

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 27/12/2021 17:37 (SGT)
Date of Accident 24/12/2021 13:57 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG BALESTIER ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC2788C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE HOCK SAN
NRIC No
Email Address
Mobile Phone No (Phone) +6
Alternative Phone No +6

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 Private car
Transmission Auto
CC 1798

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5117801541-01
Cover Note Number -

DRIVER

Name of Driver LEE HOCK SAN
NRIC No

| | |
|--|----------------------|
| Date Of Birth | [REDACTED] |
| Occupation | Outdoor |
| Date Of Driving Pass | [REDACTED] |
| [REDACTED] | [REDACTED] |
| Gender | Male |
| Mobile Number | (Phone) + [REDACTED] |
| Alt. Phone Number | +6 [REDACTED] |
| Email Address | [REDACTED] |
| Address | [REDACTED] |
| Address complement | [REDACTED] |
| Postcode | [REDACTED] |
| 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 | Side Swipe |
| 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 | Toa Payoh Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002519999 |
| Alt. Police Station Phone No | (Fax) +65-63548749 |
| Police Station Address | 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO THE 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 | VIDEO FOOTAGE WITH THE OWNER. |
| Was there any audio recorded? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHD7204S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|-----------------------|
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | TEH CHWEE HIN |
| NRIC No | [REDACTED] |
| Contact Number | (Phone) +6 [REDACTED] |
| 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 HOCK SAN |
| Gender | Male |
| Phone No | (Phone) + [REDACTED] |
| Address | [REDACTED] |
| Address Complement | [REDACTED] |
| Post Code | [REDACTED] |
| Approximate Age Years Old | 55 |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMC2788C |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

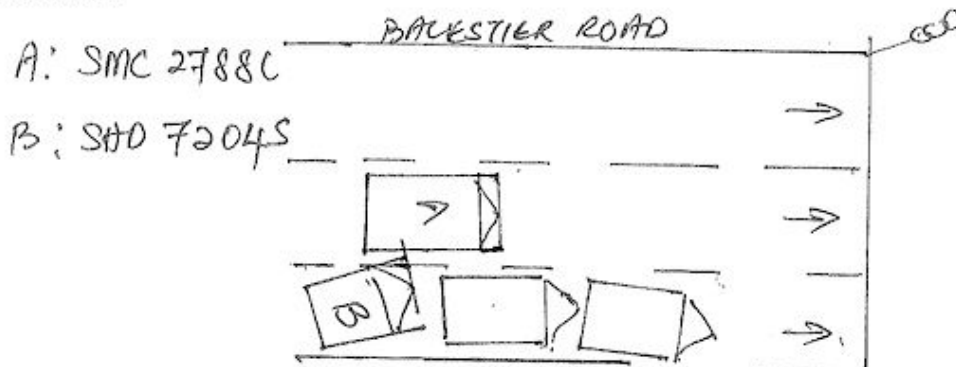
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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 yers/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 yers/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 yers/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 (# driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

on mentioned date and time, I was driving along Palestier Road towards THOMSON Road.
 The traffic flow was heavy.
 whilst moving in my lane, few vehicles were on the RH lane waiting to turn right.
 As I was passing these stationary vehicles, vehicle "B" turn out abruptly to the left and collided against my vehicle's RH side.

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



Witnessed by Reporting Centre Personnel

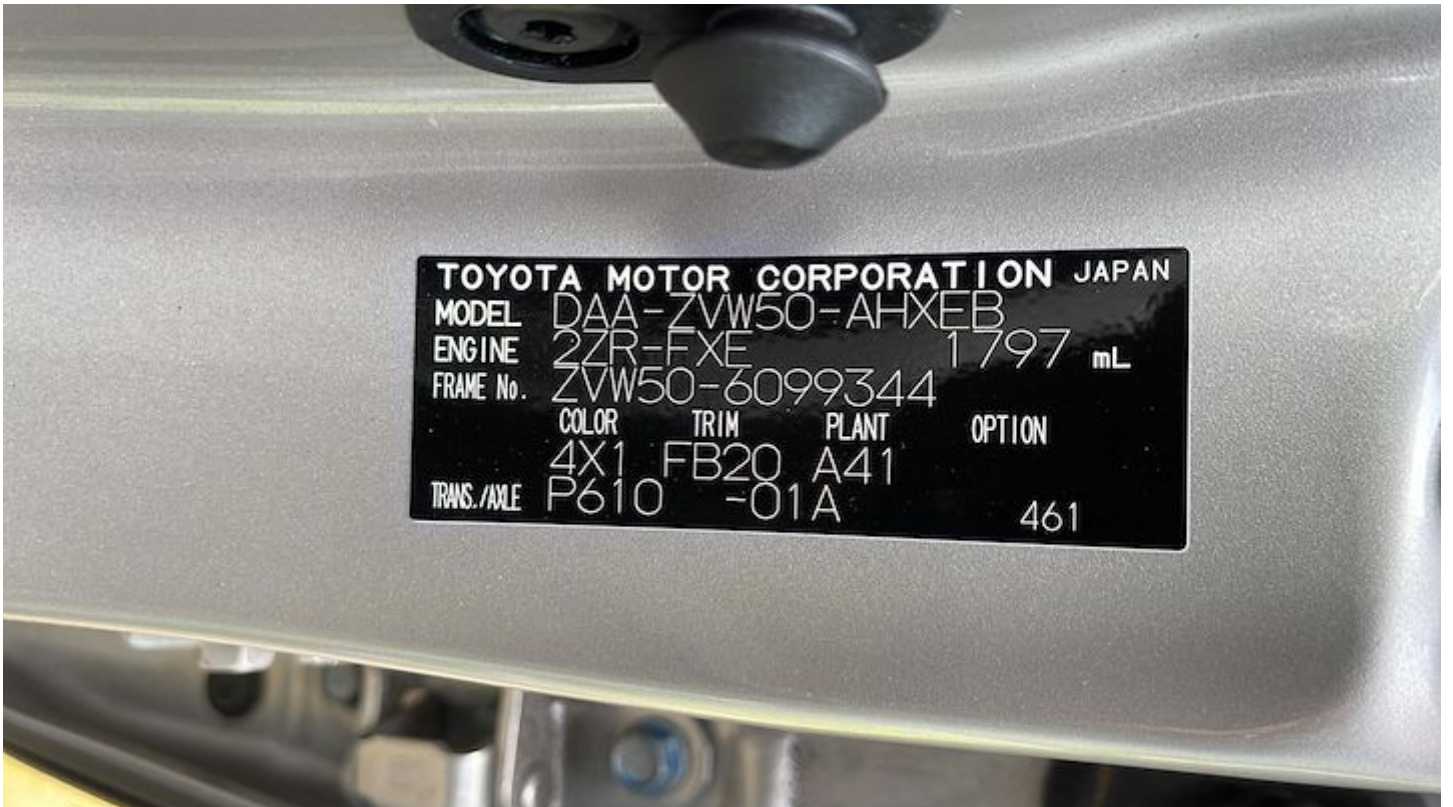














**SINGAPORE
POLICE FORCE**



T/20211227/2056

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20211227/2056

REPORT OF A TRAFFIC ACCIDENT

| | | | |
|--|-------------------|------------------------------|----------------------------|
| Date/Time Report Made: 27/12/2021 15:30 | | Vide Report No.: | Station Diary No.: 69 |
| Informant's Particulars | | | |
| Name of Informant: LEE HOCK SAN | | [REDACTED] | |
| ID Type / ID No.: | NRIC NO.: | Contact No.: | Home/Office: Mob: |
| Nationality: | SINGAPORE CITIZEN | Email: | nick.lee86@yahoo.com |
| Sex: | Age: | Date of Birth: | Type of Informant: |
| Male | | | Driver |
| Race: | Chinese | Language: | Institution / School Name: |
| Occupation: | Manager | Driving Licence Information: | Date of Expiry: |
| | | Class: 2B,3 | |

General Information of the Accident

| | | | | |
|-----------------------------|---|-------------------------|------------------------|-------------------------------|
| Type of Accident: | Non-Injury | Drink Drive: | Date/Time of Accident: | Type of Location: |
| | | No | 24/12/2021 13:55 | T-Junction |
| Location: BALESTIER ROAD | | | | |
| Weather: | Clear | Road Surface: | Road Speed Limit: | |
| | | Dry | | |
| Traffic Flow: | One Way | Traffic Control: | Traffic Volume: | |
| | | Traffic Light - Working | Moderate | |
| Type of Collision: | Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: |
| | | | | No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|-----------------------|-------|-----------|-----------------|
| SHD7204S | Car | | | | | 0 |
| SMC2788C | Car | TOYOTA | PRIUS HYBRID 1.8S CVT | Beige | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|---------------|------------|-------------|
| SMC2788C | NTUC Income Insurance Co-Operative Limited | 5117801541-01 | 28/06/2021 | 27/06/2022 |



**SINGAPORE
POLICE FORCE**



T/20211227/2056

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Report No. T/20211227/2056

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------|--|------------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TEH CHWEE HIN | ID No. | [REDACTED] |
| Related Vehicle | SHD7204S (Car) | Contact No. | [REDACTED] |
| 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 HOCK SAN | ID No. | [REDACTED] |
| Related Vehicle | SMC2788C (Car) | Contact No. | [REDACTED] |
| Hospital/Clinic | HORIZON MEDICAL CENTRE | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 27/12/2021 | Date Discharge | 27/12/2021 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |

Brief Details.

On 24/12/2021 at about 1:57pm, I was driving my vehicle, SMC2788C along Balestier Road at the middle lane. While driving near to the Junction of Jalan Dusun, one taxi, SHD7204S suddenly filter from the most right lane to my lane and side swipe onto my vehicle. It caused some dents and blue scratches on my vehicle's right side. There was no traffic police or ambulance at scene. We came down and take photo of the damages and exchange particulars and left the scene. I could not make any report to my insurance company as it was closed due to festival season.

I wish to state that after the accident, I felt slight pain on my back and it got worst when I woke up on 27/12/2021. I went to seek medical treatment and gotten three days MC.



SINGAPORE POLICE FORCE



T/20211227/2056

3 of 3

Report No. T/20211227/2056

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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

E/

Sr Staff Sgt TAN MENG SENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/12/2021 15:30

Officer In Charge Of Case:

TP / GIA /

DSP (2) YIP YEW SENG NELSON

Contact No.: 65476182

Classification Of Case:

SN 168

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

SIGNATURE