

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 23/08/2021 17:10 (SGT)
Date of Accident 22/08/2021 13:00 (SGT)
Exact Location of Accident Bukit Timah Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF5886D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BLAZE MOTORING PTE. LTD.
Company Reg No 2XXXXX362N
Email Address nec.auto62@gmail.com
Mobile Phone No (Phone) +65-97984296
Alternative Phone No +65-84049705

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 20-MJ000538-R02
Cover Note Number -

DRIVER

Name of Driver LEE CHUN XIAN
NRIC No SXXXX545I

Date Of Birth	26/10/1987
Occupation	Indoor
Date Of Driving Pass	15/09/2007
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84049705
Alt. Phone Number	-
Email Address	nec.auto62@gmail.com
Address	BLK 492 JURONG WEST STREET 41 #03-66
Address complement	-
Postcode	640492
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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)	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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND NOTICE OF REPORTING

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	SMU1270R
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Attrage
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LIM SUK YIN
NRIC No	SXXXX122H
Contact Number	(Phone) +65-86951770
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 CHUN XIAN
Gender	Male
Phone No	(Phone) +65-84049705
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLF5886D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Annex D

NOTICE OF REPORTING

This is to confirm that Lee Chun Xian, NRIC: S8734545I, Contact: 84049705, has reported to the Police a Non Injury traffic accident which occurred along Bukit Timah Rd.

On the 22/08/2021 at about 1300hrs, I was driving my vehicle bearing the registration plate number SLF5886D, Toyota Axio I was driving along Bukit Timah Rd when I came to a stop at a traffic light. I was on the extreme right lane on the 3 lane road. Only the extreme right lane was allowed to turn right/make a U-Turn, the other two lanes were only able to travel straight.

When the light turned green, I then moved off when suddenly a white Mitsubishi Attrage bearing registration plate number SMU1270R, turned right on the 2nd lane, cutting into my lane and collided with my vehicle. Afterwards, we both exited our vehicle and stopped at the roadside to exchange particulars and access the damages.

My vehicle suffered damage on the front left bumper and headlight. The other vehicle suffered dents on the right side of the vehicle. Nobody was injured however I feel slight pain on my right hand and will be going to see doctor.

I am lodging this for insurance purposes.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SC/Sgt Sean Siva

Date: 22/08/2021

Time: 1300hrs

S/D Ref: 95

Police Post/Unit: Clementi Neighborhood Police Centre


Clementi NPC
Clementi Division
20 Clementi Ave 5 S(129858)
Tel: 1800 - 8729999

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.

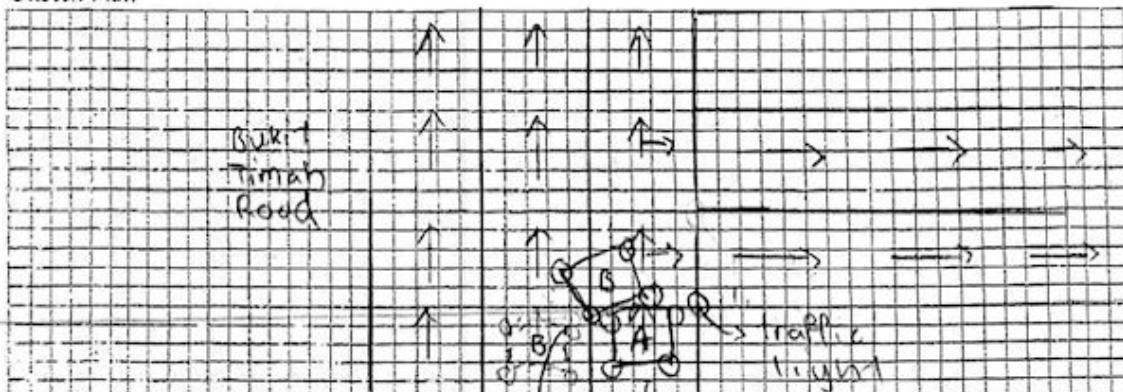


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



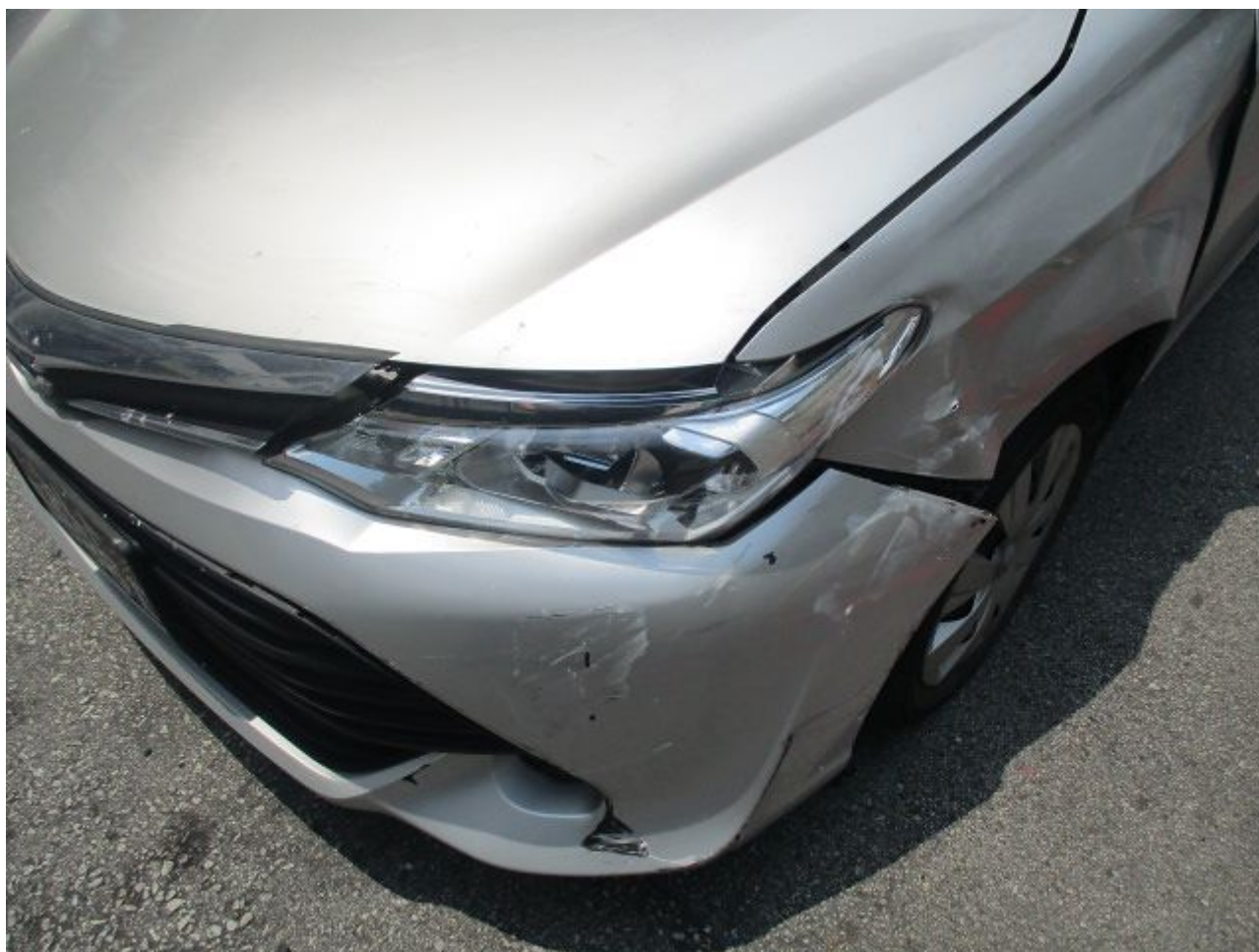


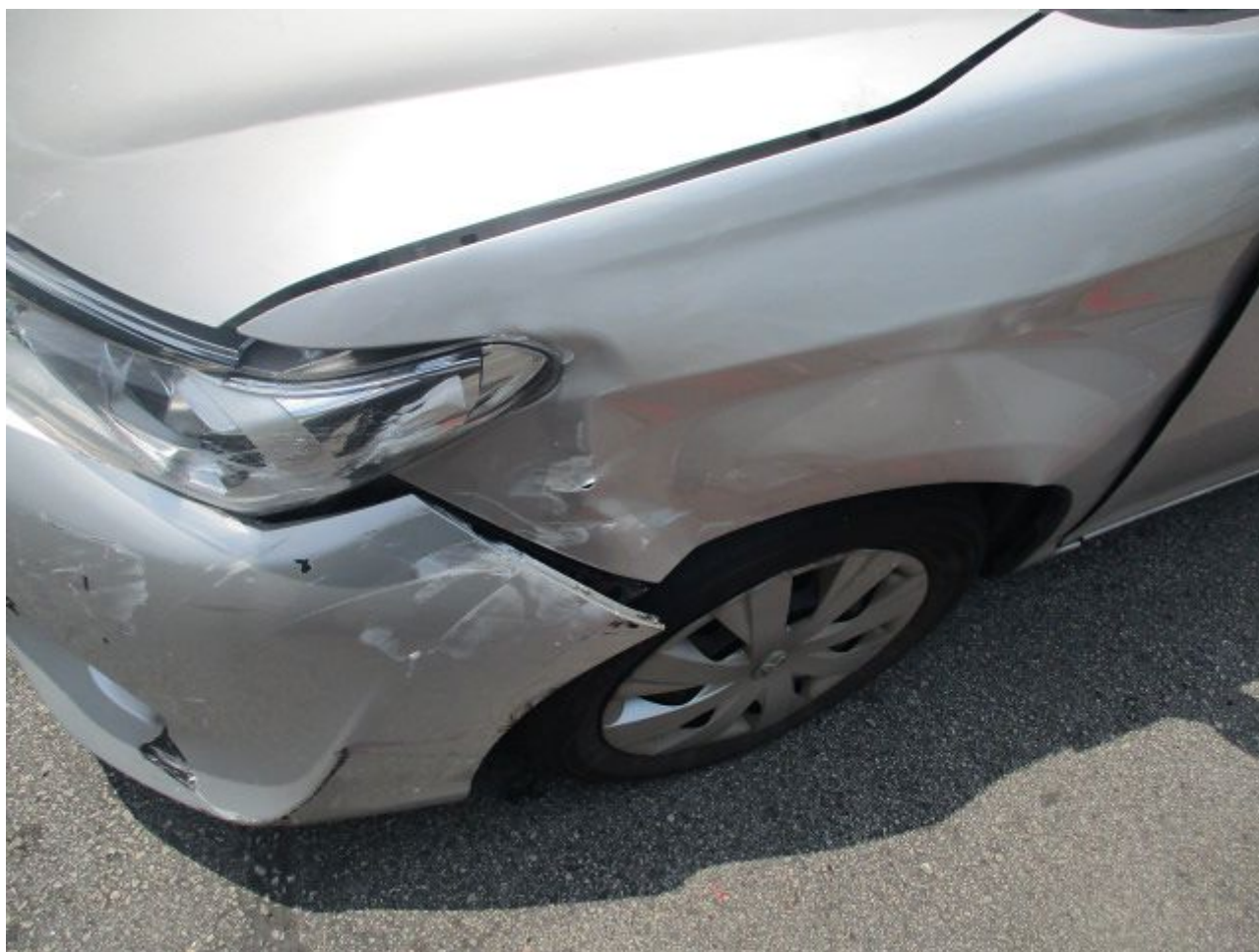






















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