# **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 witholding 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.

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   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 07/12/2021 13:24 (SGT) Date of Accident 06/12/2021 12:30 (SGT) Exact Location of Accident Simon Rd, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number GBK4459C

## INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **HUI WANG ENTERPRISE** Company Reg No 49439300M Email Address WINSON@HUIWANGENTERPRISE.COM Mobile Phone No (Phone) +65-92370344 Alternative Phone No +65-92370344

## VEHICLE PARTICULARS

Manufacturer

Model Hiace Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 2982

## **INSURANCE COMPANY**

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage ThirdParty Fleet Policy Nο Policy Number P2425445 Cover Note Number

## DRIVER

Name of Driver LEE HONG LUAN NRIC No. S1731177H

Date Of Birth 24/12/1965 Occupation Outdoor Date Of Driving Pass 07/10/1989 Driving experience 32 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-93858413 Alt. Phone Number Email Address SUNNYGOH@HOTMAIL.CO.UK Address BLK 338 TAMPNES ST 33 #09-204 Address complement Postcode 520338 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name PAX Gender Male 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 STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336 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 W/TRAFFIC POLICE

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Was there any audio recorded?

Vehicle Registration Number	SJX2374M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SLD9309M -
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	_

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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/mall 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:
  - 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.

Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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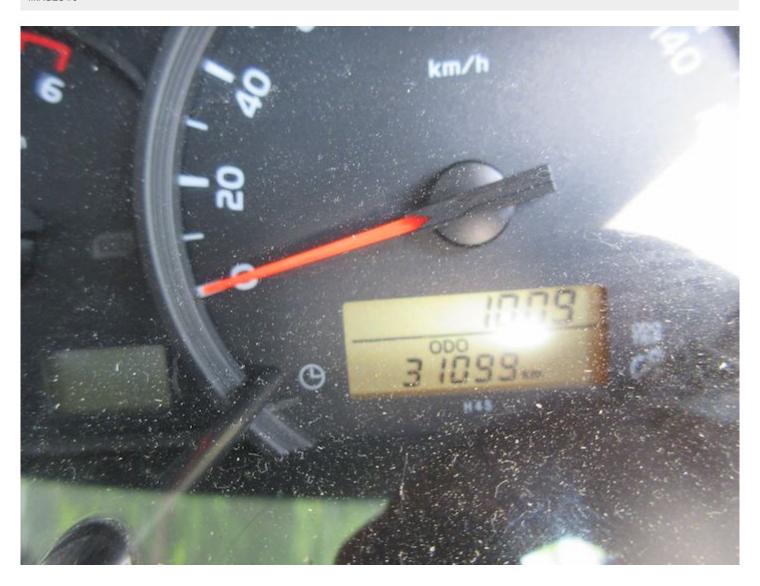






















1 of 3 Report No. T/20211207/2030

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2021 12:27		Vide Report No.: F/20211206/0094	Station Diary No.:			
Informan	t's Partice	ulars				
Name of Informant: LEE HONG LUAN			Address: APT BLK 338 TAMPINES STREET 33 #09-204 SINGAPORE 520338			
ID Type / ID No.: NRIC NO / S1731177H			Contact No.: Home/Office:			
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Female	Age: 55	Date of Birth: 24/12/1965	Type of Informant: Driver			
Race: Chinese		Language: Chinese	Institution / School Name:			
Occupation: RENOVATION CONTRACTOR		Driving Licence Inform Class: 3	nation: Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2021 12:15	Type of Location: Straight Road	
Location: SIMON ROAI Weather:	0	Road Surface:	F	Road Speed Limit:	
		Dry		Traffic Volume:	
Traffic Flow:		Traffic Control: Not Controlled	1.1		

Details of V	ehicle Invo	lved				STATE OF STREET
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBK4459C	Van	TOYOTA	HIACE VAN TURBO 4DR AT	Silver		0
SJX2374M	Car	TOYOTA	VIOS E AUTO	Silver		0
SLD9309M	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Red		0





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20211207/2030

CONTINUATION OF REPORT

Details of Perso		DESCRIPTION OF	HEISTON CONTROLLORS	Carlo and a second	December 2015	A STATE OF THE PARTY OF THE PAR
Any Pedestrian Ir	the state of the s					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver				5350	150	
Name	LEE HONG LUAN		ID No		S1731177H	
Related Vehicle	GBK4459C (Van)			Conta	ct No.	93858413
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date			harge	NIL	
No. of Days granted Medical Leave NIL			Degree o	ee of Injury NIL		

## Brief Details.

ON THE ABOVE STATED DATE, TIME AND LOCATION

I HAD ORIGINALLY PARKED MY VAN ON THE LEFTMOST LANE OF SIMON RD. AT ABOUT 1215 HRS I WANTED TO EXIT FROM MY PARKING LOT BUT AS I WAS DRIVING OUT, I SUDDENLY LOSE CONTROL AND CRASHED INTO 1 MOTORCYCLE AND 2 CARS PARKED ON THE RIGHTMOST SIDE OF THE ROAD. THE MOTORCYCLE FELL AND HIT ONTO AN OLD LADY AND A TEENAGER. BOTH WERE CONVEYED TO THE HOSPITAL. CASE IS UNDER IO BEIFENG EXT:65476845. THATS ALL.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20211207/2030

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 /	Signature Of Informant:
SC2 TAN JUIN QI In Jun QI	en
Signature Of Interpreter:	Date/Time:
Not applicable	07/12/2021 12:27
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Sr Staff Sgt ABDUL RAHIM BIN SALIM	STA SINGAPORE
Contact No.: 65476437	POLICE FORCE
Authentication Stamp NP168	4 70
	Signature: SC Juna Wun Q'