

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	04/01/2022 10:00 (SGT)
Date of Accident	02/01/2022 12:45 (SGT)
Exact Location of Accident	Buangkok Green, Singapore
Additional Location Information	Junction of Yio Chu kang Ave 5 twds Ang Mo Kio
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2720C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AA FENG ENTERPRISE
Company Reg No	53205160B
Email Address	phelan.lee@hotmail.com
Mobile Phone No	(Phone) +65-91854622
Alternative Phone No	+65-91854622

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2953

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MS004975
Cover Note Number	-

DRIVER

Name of Driver	LEE CHIN CHAI CHRISTOPHER
NRIC No	S1297969Z

Date Of Birth	03/08/1958
Occupation	Outdoor
Date Of Driving Pass	16/07/1980
Driving experience	41 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91854622
Alt. Phone Number	-
Email Address	phelan.lee@hotmail.com
Address	BLK 216D COMPASSVALE DRIVE #07-578
Address complement	-
Postcode	544216
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 - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SONG WENG YEONG
Gender	Female

PASSENGER 2

Name	LEE TING FENG PHELAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO.T/20220102/2055.

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	GBB5978L
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE CHIN CHAI CHRISTOPHER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBC2720C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEE TING FENG PHELAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBC2720C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	SONG WENG YEONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBC2720C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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.

AA FENG ENTERPRISE

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer to the attached Traffic police report.

☐ Claim OD ☐ Claim Third Party ☒ Claim OD/TP At other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

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

AA FILING ENTERPRISE

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

































**SINGAPORE
POLICE FORCE**



T/20220102/2055

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20220102/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2022 18:28		Vide Report No.: F/20220102/0115		Station Diary No.: 119	
Informant's Particulars					
Name of Informant: LEE CHIN CHAI CHRISTOPHER			Address: APT BLK 216D COMPASSVALE DRIVE #07-578 SINGAPORE 544216		
ID Type / ID No.: NRIC NO / S1297969Z			Contact No.: Home/Office: Mobile: 91854622		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 03/08/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/01/2022 12:45	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 5				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB5978L	Van				Seriously Damaged	0
GBC2720C	Lorry				Seriously Damaged	2

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



**SINGAPORE
POLICE FORCE**



T/20220102/2055

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20220102/2055

CONTINUATION OF REPORT

Passenger			
Name	LEE TING FENG	ID No.	S8811656I
Related Vehicle	GBC2720C (Lorry)	Contact No.	88741128
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	LEE CHIN CHAI CHRISTOPHER	ID No.	S1297969Z
Related Vehicle	GBC2720C (Lorry)	Contact No.	91854622
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Passenger			
Name	SONG WENG YEONG	ID No.	S1301401I
Related Vehicle	GBC2720C (Lorry)	Contact No.	91522330
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 02/01/2022 at about 1245hrs, I was driving my lorry bearing registration plate GBC2720C along Yio Chu Kang Ave 5. While traveling at the cross junction and the traffic light shown green as such we continue driving. There was on Van bearing registration plate number GBB5978L from the opposite side just make a right turn without checking. As such we did not manage to stop in time and collision with the van right front and rear door. Due to the collision the van hit on the traffic light.

We alighted from the vehicle. My son injury his right leg, some abrasion on the left leg and hand. I suffer injury on my chest area as the steering wheel hit on to me. my wife suffer injury on her neck and both hand wrist and waist area.



SINGAPORE
POLICE FORCE



T/20220102/2055

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
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Tel No: 1800-343 8999

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Report No. T/20220102/2055

CONTINUATION OF REPORT

Card to the traffic police. My lorry had tow away to the work shop.

We went to raffles medical clinic at compass one for checkup. My wife given 3 days of MC and I was given 5 days of MC. My son was refer to SKGH for further checkup.



**SINGAPORE
POLICE FORCE**



T/20220102/2055

Police Station Of Origin:
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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20220102/2055

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 F / Sgt 3 ONG RONG HUI EDMUND	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2022 18:28
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD FARHAN BIN SAIRI Contact No.: 65476224	Classification Of Case:
	SN 159