

# 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 ..... 01/09/2021 17:13 (SGT)  
Date of Accident ..... 31/08/2021 17:15 (SGT)  
Exact Location of Accident ..... Jurong Port Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNB72R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE JINHE  
NRIC No ..... S8931154C  
Email Address ..... naira21@Rocketmail.com  
Mobile Phone No ..... (Phone) +65-85881416  
Alternative Phone No ..... (Home) +65-85881416

### VEHICLE PARTICULARS

Manufacturer ..... Maserati  
Model ..... LEVANTE  
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 ..... 2979

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00160782100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE JINHE  
NRIC No ..... S8931154C

Date Of Birth .....	10/09/1989
Occupation .....	Indoor
Date Of Driving Pass .....	24/11/2017
Driving experience .....	3 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85881416
Alt. Phone Number .....	(Home) +65-85881416
Email Address .....	naira21@Rocketmail.com
Address .....	BLK 138 BUKIT BATOK WEST AVE 6 #11-391
Address complement .....	-
Postcode .....	650138
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 .....	Side Swipe
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 .....	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

PLEASE REFER TO POLICE REPORT ATTACHED.

#### 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 .....	GBE3992S
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	MOHAMED BIN ROSE
NRIC No .....	S1637233A
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 JINHE
Gender .....	Male
Phone No .....	(Phone) +65-85881416
Address .....	BLK 138 BUKIT BATOK WEST AVE 6 #11-391
Address Complement .....	-
Post Code .....	650138
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNB72R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
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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;

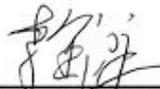
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

  
 Policyholder's Signature / Date &  
 Time 1/9/21 1350 hrs

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

  
 Witnessed by Reporting Centre  
 Personnel

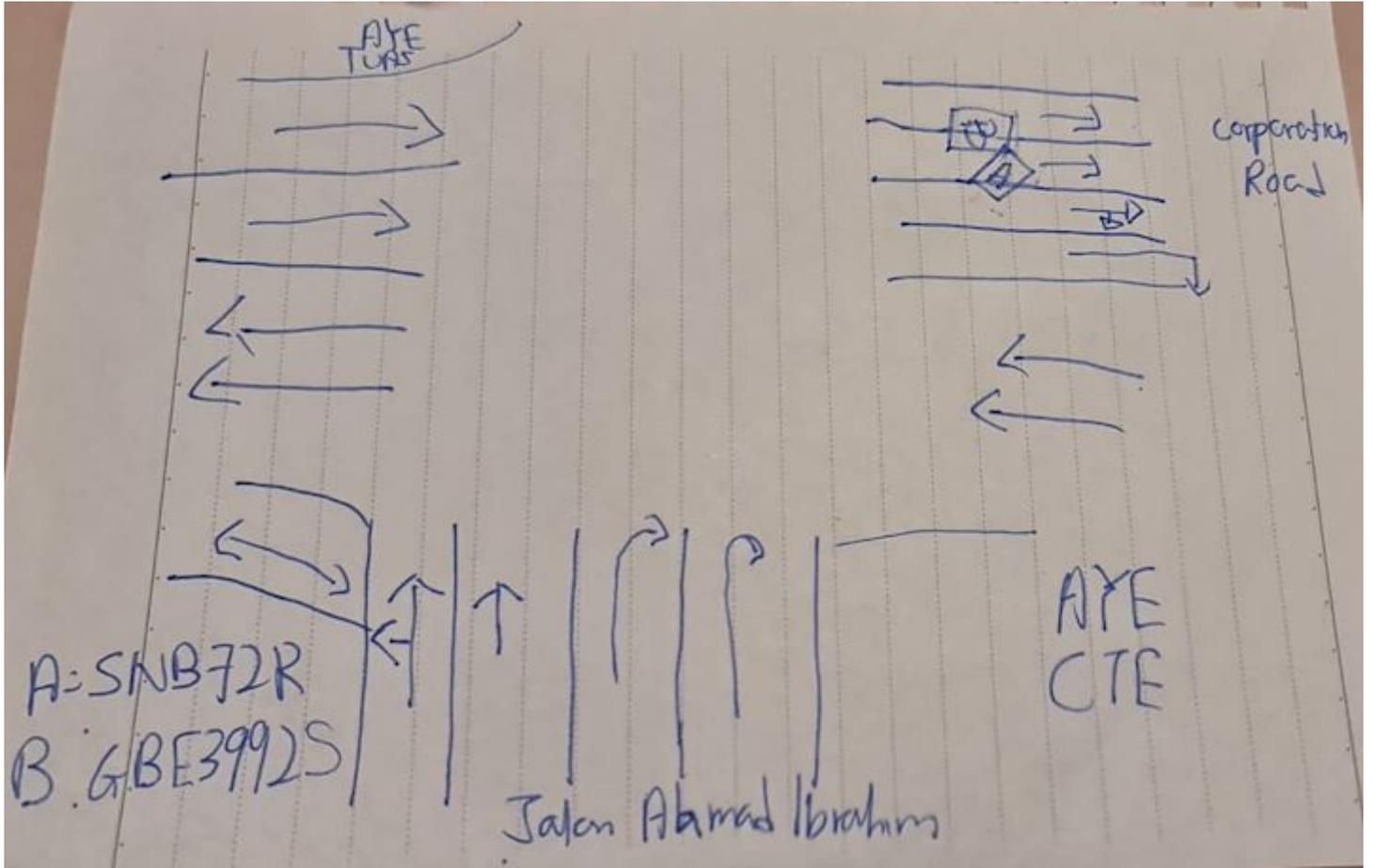
**Sketch Plan**

Refer to the attached sketch

DOA = 31-8-21

A = SNB 72R

B = GBE 3992S



**Describe Circumstances of the Accident**

PLEASE REFER TO POLICE REPORT ATTACHED

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time 1/9/21 1350hrs

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

   
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel









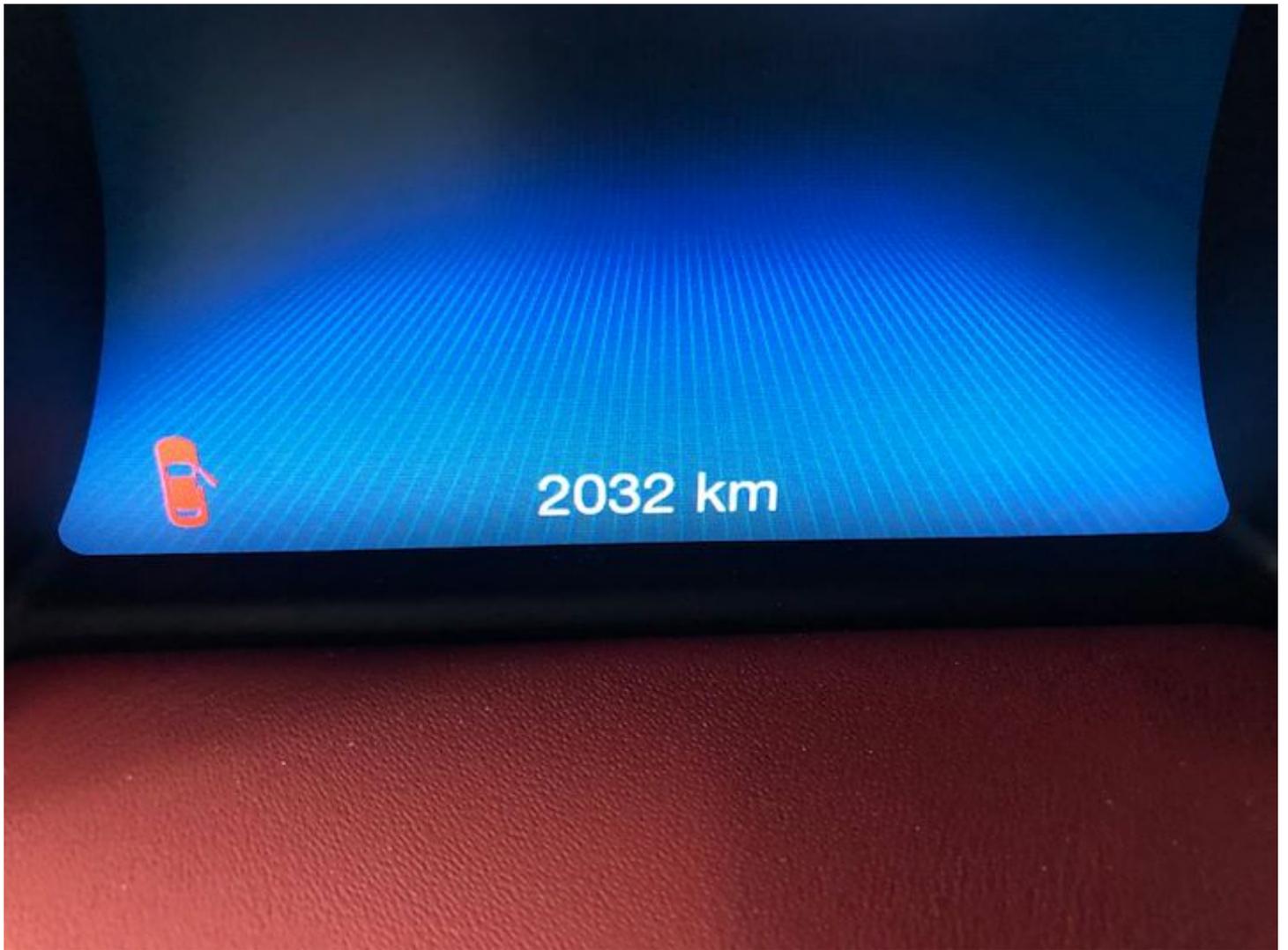
























**SINGAPORE  
POLICE FORCE**



T/20210831/7060

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

2 of 4

Report No. T/20210831/7060

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB72R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001607 82100	06/08/2021	05/08/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHAMED BIN ROSE		ID No.	S1637233A
Related Vehicle	GBE3992S (Van)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	LEE JINHE		ID No.	S8931154C
Related Vehicle	SNB72R (Car)		Contact No.	85881416
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	31/08/2021		Date	31/08/2021
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

After exiting AYE TOWARD TUAS EXIT 15A near Jalan ahmad ibrahim, my car was under the Corporation road Flyover at the 2nd lane. A bus was stopped in front of my car so i try to signal left to turn in the 3rd lane. I have waited for all incoming vehicle to pass through and have ensured that the 3rd lane was clear before turning out. An incoming van(GBE 3992S)hit the left side of my front bumper and wheel. I proceed to stop at the most left lane with the van driver to check on my car and the van. After the driver of van came out and took the pictures, we exchange our driver particular, the driver of the van became very aggressive and try to do a video recording. He shouted at me and wanted me to admit that it my fault for the accident. When i told him, We are neither god or judge, let the insurer decide the judgement, he kept on threatening me in abusive tone asking me to admit my mistake. I repeated to him that we must report the accident to insurance and let the insurer decide. After that, he told me " nevermind, you wait and see, do you know this is a CISCO company car, you go to insurance you confirm change your story?" i was very puzzled with his sentence and replied to him, "even if this is a LTA vehicle, only the insurer can decide, don't



**SINGAPORE  
POLICE FORCE**



T/20210831/7060

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

3 of 4

Report No. T/20210831/7060

**CONTINUATION OF REPORT**

need to threaten me" I felt that the driver was aggressive in a verbal abusive manner. I hope that the IO should highlight to the van driver that all cars on the road are equal, even though the car belong to any government agencies or any company the judgement are to be done by an appointed Judge.

I have visited a GP and did a check as i felt a sharp pain and neck pain after the accident. I was given 3 day medical leave to rest at home.



**SINGAPORE  
POLICE FORCE**

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



T/20210831/7060

4 of 4

Report No. T/20210831/7060

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

Signature Of Informant:

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

Date/Time:  
31/08/2021 21:12

Classification Of Case: