

# 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 ..... 01/11/2021 15:22 (SGT)  
Date of Accident ..... 29/10/2021 15:30 (SGT)  
Exact Location of Accident ..... Punggol Rd & Sengkang E Way, Singapore  
Additional Location Information ..... CROSS JUNCTION.  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMY3833H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHAN KOK BOON  
NRIC No ..... S7927047D  
Email Address ..... LEE.LENA80@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96832660  
Alternative Phone No ..... +65-96832660

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
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 ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MPC0000946  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE YEN SAN LENA  
NRIC No ..... S8006920J

Date Of Birth	08/03/1980
Occupation	Indoor
Date Of Driving Pass	05/02/2007
Driving experience	14 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97934706
Alt. Phone Number	-
Email Address	LEE.LENA80@GMAIL.COM
Address	BLK 565 HOUGANG ST 51 #05-480
Address complement	-
Postcode	530565
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	CHAN WAN TING KERENE
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I, DRIVER OF SMY3833H WAS STATIONARY AT RED LIGHT AT CROSS JUNCTION OF PUNGGOL ROAD AND SENGKANG EAST WAY, YP5565Z REAR-ENDED MY VEHICLE. TIME OF ACCIDENT WAS 3.30PM ON 29 OCT 2021.

#### 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	YP5565Z
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	YI MING
Contact Number .....	(Phone) +65-98005161
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 YEN SAN LENA
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMY3833H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

INJURED 2

Name of injured person .....	CHAN WAN TING KERENE
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMY3833H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## SKETCH PLAN

IMPORTANT NOTICE

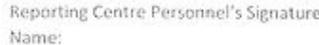
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

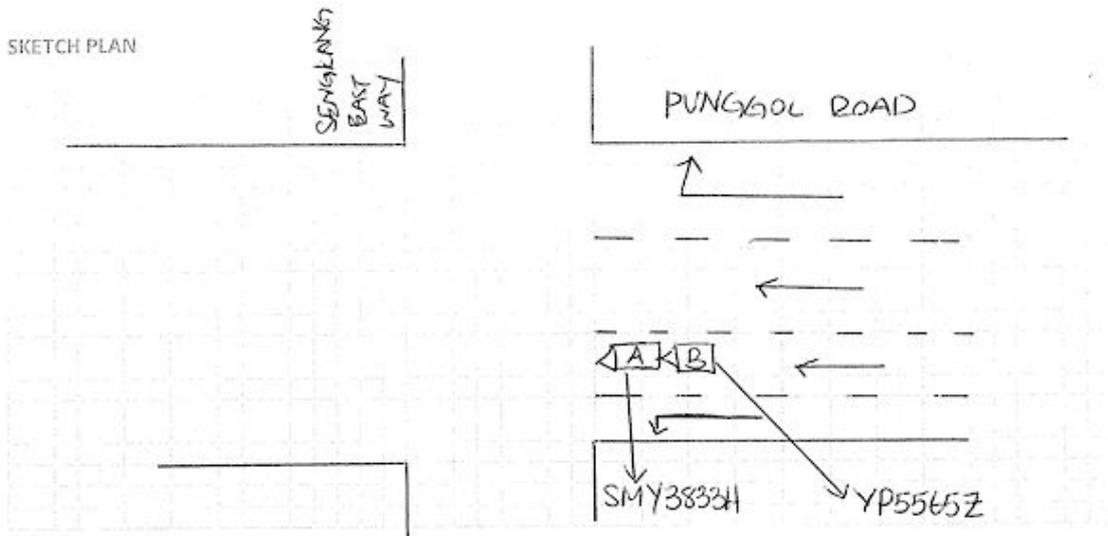
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, driver of SMY3833H was stationary at red light at cross junction of punggol road and Sengkang East Way, YP5565Z rear-ended my vehicle. Time of accident was 3.30pm on 29 OCTOBER 2021.

DECLARATION

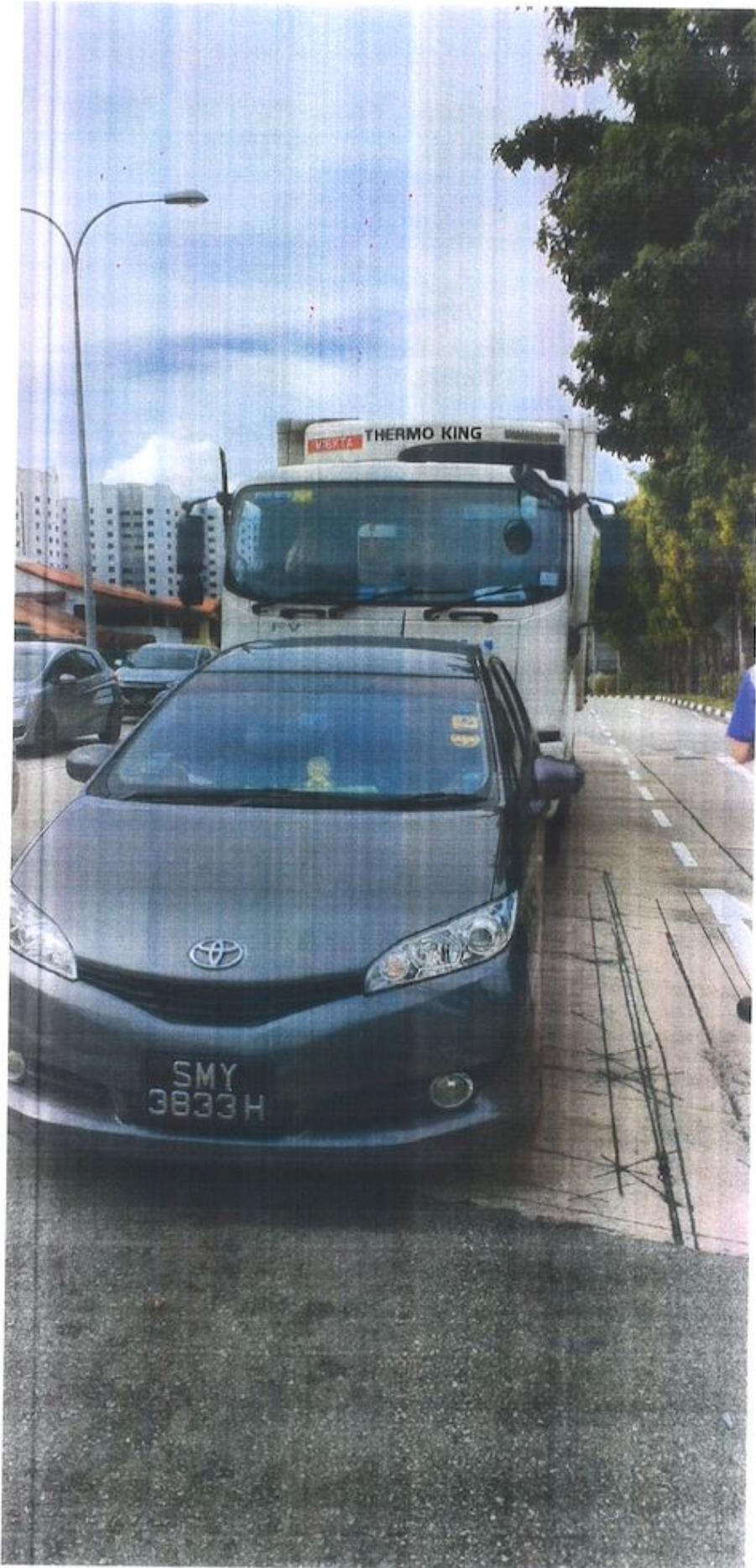
I/We declare the foregoing particulars are true in every respect.

*[Signature]*  
 Policyholder's Signature  
 Date & Time:

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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



























**SINGAPORE  
POLICE FORCE**



F/20211101/7014

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20211101/7014

Gender	Male		
Victim			
Person Name	LEE YEN SAN LENA		
ID Type	NRIC NO	ID No	S8006920J
Gender	Female	Age	41
Race	Chinese	Language	English
Occupation	Administration manager	Address	565 HOUGANG STREET 51 #05-480 SINGAPORE 530565
Mobile No	97934706	Is Informant A Victim?	Yes
Person Name Kerene Chan Wan Ting			
ID Type	NRIC NO	ID No	T0519072F
Gender	Female		
Person Name LEE YEN SAN LENA (Informant)			

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: 01/11/2021 10:44
Officer In-Charge Of Case:	Classification Of Case:



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST Reg. No. M2-0078806-X  
 44 | Cecil Street | #04 | #05 | #06-02 | IOH Building | Singapore 049711  
 Office (65) 63476100 Email insure@iil.com.sg  
 Fax (65) 62244174 Website www.iil.com.sg

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D21MPC0000946		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SMY3833H	
Chassis No	: JTDGJ20W805001816	
2. Name of Policyholder	: CHAN KOK BOON (ZENG GUOWEN)	
3. Effective date of Insurance	: 26 Jan 2021	
4. Expiry date of Insurance	: 24 Jan 2022	
5. Persons or Classes of Persons entitled to drive*		
(a) The Policyholder	The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.	
(b) Any other person who is driving on the Policyholder's order or with his/her permission.	Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle	
6. Limitations as to use*	Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
<b>The Policy does not cover</b>		
a) Use for hire or reward.		
b) Use for racing, pace-making, reliability trial, speed-testing.		
c) Use for the carriage of goods other than samples in connection with any trade or business.		
d) Use for any purpose in connection with the Motor Trade.		
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		
Insured & Named Drivers Excess Sect I	: SGD750.00	
Unnamed Drivers Excess Sect I	: SGD1,250.00	
Windscreen Excess	: SGD100.00	
Hire Purchase Company	: SPARK CREDIT PTE LTD	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.		
I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).		
Agent/Broker	: B000057/AETNA INSURANCE BROKERS PTE LTD	For India International Insurance Pte Ltd
Date of Issue	: 25/01/2021 14:29:07	
MX1-Private Car (Insured Driving)		
		
		Authorised Signatory