

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	12/12/2021 19:52 (SGT)
Date of Accident	12/12/2021 02:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEAR 443 PASIR RIS DRIVE 6 CARPARK EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT9232A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AFFLUENTS LEASE PTE LTD
Company Reg No	201922079M
Email Address	AFFLUENTSLEASE@GMAIL.COM
Mobile Phone No	(Phone) +65-92994404
Alternative Phone No	+65-92994404

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Jetta
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	Commercial vehicle
Transmission	Auto
CC	1400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120113907-01
Cover Note Number	-

DRIVER

Name of Driver	CUTHBERT LEE WEI XING
NRIC No	S8542230H

Date Of Birth	30/12/1985
Occupation	Indoor
Date Of Driving Pass	04/02/2019
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91119108
Alt. Phone Number	-
Email Address	AFFLUENTSLEAVE@GMAIL.COM
Address	BLK 113 PASIR RIS STREET 11 #13-667
Address complement	-
Postcode	510113
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ADVISE OI TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK1369Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-



Vehicle Category	Commercial vehicle
Name of Driver	NG JIA YI
NRIC No	S9822199I
Contact Number	(Phone) +65-82227318
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CUTHBERT LEE WEI XING
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	35
Injuries Sustained	WHIPLASH CHEST, NECK, BACK PAIN
Injured person in which vehicle?	SGT9232A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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.

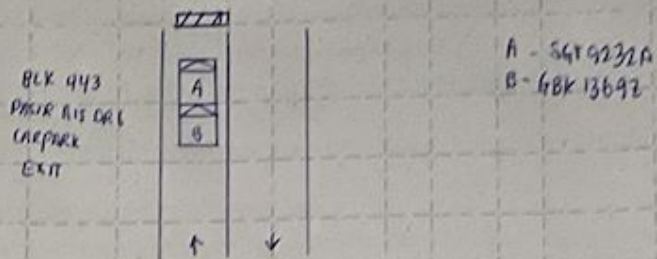


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: GADDAFI
NRIC/FIN No.: J993841

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO BLANK

DECLARATION

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

are the following

AFFLUENTS TREATMENT PTE. LTD.
UEN:
201922079M

[Signature]

4



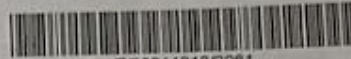











**SINGAPORE
POLICE FORCE**


T/20211212/2061

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20211212/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2021 19:27	Vide Report No.:	Station Diary No.: 70
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Informant's Particulars

Name of Informant: CUTHBERT LEE WEI XING			Address: APT BLK 113 PASIR RIS STREET 11 #13-667 SINGAPORE 510113	
ID Type / ID No.: NRIC NO / S8542230H			Contact No.:	Mobile: 91119108
Nationality: SINGAPORE CITIZEN			Email: cuthbertlee01@gmail.com	
Sex: Male	Age: 35	Date of Birth: 30/12/1985	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: PART TIME STUDENT			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: 12/12/2021 02:50	Type of Location: Car Park
Location: PASIR RIS DRIVE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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
GBK1369Z	Lorry				Slightly Damaged	0
SGT9232A	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20211212/2061

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No: T/20211212/2061

CONTINUATION OF REPORT

Driver			
Name	NG JIA YI	ID No.	S9822199I
Related Vehicle	GBK1369Z (Lorry)	Contact No.	82227318
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
Driver			
Name	CUTHBERT LEE WEI XING	ID No.	S8542230H
Related Vehicle	SGT9232A (Car)	Contact No.	91119108
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/12/2021	Date Discharge	12/12/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 12/12/2021 at 0248hrs, I was driving my vehicle bearing plate number SGT9232A out of the carpark. As I was approaching the exit gantry, I felt multiple impacts from the rear of my vehicle. I then got down and noticed that it was a lorry that had rear ended into the boot of my car. My rear bumper was damaged and dislodged.

I took photos of the accident. As there was a queue forming up, we drove over to the opposite side of the carpark and exchanged particulars. We then went separate ways after that. I went to see the doctor afterwards and was given a 5 days MC.

**SINGAPORE
POLICE FORCE**

T/20211212/2061

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20211212/2061

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
G /
Sgt 1 JUSTIN CHU JUN QUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/12/2021 19:27

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

