

## 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	17/03/2022 11:50 (SGT)
Date of Accident	12/03/2022 19:45 (SGT)
Exact Location of Accident	1 Bukit Batok Cres, Singapore 658064
Additional Location Information	1 BUKIT BATOK CRESCENT WCEGA PLAZA SINGAPORE 658064
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB3141C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE TECK HONG
NRIC No	S7136460G
Email Address	YIENLEE98@GMAIL.COM
Mobile Phone No	(Phone) +65-91119581
Alternative Phone No	(Office) +65-91119581

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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	1600

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118183702-01
Cover Note Number	-

### DRIVER

Name of Driver	IAN LEE
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NRIC No	S9807168G
Date Of Birth	08/03/1998
Occupation	Indoor
Date Of Driving Pass	29/01/2020
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93805071
Alt. Phone Number	-
Email Address	jenniferx4325@gmail.com
Address	BLK 887A WOODLANDS DRIVE 50 #13-571
Address complement	-
Postcode	S 731887
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 on collision
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	HO KELVIN
Gender	Male

#### 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

#### PLEASE REFER TO POLICE REPORT

#### 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	SHC8732H
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	GOH LYE WHATT
NRIC No	S0114601G
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	HO KELVIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJB3141C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	IAN LEE
Gender	Male
Phone No	(Phone) +65-93805071
Address	BLK 887A WOODLANDS DRIVE 50 #13-571
Address Complement	-
Post Code	S 731887
Approximate Age Years Old	24
Injuries Sustained	-
Injured person in which vehicle?	SJB3141C
Were seat belts worn?	Yes
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' lawyers/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' 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.

150322  
Policyholder's Signature / Date & Time

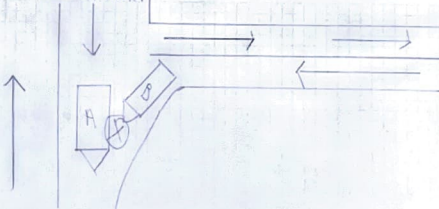
150322  
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A 3 SIA 3144 C  
B 89K 8432 H

WCSA PARK





Describe Circumstances of the Accident

Refer to Police Report No: 3/2022/25/7031

Declaration

(We declare the foregoing particulars are true in every respect.

 15/03/22  
Policyholder's Signature / Date & Time

 15/03/22  
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel



**POLICE REPORT (NP299)**

Report No. J/20220315/7031

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

Date/Time Report Made 15/03/2022 15:27	Vide Report No.		Station Diary No.	
Name Of Informant IAN LEE	Address 887A WOODLANDS DRIVE 50 #13-571 SINGAPORE 731887			
ID Type / ID No. NRIC NO / S9807168G	Contact No. Home/Office:                      Mobile: 93805071			
Nationality SINGAPORE CITIZEN	Email Address YIENLEE98@GMAIL.COM			
Occupation Manager	Sex Male	Age 24	Date of Birth 08/03/1998	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 12/03/2022 19:45	Location Of Incident 1 BUKIT BATOK CRESCENT WCEGA PLAZA SINGAPORE 658064			

**Brief details.**

On the stated date and time, I was driving my vehicle SJB3141C heading towards the exit of WCEGA PLAZA after passing the gantry.

My friend, Ho Kelvin, was my front passenger and the both of us were belted.

As I was travelling straight towards Bukit Batok Crescent main road, a taxi SHC8732H, dashed out

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: 15/03/2022 15:27
Officer In-Charge Of Case:	Classification Of Case:



**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. J/20220315/7031

abruptly from the minor road from the left and crashed into the left portion of my vehicle.

I was caught off guard as my vehicle shook violently sideways and knocked my left knee against the centre console of my vehicle.

The next day, I woke up with soreness over my neck and back areas.

Kelvin also complained that he was injured due to the accident.

The pain did not go away and as such, we proceeded to Norwood Medical Centre near our place to seek treatment on 14/03/2022.

Both of us were given 5 days MC each.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
15/03/2022 15:27

Classification Of Case: