

# 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 ..... 13/12/2021 19:04 (SGT)  
Date of Accident ..... 06/12/2021 12:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SIMON RD (CARPARK)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBC7293K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE CHAI TEE  
NRIC No ..... SXXXX264F  
Email Address ..... ICHAITEE@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96693675  
Alternative Phone No ..... (Home) +65-96693675

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Fino  
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 ..... Motorcycle  
Transmission ..... Auto  
CC ..... 110

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5078337386-05  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE CHAI TEE  
NRIC No ..... SXXXX264F

Date Of Birth .....	27/01/1957
Occupation .....	Indoor
Date Of Driving Pass .....	06/01/2000
Driving experience .....	21 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96693675
Alt. Phone Number .....	(Home) +65-96693675
Email Address .....	ICHAITEE@GMAIL.COM
Address .....	BLK 405 HOUGANG AVE 10 #05-114
Address complement .....	-
Postcode .....	530405
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 .....	Collided into Parked Vehicle
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? .....	Yes
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

#### REFER TO ATTACHED

#### 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 .....	GBK4459C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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) .....	2

## INJURED PERSONS DETAILS



### INJURED 1

Name of injured person .....	LEE CHAI TEE
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBC7293K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

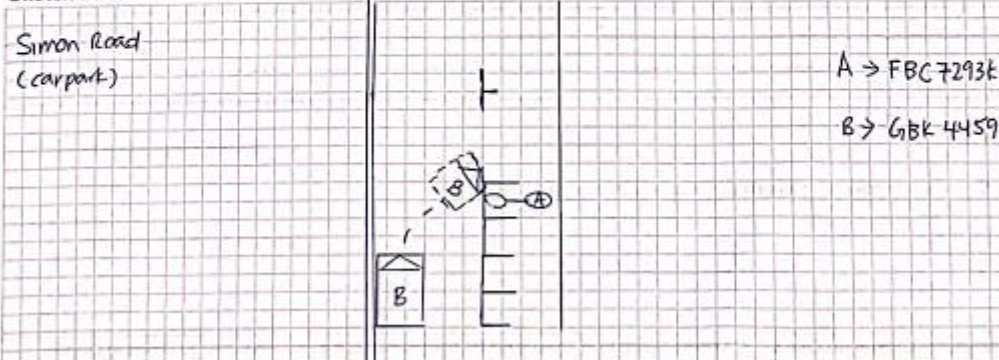
**SKETCH PLAN**

**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. The 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.
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' law firms/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' law firms/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 law firms/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	SHUYI Witnessed by Reporting Centre Personnel
---	---	--

**Sketch Plan**




**Describe Circumstances of the Accident**


105 17 1027 1903

-Refer to para report-

**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

SHUYI  
Witnessed by Reporting Centre Personnel





























**SINGAPORE  
POLICE FORCE**

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



T/20211209/2065

3 of 3

Report No. T/20211209/2065

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  
TP /  
SCCPL MUHAMMAD ZAIM BIN  
MUHAMMAD ZAINI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt ABDUL RAHIM BIN SALIM  
Contact No.: 65476437

Signature Of Informant:

Date/Time:  
09/12/2021 15:57

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



T/20211209/2065

2 of 3

Report No. T/20211209/2065

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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LEE CHAI TEE	ID No.	S1235264F
Related Vehicle	FBC7293K (Motorcycle)	Contact No.	96693675
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/12/2021	Date Discharge	07/12/2021
No. of Days granted Medical Leave	07	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE LOCATION, DATE AND TIME, I JUST PARKED MY BIKE AT THE PARKING LOT. THERE WAS ANOTHER BIKE PARKING BESIDE ME, THE RIDER AND PILLION WAS STILL BY THEIR BIKE. THERE WAS ALSO ANOTHER 2 CARS PARKED ON MY OTHER SIDE. ALL OF OUR VEHICLES WERE PARKED ON 1 SIDE OF THE ROAD, THE RIGHT SIDE. WHILE ON THE LEFT SIDE OF THE ROAD, THERE WAS A VAN THAT WAS STATIONARY, SUDDENLY IT ACCELERATED TOWARDS THE CARS AND COLLIDED ONTO THEM, THE RIGHT-SIDEMIRROR OF THE VAN ALSO HAD HIT MY NECK. I WAS IN PAIN AND SUDDENLY MY BIKE WAS PUSHED OVER AND HAD HIT THE PILLION THAT WAS STANDING BY THE BIKE BESIDE ME. I WAS THEN CONVEYED TO SENGKANG GENERAL HOSPITAL AND WAS GIVEN 7 DAYS MC, I WAS ALSO DISCHARGE THE NEXT DAY.



**SINGAPORE  
POLICE FORCE**



T/20211209/2065

1 of 3

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

Report No. T/20211209/2065

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/12/2021 15:57		Vide Report No.: F/20211206/0094	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: LEE CHAI TEE		Address: APT BLK 405 HOUGANG AVENUE 10 #05-1144 SINGAPORE 530405	
ID Type / ID No.: NRIC NO / S1235264F		Contact No.: Home/Office:	Mobile: 96693675
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 64	Date of Birth: 27/01/1957	Type of Informant: Rider
Race:		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/12/2021 12:30	Type of Location: Car Park
Location: SIMON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC7293K	Motorcycle	YAMAHA	FINO 115	Red		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC7293K	NTUC Income Insurance Co-Operative Limited	5078337366-05	14/06/2021	13/06/2022