

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 22/01/2022 09:23 (SGT)
Date of Accident 20/01/2022 17:55 (SGT)
Exact Location of Accident Choa Chu Kang Track 14, Singapore
Additional Location Information CHOA CHU KANG TRACK 14 TOWARDS OLD CHOA CHU KANG ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR7846G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE FOI CHAN
NRIC No SXXXXX057H
Email Address JASONKCAPL@GMAIL.COM
Mobile Phone No (Phone) +65-94579986
Alternative Phone No (Home) +65-94579986

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vellfire
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 hire
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5115627298-01
Cover Note Number -

DRIVER

Name of Driver LEE FOI CHAN

NRIC No	SXXXX057H
Date Of Birth	27/01/1974
Occupation	Outdoor
Date Of Driving Pass	16/04/2001
Driving experience	20 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94579986
Alt. Phone Number	(Home) +65-94579986
Email Address	JASONKCAPL@GMAIL.COM
Address	APT BLK 764 WOODLANDS CIRCLE #11-328
Address complement	-
Postcode	730764
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	Collision - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHONG KWAI FANG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
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	GBK1983A
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHONG KWAI FANG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR7846G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEE FOI CHAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR7846G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Please refer to the police report (J/20220120/7073)

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

Witnessed by Reporting Centre
Personnel

















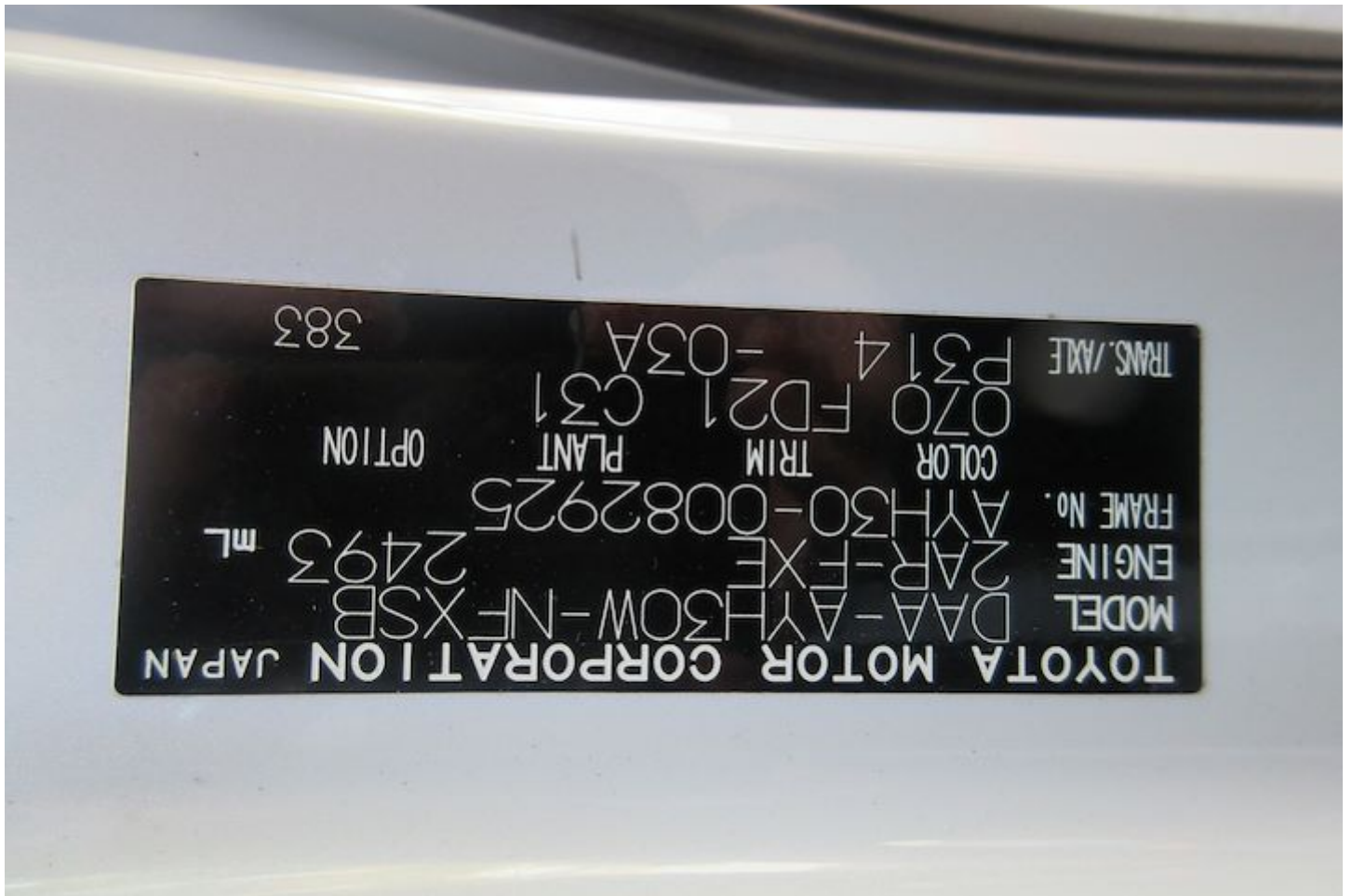




















**SINGAPORE
POLICE FORCE**



J/20220120/7073

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POLICE REPORT (NP299)

Report No. J/20220120/7073

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 20/01/2022 22:39	Vide Report No.	Station Diary No.
Name Of Informant LEE FOI CHAN	Address 764 WOODLANDS CIRCLE #11-328 SINGAPORE 730764	
ID Type / ID No. NRIC NO / S7481057H	Contact No. Home/Office: Mobile: 97299992	
Nationality SINGAPORE CITIZEN	Email Address FOICHANLEE@HOTMAIL.COM	
Occupation Self employed	Sex Male	Age 47
Institution/School Name	Date of Birth 27/01/1974	Race Chinese
Date/Time Of Incident 20/01/2022 17:55	Location Of Incident CHOA CHU KANG ROAD - TRACK 14	

Brief details.

On the stated date and time I was driving my wife (Chong Kwai Fang) along Choa chu kang Road track 14 on board vehicle SMR7846G.

As the lorry GBK1983A in front of me stopped I gradually follow suit. I was stationary.

I was talking to my wife when suddenly there's a huge impact from my front. We were not aware of what happened.

The impact causes my right hand to slip from my steering and hit the dashboard, my left knee hit the dashboard too.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/01/2022 22:39
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20220120/7073

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220120/7073

The impact also causes my wife knees to hit the gloves compartment.
We both alighted and realised that the said front lorry had moved forward over the stop line and then could not proceed as there was many cars, so he reversed and hit onto our vehicle front portion.
Later in the day, both my wife and i felt pain on my shoulder and neck areas.
We then proceeded to Norwood Medical Clinic near our place to seek treatment and we were both given 5 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/01/2022 22:39
Officer In-Charge Of Case:	Classification Of Case:

