

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 04/11/2021 20:18 (SGT)
Date of Accident 03/11/2021 18:55 (SGT)
Exact Location of Accident 507 Bishan Street 11, Singapore 570507
Additional Location Information BISHAN STREET 11 TRAFFIC LIGHT JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJJ9943Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE CHING YEE
NRIC No SXXXX108D
Email Address WINSON_TINGWEI@HOTMAIL.COM
Mobile Phone No (Phone) +65-83211155
Alternative Phone No (Office) +65-83211155

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
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 1800

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MPC21P00193500
Cover Note Number -

DRIVER

Name of Driver SIN KIN SENG (XIAN JIAN CHENG)
NRIC No SXXXX324G

Date Of Birth	31/12/1977
Occupation	Outdoor
Date Of Driving Pass	27/05/1997
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91846002
Alt. Phone Number	-
Email Address	WINSON_TINGWEI@HOTMAIL.COM
Address	BLK 682C WOODLANDS DRIVE 73 #13-255
Address complement	-
Postcode	733682
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	HUSBAND
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE CHING YEE
Gender	Female

PASSENGER 2

Name	JANA SIN WEN XUAN
Gender	Female

PASSENGER 3

Name	JORIS SIN KAI JIN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AT THE MENTION DATE & TIME OF ACCIDENT 03/11/2021 ABOUT 18.50PM . MY VEHICLE WAS STATIONARY CAME TO A STOP AT BISHAN STREET 11 TRAFFIC LIGHT JUNCTION. SUDDENLY VEHICLE B " SJM 5617B " COLLIDED ONTO MY REAR CAR PORTION WITH IMPACT VERY BADLY, AFTER TOOK SCENE PHOTOS AND LEFT. MY DAUGHTER AND MY WIFE INCLUDE MYSELF ON THE NEXT DAY FELT UNWELL AND BODY PAIN. WE DECIDE TO CONSULT DOCTOR AND WAS GIVEN 3 DAYS MC .

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 SJM5617B
 Vehicle Manufacturer Mazda
 Vehicle Model 2
 Vehicle Variant -
 Vehicle Colour Red
 Vehicle Category Private car
 Name of Driver OW SONG KAI, KEN
 NRIC No SXXXX782Z
 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 SIN KIN SENG (XIAN JIAN CHENG)
 Gender Male
 Phone No (Phone) +65-91846002
 Address BLK 682C WOODLANDS DRIVE 73 #13-255
 Address Complement -
 Post Code 733682
 Approximate Age Years Old 43
 Injuries Sustained BACK BODY AND NECK PAIN
 Injured person in which vehicle? SJJ9943Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person LEE CHING YEE
 Gender Female
 Phone No (Phone) +65-83211155
 Address BLK 682C WOODLANDS DRIVE 73 #13-255
 Address Complement -
 Post Code 733682
 Approximate Age Years Old 36
 Injuries Sustained BACK BODY PAIN
 Injured person in which vehicle? SJJ9943Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person JANA SIN WEN XUAN
 Gender Female
 Phone No (Phone) +65-83211155
 Address BLK 682C WOODLANDS DRIVE 73 #13-255
 Address Complement -
 Post Code 733682
 Approximate Age Years Old 16
 Injuries Sustained BACK BODY PAIN
 Injured person in which vehicle? SJJ9943Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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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)**

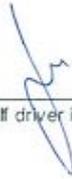
I understand, acknowledge, agree and consent that :

(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



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

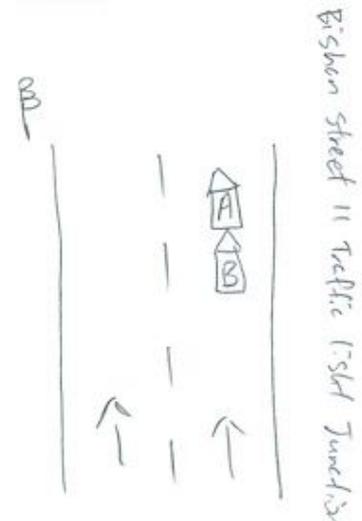


 Witnessed by Reporting Centre Personnel



Sketch Plan

vehicle A SJJ 9943Z
 vehicle B SJM 5617B



Describe Circumstances of the Accident

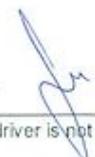
AT The mention Date & time of accident 03/11/2021 about 18.50pm.
 My vehicle was stationary came to a stop at bisham street 11 traffic light
 Junction. Suddenly vehicle B " SJM 5617 B "11 collided onto my rear
 car portion with impact very badly , after took scene photos and left .
 my daughter and my wife include myself on the next day felt unwell and
 body pain . ~~we~~ we decide to consult doctor and was given 3 days mc .

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





CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks 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)
 Road Transport (Amendment) Act, 2019 (Malaysia)

**SGDRIVERS PROTECTOR
PLAN**

MZ300
COMPREHENSIVE
ORIGINAL

CERTIFICATE NO: MPC21P00193500 AGENCY NAME: SGDrivers Pte Ltd AGENCY CODE: A0000069 1. Index Mark and Registration Number of Vehicle: SJJ9943Z 2. Name of Policyholder: LEE CHING YEE 3. Period of Insurance (both dates inclusive): 30-09-2021 to 29-09-2022 4. Persons or Classes of Persons entitled to drive a) The Policyholder and all Named Drivers declared under the policy b) Any other person who is driving on the Policyholder's order or with his 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. 5. Limitations as to use Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, tuition, driving test, race, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.	Chassis No. RN61077569 Engine No. R18A1786254										
6. EXCESS APPLICABLE <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">WINDSCREEN</td> <td style="text-align: right;">SGD 100.00</td> </tr> <tr> <td>SECTION I - INSURED/NAMED DRIVER</td> <td style="text-align: right;">SGD 500.00</td> </tr> <tr> <td colspan="2">ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:</td> </tr> <tr> <td>SECTION I - UNNAMED DRIVERS</td> <td style="text-align: right;">SGD 500.00</td> </tr> <tr> <td>SECTION I - AGE<27, AGE>70 OR DRIVING EXP<2 YEARS OLD</td> <td style="text-align: right;">SGD 3,000.00</td> </tr> </table>		WINDSCREEN	SGD 100.00	SECTION I - INSURED/NAMED DRIVER	SGD 500.00	ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:		SECTION I - UNNAMED DRIVERS	SGD 500.00	SECTION I - AGE<27, AGE>70 OR DRIVING EXP<2 YEARS OLD	SGD 3,000.00
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SECTION I - AGE<27, AGE>70 OR DRIVING EXP<2 YEARS OLD	SGD 3,000.00										
7. Hire Purchase : FIVE SPEED MOTOR TRADING											
Signed for and on behalf of ECICS Limited <hr style="width: 20%; margin: 0 auto;"/> AUTHORISED SIGNATORY											

Important Notice:

- i. Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- ii. On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- iii. The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- iv. The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.



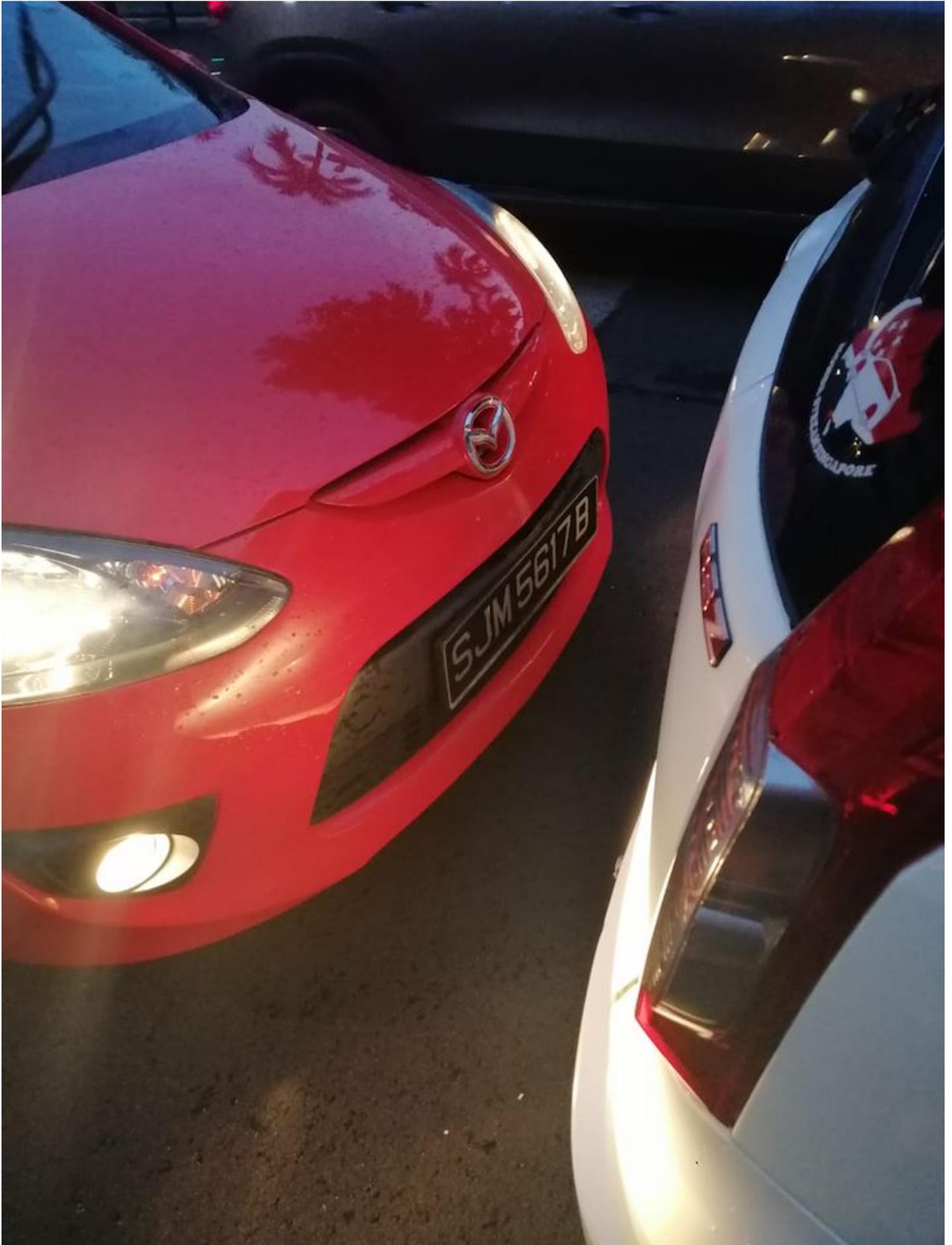




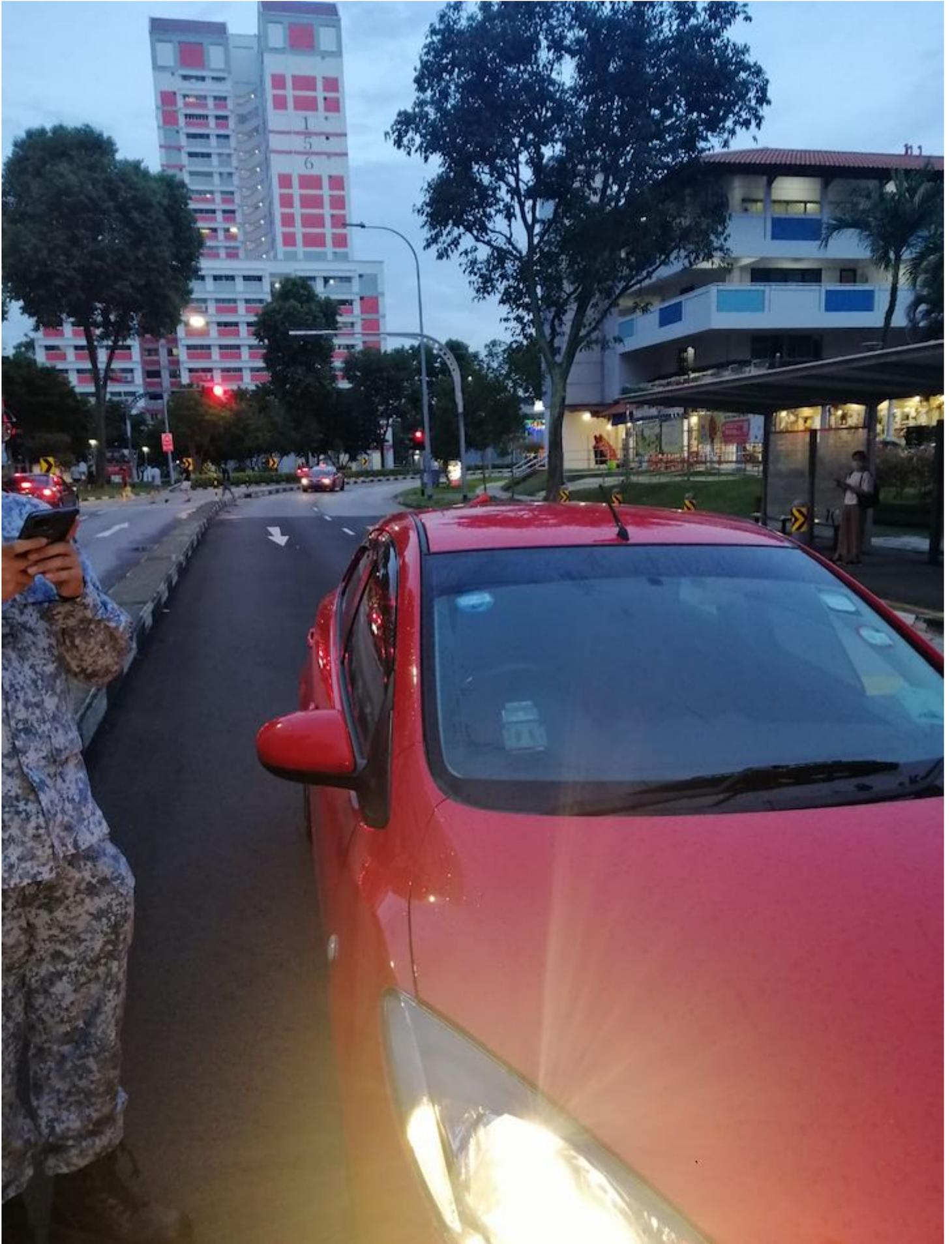














**SINGAPORE
POLICE FORCE**



T/20211104/2082

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 4

Report No. T/20211104/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2021 18:03	Vide Report No.:	Station Diary No.: 71
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Informant's Particulars			
Name of Informant: SIN KIN SENG		Address: APT BLK 682C WOODLANDS DRIVE 73 #13-255 SINGAPORE 733682	
ID Type / ID No.: NRIC NO / S7738324G		Contact No.: Home/Office: Mobile: 91846002	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 31/12/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Sales		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/11/2021 18:55	Type of Location: T-Junction
Location: BISHAN STREET 11				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ9943Z	Car				Slightly Damaged	3
SJM5617B	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211104/2082

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20211104/2082

CONTINUATION OF REPORT

Passenger			
Name	JANA SIN WEN XUAN	ID No.	T0505077J
Related Vehicle	SJJ9943Z (Car)	Contact No.	NIL
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/11/2021	Date Discharge	04/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SIN KIN SENG	ID No.	S7738324G
Related Vehicle	SJJ9943Z (Car)	Contact No.	91846002
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/11/2021	Date Discharge	04/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	LEE CHING YEE	ID No.	S8573108D
Related Vehicle	SJJ9943Z (Car)	Contact No.	83411155
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/11/2021	Date Discharge	04/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	OW SONG MAI	ID No.	S9209782Z
Related Vehicle	NIL	Contact No.	96310807
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20211104/2082

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20211104/2082

CONTINUATION OF REPORT

Brief Details.

On the 3rd November 2021 at about 1855hrs, I was travelling my vehicle (White Honda Stream, SJJ9943Z) along Bishan Street 11. As the right turn traffic light was red, I stopped my vehicle before the T-Junction and lined up behind a few vehicles to make a right turn into Bishan street 13.

Suddenly a vehicle (Red Mazda, SJM5617B) hit onto the rear of my car. Subsequently, both driver came out of our vehicles to do a change of particulars. The other driver's particulars are as follow: (Ow Song Mai, S9209782Z).

Due to the accident, my car suffered a dent on it's rear bumper and the other vehicle had a slight chip on it's front fencing.

I went to the doctor the following day along with my wife and child whom were the passengers in my vehicle as well. I felt a pain on my back and neck when I woke up in the morning due to the accident. My wife (Lee Ching Yee, S8573108D) and my child (Jana Sin Wen Xuan, T0505077J) also suffered back pain caused by the accident. My son, whom was my third passenger was not injured.

I am making this report as I would like to proceed to make an insurance claim on the damages and medical fees for me and my two other passengers.



**SINGAPORE
POLICE FORCE**



T/20211104/2082

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20211104/2082

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 J / Sgt 3 DINIE SYAKIR BIN RAZALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/11/2021 18:03
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SJJ 9943Z
 Name (as shown in NRIC) : SIN KIN SEH (Xian Jien das) NRIC/FIN/Passport No : S7738324G
 (*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
 Address : Blk 682C Woodlands Drive 73 #13-255 Singapore (738682)
 Contact (Tel) : _____ Mobile No. : 9184 6002
 Email Address : Winson_fingwei@hotmail.com
 Date of Accident : 03/11/2021 Time of Accident : 18.55pm
 Place of Accident : Bushan Street 11 traffic light Junction
 Insurance Company : ECICS limited

(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:

I wish to Amendment the accident time to 18.55pm

[Signature]
 Policyholder / Driver's Signature
 Date: 8-11-2021

[Signature]
 Reporting Centre Personnel's Signature
 Name: TSAN TAN NG WEI
 NRIC/FIN No.: S8827639F
 Date: _____