SS1F22130009 / SNG AH TEE MOTOR & PANEL SERVICE PTE LTD ENTRY DATE & TIME: 04/01/2022 10:00 (SGT) SUBMITTED BY: JANICE CHANG VERSION: 1 (04/01/2022 10:00 (SGT))

# **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.

- 4. The issue and acceptance of this is form by instrained 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**

Nissan

Vehicle Registration Number GBC2720C

#### 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

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 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 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? Nο 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο 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? 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

INJURED 1	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	LEE CHIN CHAI CHRISTOPHER  GBC2720C
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	LEE TING FENG PHELAN  GBC2720C - No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SONG WENG YEONG  GBC2720C - No

#### SKETCHPLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy flability 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)

Lundersland, 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 yers/law firms, the Monetary Authority of Singapore and any relevant government agency/suthority (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;
- (i) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (v) 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.

(callectively 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/few firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Sketch Plan

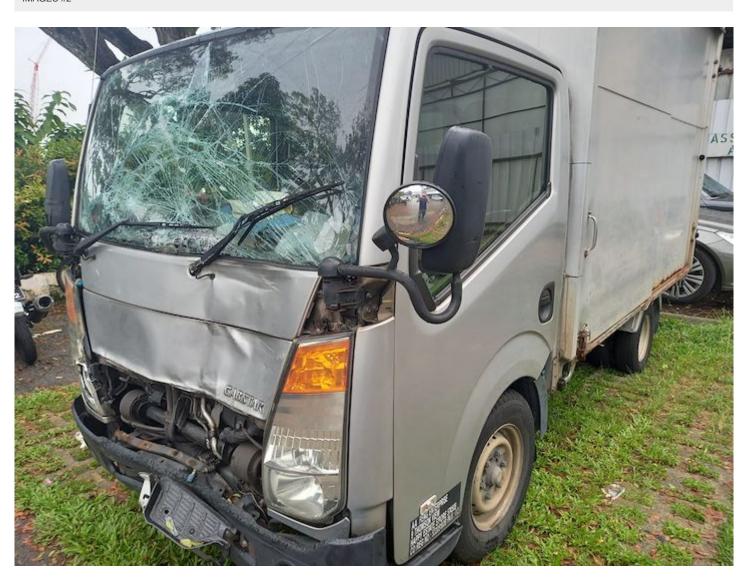
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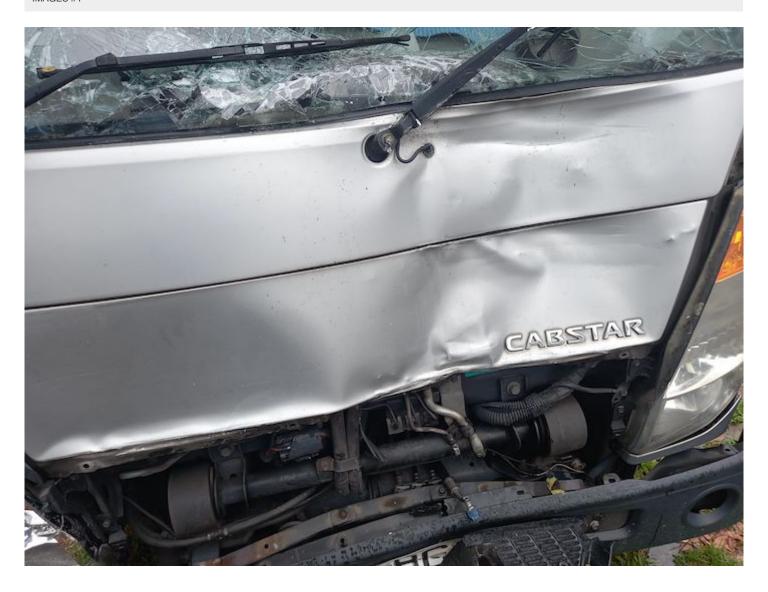
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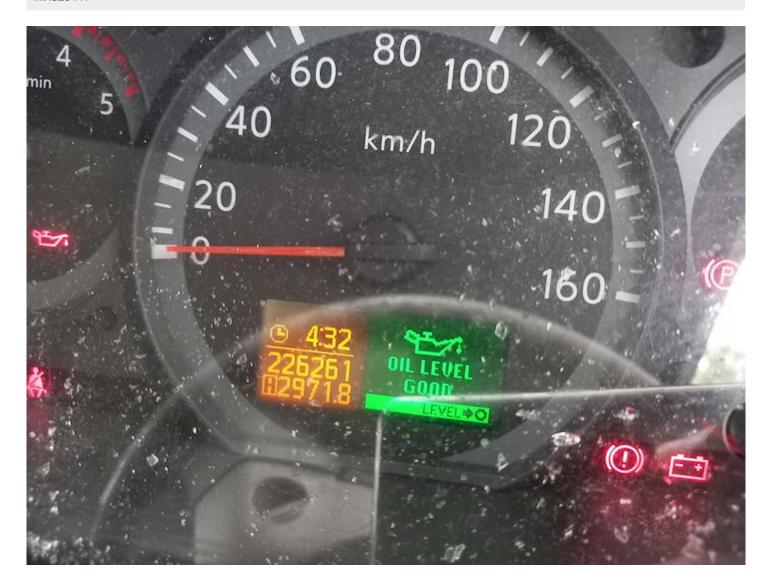








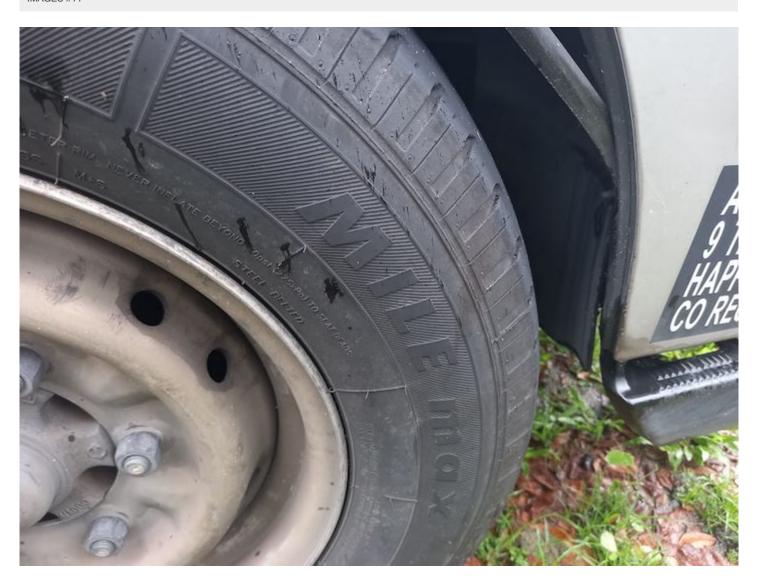


















l of 4 Report No. T/20220102/2055

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT	REPORT	OF A	TRAFFIC	ACCIDENT
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ALL OILL A	of the transfer of	, AGGIDEITI			
	ne Report M 22 18:28	lade:	Vide Report No.: F/20220102/0115	Station Diary No.: 119	
Informa	nt's Partic	ilars			
Name of Informant: LEE CHIN CHAI CHRISTOPHER			Address: APT BLK 216D COMPASSVALE DRIVE #07-578 SINGAPOR 544216		
ID Type / ID No.: NRIC NO / S1297969Z			Contact No.: Home/Office: Mobile: 91854622		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Age: Date of Birth: Male 63 03/08/1958			Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:		
Occupation: driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Infor	mation of the Accident			
Type of Accident:	Injury Drink Date/Time of Attended by Police Drive: Accident:		The state of the s	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 Collis Between Mov	sion: ving Vehicles - Side Swipe	- Opposite Directi	on	Anyone conveyed by ambulance: No

Details of Vo	ehicle invo	red				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB5978L	Van				Seriously Damaged	
GBC2720C	Lorry				Seriously Damaged	

Details of Person Involved	
A . D. J. Adam Involved No.	
Any Pedestrian Involved: No	

. . . .





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Report No. T/20220102/2055

20.4

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Passenger				a vide	
Name	LEE TING FENG		ID No.		S8811656I
Related Vehicle	GBC2720C (Lorry)	C	Contac	t No.	88741128
Hospital/Clinic	NIL		Class Oriving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			NIL	
	ted Medical Leave NIL	Degree of In	jury	NIL	
Driver					AND SAME TO SERVE
Name	LEE CHIN CHAI CHRISTOPHER		ID No.		S1297969Z
Related Vehicle	GBC2720C (Lorry)		Contact No.		91854622
Hospital/Clinic	RAFFLESMEDICAL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discha	arge	NIL	
Date freatment   file			ijury	NIL	
Passenger					
Name	SONG WENG YEONG		ID No.		S1301401I
Related Vehicle	GBC2720C (Lorry)		Contact No.		91522330
Hospital/Clinic	RAFFLESMEDICAL	1	Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	arge	NIL	
No. of Days gran	Degree of Ir	niunz	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.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 3 of 4 Report No. T/20220102/2055

Tel No: 1800-343 8999

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.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999 4 of 4 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 F /	Report	Signature Of Informant:
Sgt 3 ONG RONG HUI EDMUND	/\	/ Williams
Signature Of Interpreter: Not applicable		Date/Time: 02/01/2022 18:28
Officer In Charge Of Case: TP / GIT /	PAID	Classification Of Case:
Sgt 3 MUHAMMAD FARHAN BIN Contact No.: 65476224	SUCCE FORCE	SN 159
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