

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 25/06/2021 12:15 (SGT)
Date of Accident 24/06/2021 14:30 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information SLIP ROAD TOWARDS PIE CHANGI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV7910T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE SHEN YIH
NRIC No SXXXX611G
Email Address allclearpteltd@hotmail.com
Mobile Phone No (Phone) +65-90400330
Alternative Phone No +65-90400330

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Tucson
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 1998

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number Z21VP05028486
Cover Note Number -

DRIVER

Name of Driver LEE SHEN YIH
NRIC No SXXXX611G

Date Of Birth	13/01/1963
Occupation	Outdoor
Date Of Driving Pass	10/04/1981
Driving experience	40 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90400330
Alt. Phone Number	+65-90400330
Email Address	allclearpteltd@hotmail.com
Address	BLK 469B ADMIRALTY DRIVE #13-69
Address complement	-
Postcode	752469
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	QUAY SUAN TEE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT E/20210624/7022

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	YM3847P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMH2866J
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 SHAN YIH
Gender	Male
Phone No	(Phone) +65-90400330
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJV7910T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	QUAY SUAN TEE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJV7910T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

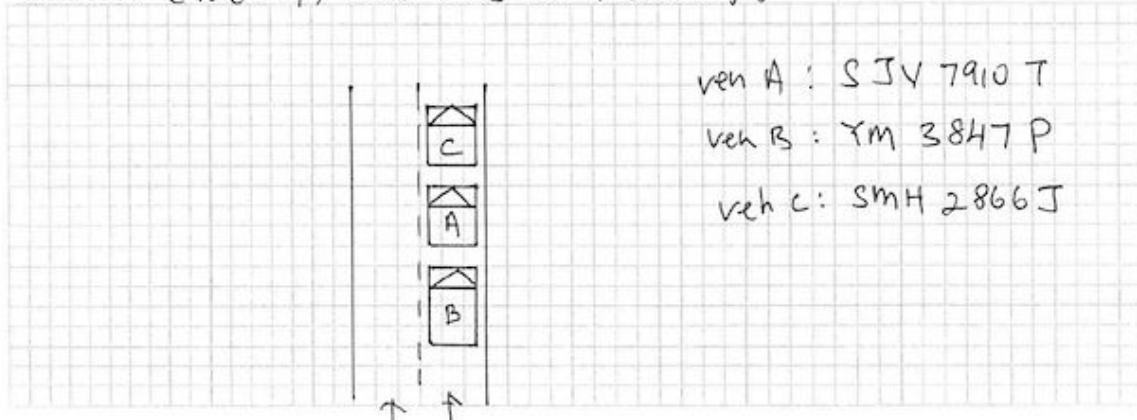
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan CTE (CITY) SLIP ROAD to PIE (Changi).





Describe Circumstances of the Accident

* PLS refer to Police Report. E/20210624/7022

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


Witnessed by Reporting Centre Personnel























**SINGAPORE
POLICE FORCE**



E/20210624/7022

1 of 2

POLICE REPORT (NP299)

Report No. E/20210624/7022

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

Date/Time Report Made 24/06/2021 16:52	Vide Report No.	Station Diary No.
Name Of Informant LEE SHEN YIH	Address 469B ADMIRALTY DRIVE #13-69 SINGAPORE 752469	
ID Type / ID No. NRIC NO / S1617611G	Contact No. Home/Office:	Mobile: 90400330
Nationality SINGAPORE CITIZEN	Email Address allclearpteltd@hotmail.com	
Occupation Self-Employed	Sex Male	Age 58
Institution/School Name	Date of Birth 13/01/1963	Race Chinese
	Language English	
Date/Time Of Incident 24/06/2021 14:30	Location Of Incident CENTRAL EXPRESSWAY	

Brief details.

On the stated date and time I was travelling with my wife (Quay Suan Tee S1714972E) on my vehicle SJV7910T on the stated venue. As my front vehicle SMH2866J slowed down, I gradually follow suit, suddenly vehicle YM3847P came from behind and hit onto my vehicle's rear portion. The impact propelled my vehicle forward and hit onto vehicle SMH2866J. The impact was so strong that me and my wife suffered pains on our bodies. I then alighted and realised that it was a 3 car chain collision.

Later we proceeded to Unihealth Clinic Bedok which was near my workshop to seek treatment and i was given 4 days MC and my wife was given 2 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2021 16:52
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20210624/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210624/7022

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2021 16:52
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08216P0002 Vehicle Registration No: SJY 7910T
 Name (as shown in NRIC): Lee STHAN YIH NRIC/FIN/Passport No: SXXXX6116
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 90460330
 Email Address: _____
 Date of Accident: 26/06/2021 Time of Accident: 14:30
 Place of Accident: C7K Slip Road towards Changi
 Insurance Company: LOUISPA

(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:

Insurance name to Lee STHAN YIH

Policyholder / Driver's Signature
Date:

[Signature] 20/06/2021
Reporting Centre Personnel's Signature
Name: