

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 12/07/2021 08:56 (SGT)
Date of Accident 09/07/2021 13:08 (SGT)
Exact Location of Accident Near 273 Bangkit Rd, Block 273, Singapore 670273
Additional Location Information BKE (SLE) 3.8KM
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP8430M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG MAY KUAN
NRIC No SXXXX471C
Email Address junhui@outlook.sg
Mobile Phone No (Phone) +65-97690371
Alternative Phone No +65-81880371

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1498

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5122494736
Cover Note Number 20/06/2021 - 19/06/2022

DRIVER

Name of Driver LEE JUN HUI
NRIC No SXXXX383G

Date Of Birth	25/11/1993
Occupation	Outdoor
Date Of Driving Pass	29/06/2012
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81880371
Alt. Phone Number	-
Email Address	junhui@outlook.sg
Address	BLK602 ELIAS ROAD
Address complement	#12-238
Postcode	510602
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	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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE & TIME, I WAS DRIVING ALONG THE FIRST LANE AT THE SAID LOCATION. OUT OF SUDDEN, VEHICLE B (SHB2318R) TURN INTO MY LANE HITTING THE FRONT PORTION OF MY VEHICLE AND THE RAILINGS AT THE SIDE OF THE ROAD. THIS WAS CAUSED BY VEHICLE C (SJG2938B) SIDE SWIPE WITH VEHICLE D (XE2003T) AND COLLIDED ONTO VEHICLE B. I IMMEDIATELY STOPPED MY VEHICLE. A FEW SECONDS LATER, VEHICLE C HIT ONTO VEHICLE B AGAIN AND STOP IN FRONT OF MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2318R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	POH SENG KOW
Contact Number	(Phone) +65-96911981
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJG2938B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97360688
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	XE2003T
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE JUN HUI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLP8430M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN
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Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJG2938B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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

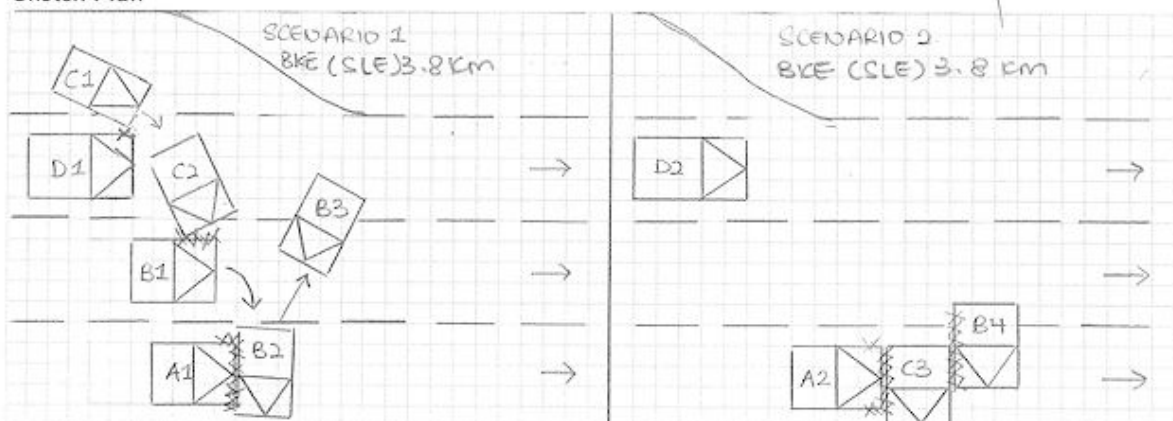
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



VEH A : SLP8430M

VEH C : SJG29388

VEH B : SHB2318R

VEH D : XE2003T

Describe Circumstances of the Accident

REFER TO GIA REPORT.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only

Claim OD

☒ Claim TP

Claim OD/TP at other workshop

Declaration

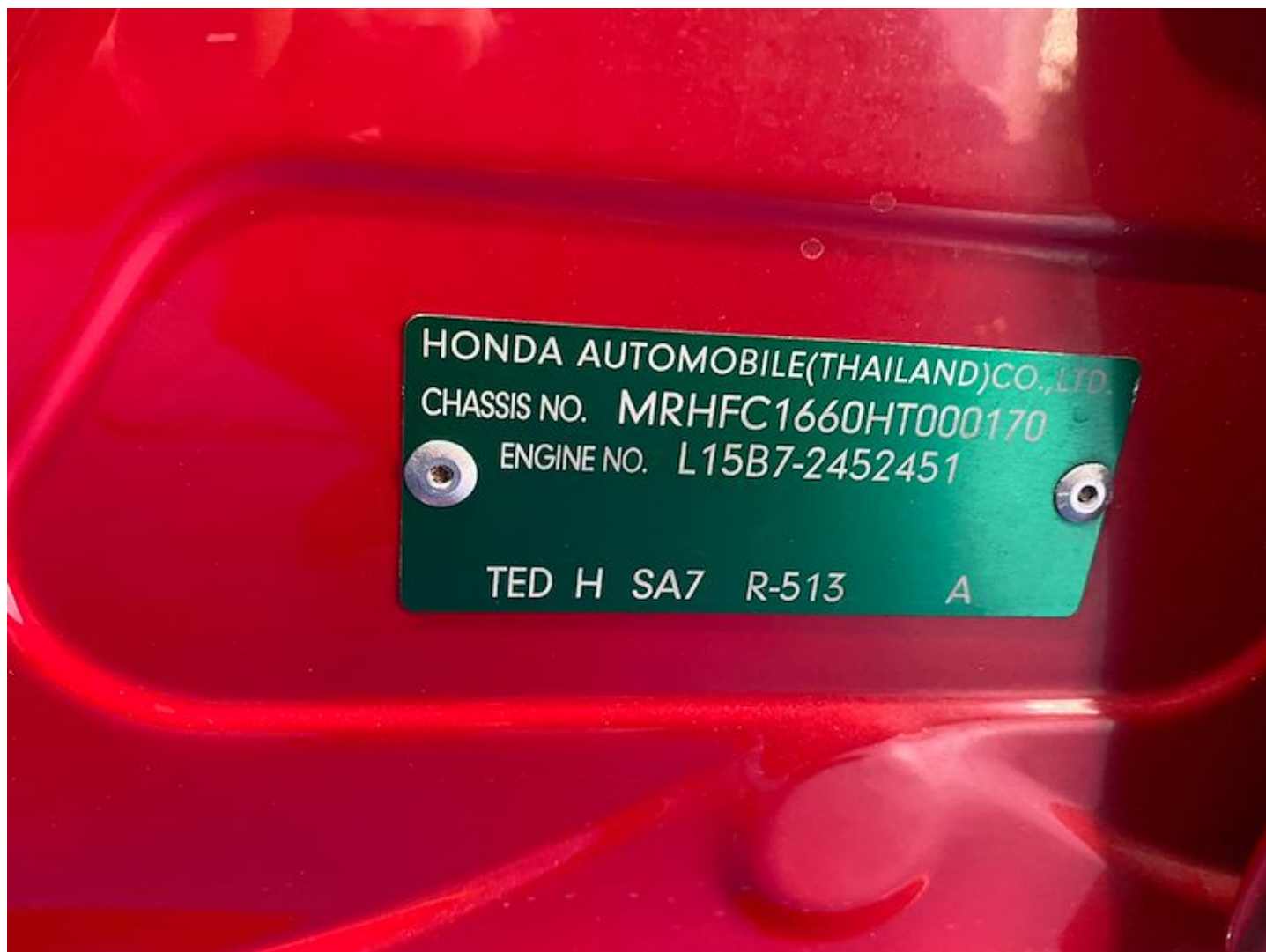
We declare the foregoing particulars are true in every respect.

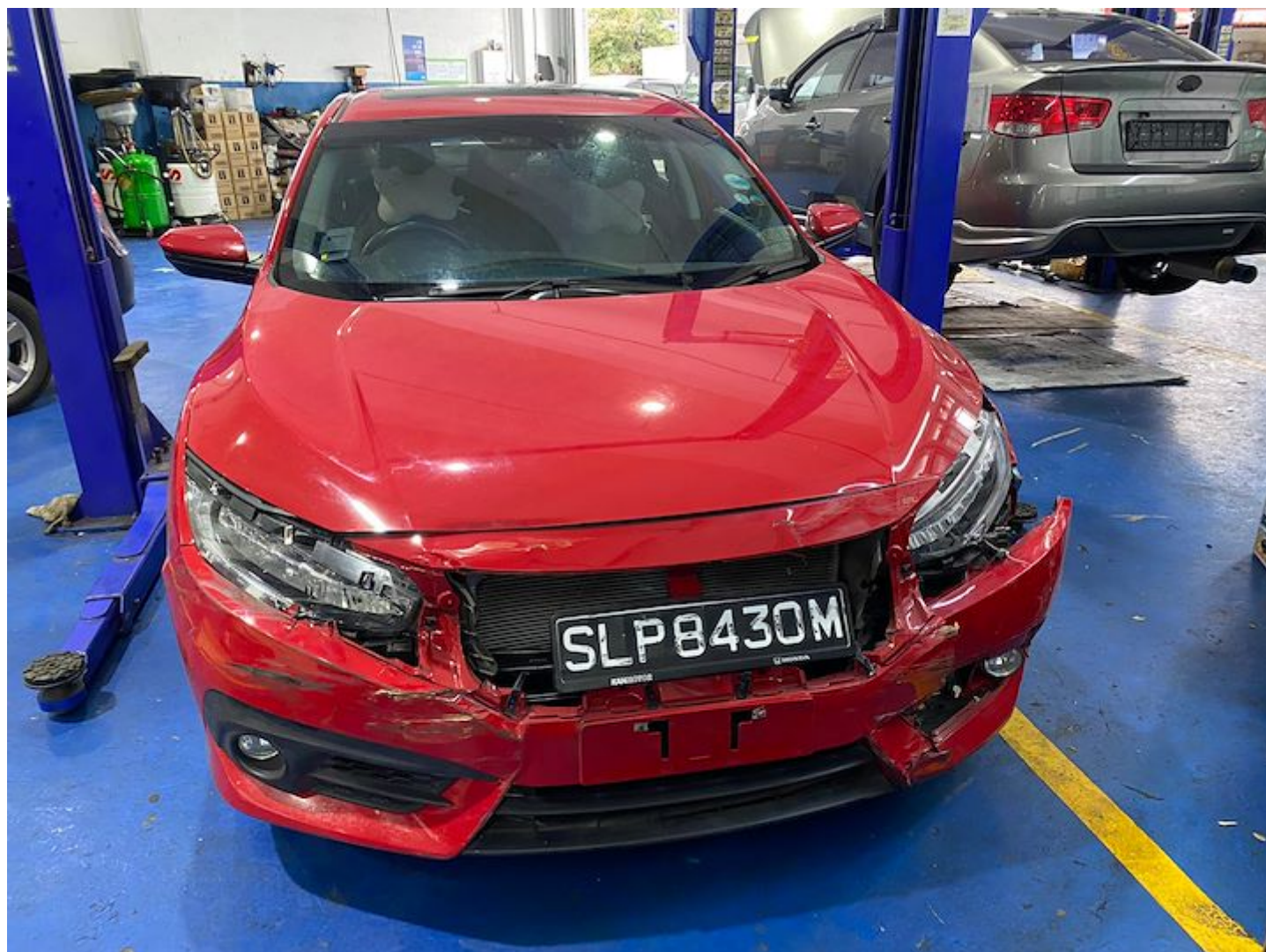
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

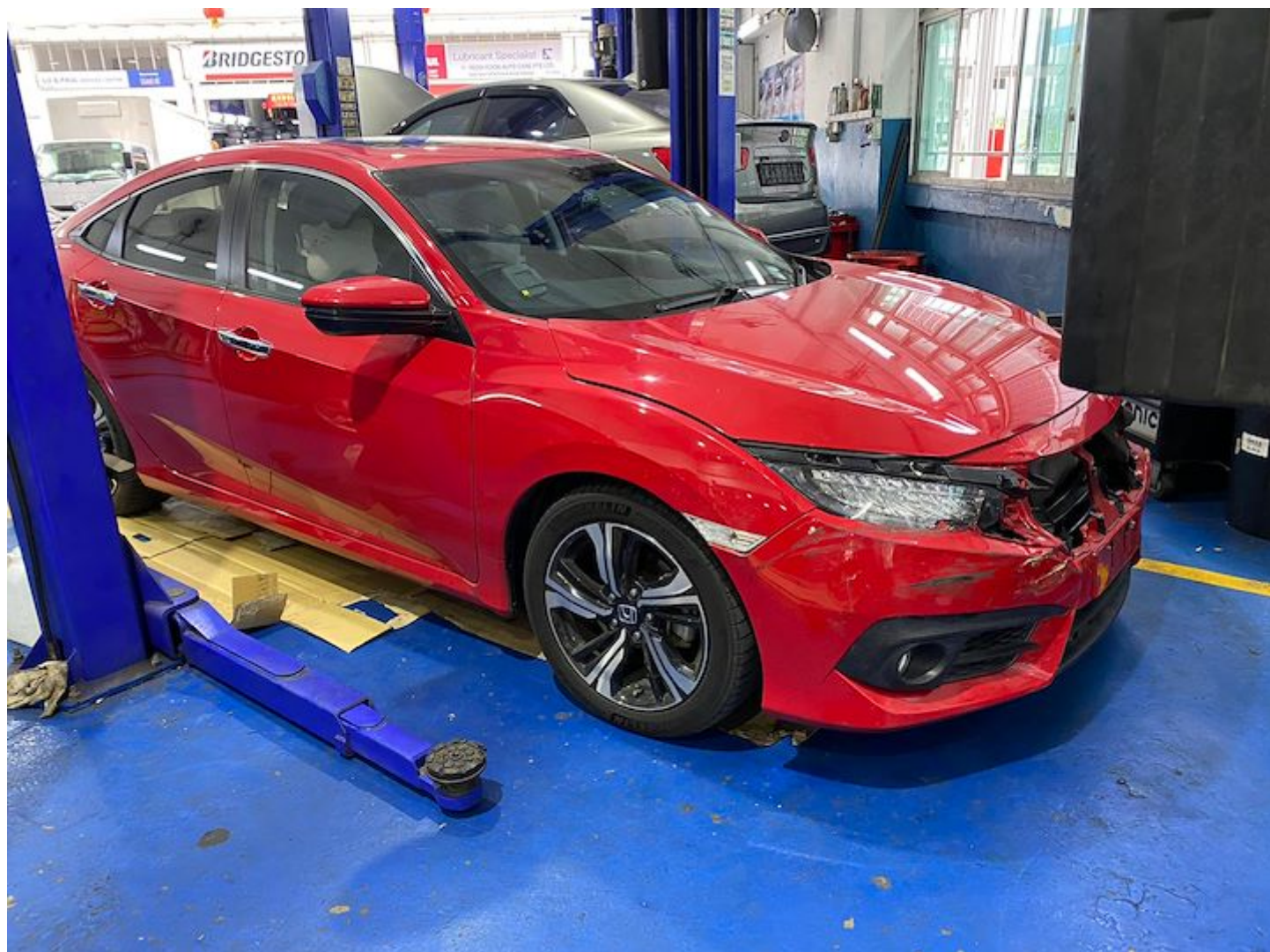


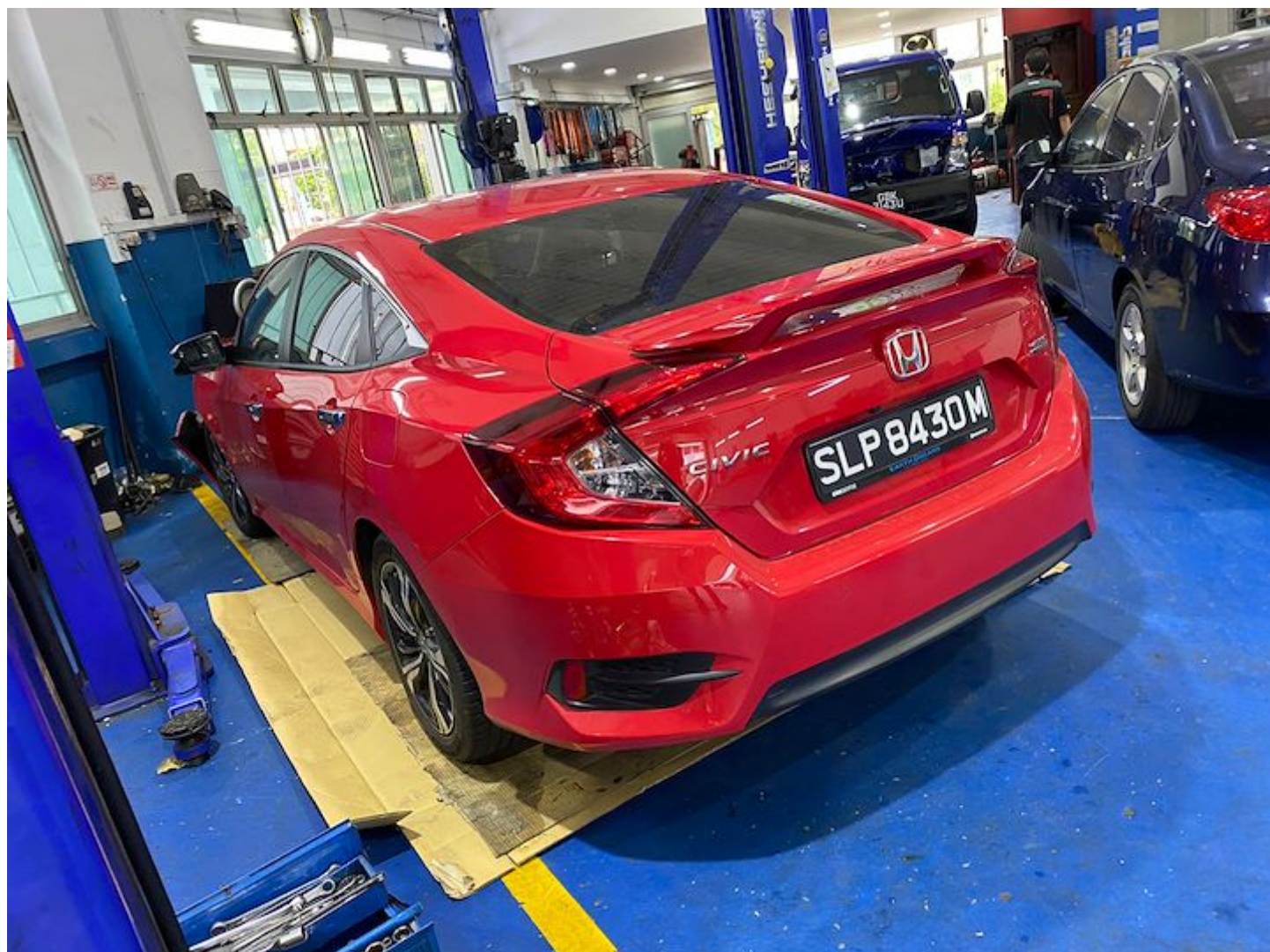














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Report No. T/20210710/2032

SINGAPORE POLICE FORCE

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2021 12:33	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: LEE JUN HUI		Address: APT BLK 154B BEDOK SOUTH ROAD #15-556 SINGAPORE 462154	
ID Type / ID No.: NRIC NO / S9344383G		Contact No.: Home/Office: Mobile: 81880371	
Nationality: SINGAPORE CITIZEN		Email: junhui@outlook.sg	
Sex: Male	Age: 27	Date of Birth: 25/11/1993	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SALES		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2021 13:05	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB2318R	Car				Seriously Damaged	0
SJG2938B	Car				Seriously Damaged	0
SLP8430M	Car				Seriously Damaged	0
XE2003T	LARGE VEHICLE				Slightly Damaged	0


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



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Report No. T/20210710/2032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE JUN HUI	ID No.	S9344383G
Related Vehicle	SLP8430M (Car)	Contact No.	81880371
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	10/07/2021	Date Discharge	10/07/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight


Brief Details.

On 09/07/2021 at about 1300hrs, I was driving my vehicle(SLP8430M) along BKE heading towards SLE. There were 4 lanes on the road and I was driving on the most right lane of the road. While I was driving, on my left was a yellow taxi(SHB2318R) and on the 3rd lane of the road was a large oil tank vehicle(XE2003T) driving slightly ahead of me on the third lane.


Suddenly a vehicle(SJG2938B) from the 4th lane of the road coming from the slip road had side swipe onto vehicle(XE2003T) causing himself to swerve and hit onto the yellow taxi causing the yellow taxi to collide onto my vehicle. A few seconds later, vehicle(SJG2938B) hit onto vehicle(SHB2318R) again and subsequently stopped in front of my vehicle.

Ambulance and Traffic Police came and the driver of SJG2938B was then conveyed to the hospital. The next day I felt pain at the back of my neck, lower back and my wrist and some numbness on my legs, I then went to see doctor and was given 5 days MC by the doctor.

The incident was all captured in my in car camera.

 **SINGAPORE POLICE FORCE**



Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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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: G / Sgt 3 WOO WEI JIE DARREN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2021 12:33
Officer In Charge Of Case: TP / AEIT / Insp BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	