No.: S990349

SKETCH PLAN

A - SLM1263R

B - SKR1511Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

I/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: 14 06 21
1400HRS

Reporting Centre Personnel's Signature
Name: SIAN
NRIC/FIN No.: S990349









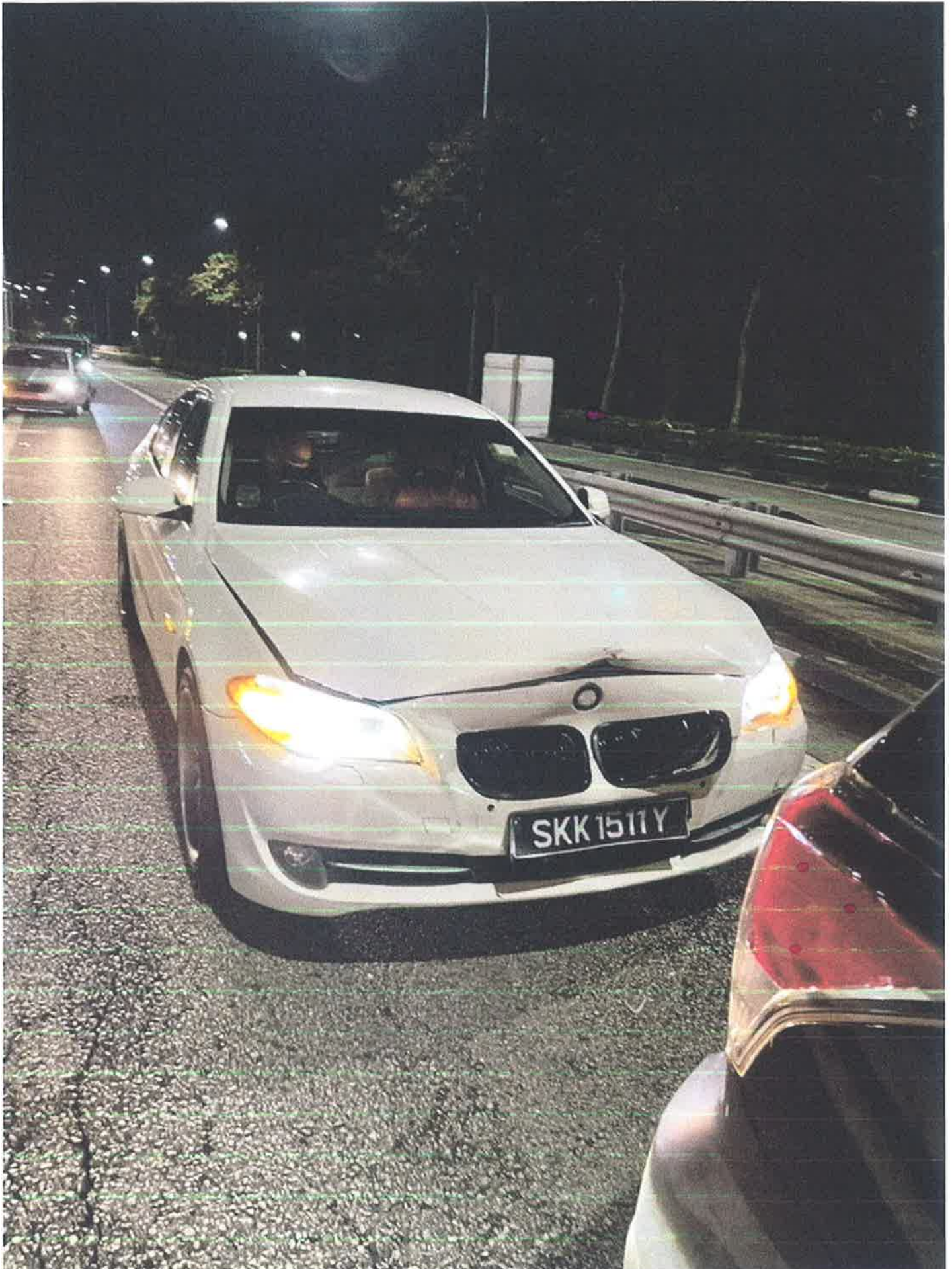














**SINGAPORE
POLICE FORCE**



T/20210613/2045

1 of 3

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20210613/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2021 18:25	Vide Report No.:	Station Diary No.: 19
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: LEE SEE KAI		Address: APT BLK 612 ANG MO KIO AVENUE 4 #08-1111 SINGAPORE 560612	
ID Type / ID No.: NRIC NO / S9038985H		Contact No.:	Mobile: 90087992
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 18/10/1990	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: MARKETING MANAGER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2021 20:10	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKK1511Y	Car					1
SLM1263R	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/20210613/2045

2 of 3

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20210613/2045

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SKK1511Y (Car)	Contact No.	81385931
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE SEE KAI	ID No.	S9038985H
Related Vehicle	SLM1263R (Car)	Contact No.	90087992
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/06/2021	Date Discharge	13/06/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 12/06/2021 at around 2010hrs, I am driving my car, registration plate SLM1263R, along Ang Mo Kio Avenue 5 entering the slip road of CTE. While at the slip road before entering into CTE, there was a car in front of me suddenly came to a complete stop. As such, I also came to a complete stop behind the car.

Suddenly, I felt an impact from the rear of my car. I stepped out of the car to make a check and discovered that one salon car, registration plate SKK1511Y, had hit onto the rear of my car. At the point in time, no one was seriously injured therefore we did not call for Traffic Police or ambulance.

The driver of SKK1511Y informed that the car he was driving was a rental car and he does not wish to give his detail. The driver only gave me his contact number Tel: 81385931 and I only gave him my number. We then took photos of the damages before leaving the place.

I wish to state that I have in car camera install at the front and back of my car and I have kept the footages aside. The rear bumper and the car boots door were damaged. On 13/06/2021, I have pain on my body therefore I went to Khoo Teck Puat Hospital to seek medical treatment and I was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20210613/2045

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

3 of 3

Report No. T/20210613/2045

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:

F /

Staff Sgt TAN CHENG HEONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/06/2021 18:25

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

