

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	16/08/2021 15:52 (SGT)
Date of Accident	14/08/2021 12:40 (SGT)
Exact Location of Accident	Yishun, Singapore
Additional Location Information	YISHUN RING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME2136Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KAY KAY
NRIC No	SXXXX293B
Email Address	LEEJESLYN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98222532
Alternative Phone No	+65-98222532

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MQ001385
Cover Note Number	-

DRIVER

Name of Driver	LEE KAY KAY
NRIC No	SXXXX293B

Date Of Birth	16/03/1980
Occupation	Indoor
Date Of Driving Pass	12/05/2003
Driving experience	18 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98222532
Alt. Phone Number	+65-98222532
Email Address	LEEJESLYN@HOTMAIL.COM
Address	BLK 615B EDGEFIELD PLAINS #15-343
Address complement	-
Postcode	822615
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	AARON GAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	ONLINE REPORTING
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO POLICE REPORT

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	SKV1488Z
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)	-

SKETCH PLAN

A-) SME 2136Z
B-) SKV 1488Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

kindly 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:

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

Personal Particulars

Date of Accident: 14/08/2021 (dd/mm/yy) Time of Accident: 12:40 (24 Hrs)
 Vehicle No: SM2136Z Vehicle Make/Model: HYUNDAI ELANTRA 1.6
 Exact Location of Accident: YISHUN RZM ROAD
 Owner's Name / IC No: LEE KAY KAY
 Owner's Contact No: 98222532 Owner's Email*: ganqazan81@gmail.com
leejeslyn@hotmail.com
 Driver's Name / IC No: _____
 Driver's Contact No: _____ Driver's Email*: _____
 Relationship between Owner & Driver: Spouse/Children/Friend/Parents/
 Others please specify: _____ Insurance Company & Policy No: MQ001385

Does the driver own any other vehicle?

Yes / No If Yes, Vehicle no. _____ & Insurance Company & Policy No: _____

What do you wish to claim? (Please circle one only) *Number of passengers (Including Driver): 2

Own Insurance / Third Party / Reporting Only

Exact purpose for which the vehicle was being used at the time of accident?

Private use / Work purpose

Weather condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

OccupationAny Witness?*Any Video?

Indoor / Outdoor

Yes / No If Yes, please specify _____

Yes / No

Any Injuries? (Police report is required if mc is above 3 days)*Seat Belt?

Yes / No If Yes, which police station, which part? _____

Yes / No

Third Party (Vehicle B) details:

Driver's Name/IC No: GAN SUBIN Vehicle No: SKV1488C

Third Party Insurance: _____ Driver's Contact No: _____

Other's Vehicle Involved (If applicable)

Vehicle C: _____ Vehicle D: _____ Vehicle E: _____

Was any foreign vehicle involved in this accident?

If yes, Foreign Vehicle Registration Number: _____



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.
- (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:

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



































**SINGAPORE
POLICE FORCE**



F/20210815/7018

1 of 2

POLICE REPORT (NP299)

Report No. F/20210815/7018

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 15/08/2021 15:31	Vide Report No.	Station Diary No.
Name Of Informant LEE KAY KAY	Address 615B EDGEFIELD PLAINS #15-343 SINGAPORE 822615	
ID Type / ID No. NRIC NO / S8008293B	Contact No. Home/Office:	Mobile: 98222532
Nationality SINGAPORE CITIZEN	Email Address LEEJESLYN@HOTMAIL.COM	
Occupation Administration manager	Sex Female	Age 41
Institution/School Name	Date of Birth 16/03/1980	Race Chinese
Date/Time Of Incident 14/08/2021 12:40 - 14/08/2021 12:50	Location Of Incident 615B EDGEFIELD PLAINS #15-343 SINGAPORE 822615	

Brief details.

I would like to report a road traffic incident. My car plate is SME2136Z. The vehicle of the involved car plate SKV1488Z was driving along the left lane (turning left) when she suddenly turned right into my lane and knocked into my car when my car was in the left lane going straight. The driver and the passenger were not hurt. I suppose the owner of the car belongs to the driver's father and the driver is a P plate driver. The accident occurred at the cross junction of Yishun Ave 4, along Yishun Ring Road on 14/08/21 at around 12:40pm. The bumper was cracked and scratched at the left bottom. There was no injury

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: 15/08/2021 15:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20210815/7018

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210815/7018

involved. Name of driver - SKV1488Z Gan Subin Hp: 83220421. We had initially decided on private settlement however on the following day she has decided to report to the insurance company. This report is meant for insurance purpose. NFA

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: 15/08/2021 15:31
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: SB0H218G0001 Vehicle Registration No: SME 2136Z
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: _____ Time of Accident: _____
 Place of Accident: _____
 Insurance Company: _____

(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:

Third party vehicle number should be SKV1488Z. I have
keyed wrongly and also adding new files.

 Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name: LO HUN YONH MINDA
 NRIC/FIN No.: S8731584B
 Date: 12/08/21

General Insurance Association