

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 16/07/2021 17:09 (SGT)
Date of Accident 15/07/2021 14:00 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information (TUAS) B4 STEVEN EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB7601Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE CHIN HIN
NRIC No SXXXX151C
Email Address leechinhin1954@gmail.com
Mobile Phone No (Phone) +65-98383016
Alternative Phone No +65-98383016

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMB1SNW00006742101
Cover Note Number -

DRIVER

Name of Driver LEE CHIN HIN
NRIC No SXXXX151C

Date Of Birth	11/08/1954
Occupation	Outdoor
Date Of Driving Pass	02/10/1973
Driving experience	47 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98383016
Alt. Phone Number	+65-98383016
Email Address	leechinhin1954@gmail.com
Address	BLK 670 CHOA CHU KANG CRESCENT
Address complement	#14-511
Postcode	680670
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	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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN XIN EN OLIVIA
Gender	Female

PASSENGER 2

Name	ALETHEIA XIE NING SUDHARMAN
Gender	Female

PASSENGER 3

Name	CHUA JIA REN RENEE
Gender	Female

PASSENGER 4

Name	NG ANGELICA
Gender	Female

PASSENGER 5

Name	GWEE XIAO HAN IRIS
Gender	Female

PASSENGER 6

Name	LOH YU LIN CHARLOTTE
Gender	Female

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 ATTACHED STATEMENT

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	SLR8545E
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 CHIN HIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	CB7601Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAN XIN EN OLIVIA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	CB7601Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ALETHEIA XIE NING SUDHARMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	SLIGHT
Injured person in which vehicle?	CB7601Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	CHUA JIA REN RENEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	CB7601Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	NG ANGELICA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	CB7601Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 6

Name of injured person	GWEE XIAO HAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	CB7601Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 7

Name of injured person	LOH YU LI CHARLOTTE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	CB7601Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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.

[Signature]

Policyholder's Signature / Date & Time

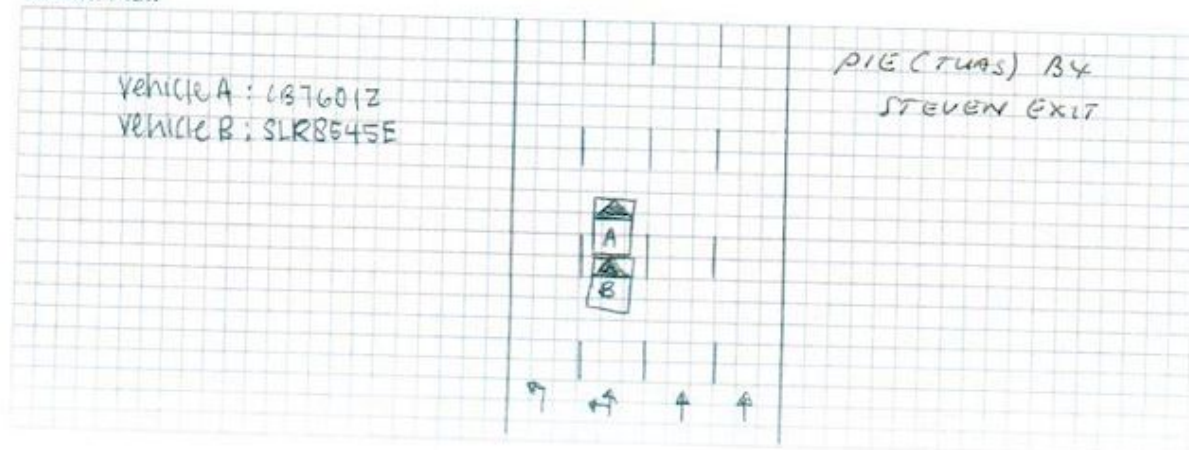
[Signature]

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

[Signature] 16/07/21

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


On the stated date and time, I vehicle A was travelling straight on the stated venue. Suddenly, I felt a huge impact on the rear of my vehicle. I then came down to check and realised that it was vehicle B who have collided onto my vehicle.

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

 16/07/21
Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20210715/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210715/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2021 18:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE CHIN HIN			Address: 670 CHOA CHU KANG CRESCENT #14-511 SINGAPORE 680670		
ID Type / ID No.: NRIC NO / S0092151C			Contact No.: Home/Office: Mobile: 98383016		
Nationality: SINGAPORE CITIZEN			Email: leechinhin1954@gmail.com		
Sex: Male	Age: 66	Date of Birth: 11/08/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SCHOOL BUS DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/07/2021 14:00	Type of Location: Straight Road
Location: STEVENS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
CB7601Z	Van	TOYOTA	HIACE 3.0 DX DIESEL TURBO AT	Silver		7
SLR8545E	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210715/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210715/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
CB7601Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMB1SNW000067 42101	01/07/2021	30/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE CHIN HIN	ID No.	S0092151C
Related Vehicle	CB7601Z (Van)	Contact No.	98383016
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/07/2021	Date	15/07/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (CB 7601 Z) WAS TREVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY I FELT A HUGE IMPACT ON THE REAR OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SLR 8545 E) WHO HAVE COLLIDED ONTO MY VEHICLE.

THERES WERE 6 PRIMARY SCHOOL PASSENGERS ON BOARD .

1. TAN XIE EN OLIVIA / FEMALE
2. ALETHEIA XIE-NING SUDHARMAN / FEMALE
3. CHUA JIA REN RENEE / FEMALE
4. NG ANGELICA / FEMALE
5. GWEE XIAO HAN IRIS / FEMALE
6. LOH YU LIN CHARLOTTE / FEMALE

AFTER THE ACCIDENT, I WENT TO CONSULT THE DOCTOR AT SHALOM CLINIC & SURGERY AS I FELT PAIN IN MY BACK AND NECK AND WAS GIVEN 3 DAYS MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210715/7028

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Report No. T/20210715/7028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/07/2021 18:13

Classification Of Case: