

# 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 ..... 11/08/2021 14:06 (SGT)  
Date of Accident ..... 14/07/2021 11:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TECK WHYE LANE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBR6863T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE WEN JIE  
NRIC No ..... S9478770Z  
Email Address ..... David940625@gmail.com  
Mobile Phone No ..... (Phone) +65-91815142  
Alternative Phone No ..... +65-91815142

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... OTHER  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 160

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5119239721  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE WEN JIE  
NRIC No ..... S9478770Z

Date Of Birth .....	25/06/1994
Occupation .....	Outdoor
Date Of Driving Pass .....	17/03/2020
Driving experience .....	1 YEAR AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91815142
Alt. Phone Number .....	+65-91815142
Email Address .....	David940625@gmail.com
Address .....	179 LOMPANG ROAD #24-26
Address complement .....	-
Postcode .....	670170
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 - Change/cross lane
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? .....	Yes
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 .....	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 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 .....	SH9740X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

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 WEN JIE
Gender .....	Male
Phone No .....	(Phone) +65-91815142
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	27
Injuries Sustained .....	UNKNOWN
Injured person in which vehicle? .....	FBR6863T
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLANIMPORTANT 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**.
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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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

  
11/8/2021  
0830hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

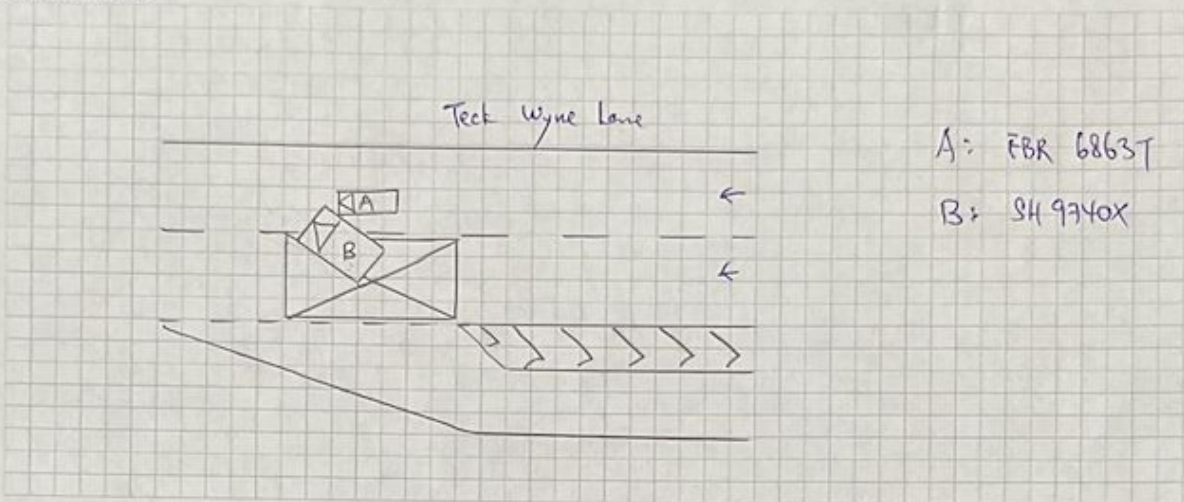
Reporting Centre Personnel's Signature

Name: Louis Lim

NRIC/FIN No.: S994220



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Policyholder's Signature

Date & Time: 11/8/2021 10:50hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Louis Lim

NRIC/FIN No.: S994210




























**SINGAPORE  
POLICE FORCE**


J/20210714/7051

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**POLICE REPORT (NP299)**

Report No. J/20210714/7051

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

Date/Time Report Made 14/07/2021 19:37		Vide Report No.		Station Diary No.	
Name Of Informant LEE WEN JIE		Address 179 LOMPANG ROAD #24-26 SINGAPORE 670179			
ID Type / ID No. NRIC NO / S9478770Z		Contact No.		Mobile: 91815142	
Nationality MALAYSIAN		Email Address DAVID940625@GMAIL.COM			
Occupation Motorcycle delivery man		Sex Male	Age 27	Date of Birth 25/06/1994	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 14/07/2021 11:10 - 14/07/2021 15:00		Location Of Incident 5 TECK WHYE AVENUE TECK WHYE HEIGHTS I SINGAPORE 680005			

**Brief details.**

The taxi driver stop at the near the bus stop road. I am at the outside. Because he was stop over there. Then I cross over his vehicle he suddenly turn to my sides Then hit me.

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Male	Age	60-70
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: 14/07/2021 19:37	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			


**SINGAPORE  
POLICE FORCE**


J/20210714/7051

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**POLICE REPORT (NP299)**
**CONTINUATION OF REPORT**


Report No. J/20210714/7051

Race	Chinese	Language	Chinese
Occupation	Taxi driver	Relation To Informant	Nope
Victim			
Person Name	LEE WEN JIE	ID No	S9478770Z




Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Male	Age	60-70
Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by Singpass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		14/07/2021 19:37	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			



**SINGAPORE  
POLICE FORCE**



J/20210714/7051

2 of 2

POLICE REPORT (NP299)      CONTINUATION OF REPORT      Report No. J/20210714/7051

Race	Chinese	Language	Chinese
Occupation	Taxi driver	Relation To Informant	Nope
<b>Victim</b>			
Person Name	LEE WEN JIE		
ID Type	NRIC NO	ID No	S9478770Z
Gender	Male	Age	27
Race	Chinese	Language	English
Occupation	Motorcycle delivery man	Address	179 LOMPANG ROAD #24-26 SINGAPORE 670179
Mobile No	91815142	Is Informant A Victim?	Yes
Person Name	LEE WEN JIE (Informant)		

Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by Singpass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		14/07/2021 19:37	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			