

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 05/04/2022 14:58 (SGT)
Date of Accident 04/04/2022 15:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 201E TAMPINES ST 23 OPEN CAR PARK (CARPARK NO: TMT18)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX8347R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JOLIE DION
Company Reg No 53369909J
Email Address joliedionparfum@yahoo.com
Mobile Phone No (Phone) +65-98530118
Alternative Phone No +65-98530118

VEHICLE PARTICULARS

Manufacturer BMW
Model 216D ACTIVE TOURER D/AB LED
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 Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5120206998-01
Cover Note Number -

DRIVER

Name of Driver LEE YIU KEONG WILLIAM

NRIC No	S1294879D
Date Of Birth	12/06/1958
Occupation	Outdoor
Date Of Driving Pass	29/08/1980
Driving experience	41 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98530118
Alt. Phone Number	-
Email Address	joliedionparfum@yahoo.com
Address	BLK 432B SENGKANG WEST WAY #27-525
Address complement	-
Postcode	792432
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Owner
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	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	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT & SKETCH PLAN.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH1561A
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM POON SIAH
-	S1472086C
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 YIU KEONG WILLIAM
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKX8347R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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' 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

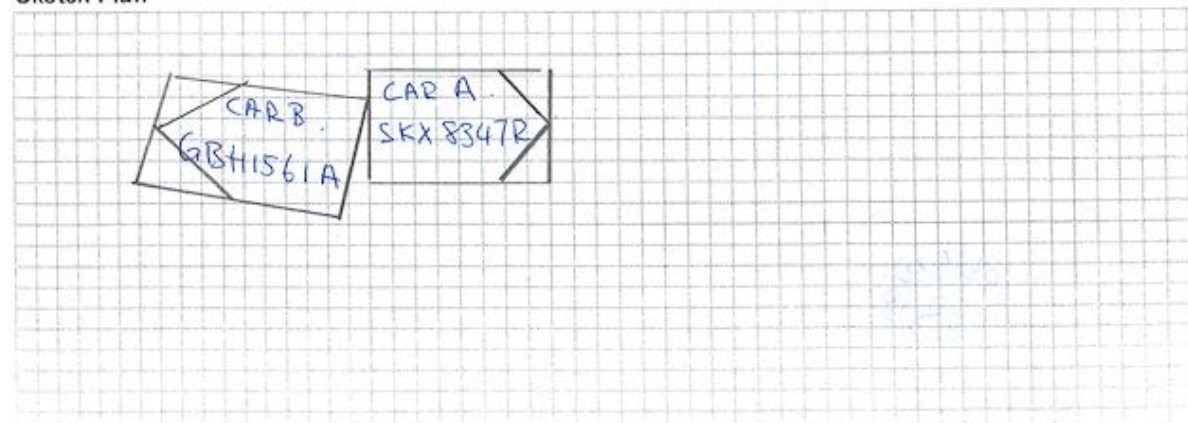
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time 5 Apr 22 11:50 hrs


Driver's Signature (If driver is not the policyholder) / Date
& Time 5 Apr 2022 11:50 hrs


Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

On 4 Apr 22 at 15:30 hrs at Blk 201E Tampines St 23, Carpark No: TMT18, my car no: SKX8347R was hit by GBH1561A.

I was stationly waiting for the car in front to park his vehicle into the lot, vehicle no. GBH1561A reversing his car from behind and hit my car.


Vehicle No: GBH1561A was driven by LIM POON SIAT, i/c No: S1472086C.


HP: 98530118,
joliectionparfum@yahoo.com

1 pax. clear day

Declaration

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


Policyholder's Signature / Date & Time
5 Apr 22.
11:50 hrs.


Driver's Signature (if driver is not the policyholder) / Date & Time
5 Apr 22.
11:50 hrs.


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220405/2035

1 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20220405/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2022 12:30	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: LEE YIU KEONG WILLIAM		Address: APT BLK 432B SENGKANG WEST WAY #27-525 SINGAPORE 792432	
ID Type / ID No.: NRIC NO / S1294879D		Contact No.:	Mobile: 98530118
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 12/06/1958	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Private hirer driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2022 15:30	Type of Location: Straight Road
Location: Along Road 1 TAMPINES STREET 23				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH1561A	Van				Slightly Damaged	0
SKX8347R	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220405/2035

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20220405/2035

CONTINUATION OF REPORT

Driver			
Name	LIM POON SIAH	ID No.	S1472086C
Related Vehicle	GBH1561A (Van)	Contact No.	91016549
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 YIU KEONG WILLIAM	ID No.	S1294879D
Related Vehicle	SKX8347R (Car)	Contact No.	98530118
Hospital/Clinic	ETERN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/04/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 04/04/2022 at about 1530hrs, I was driving my vehicle (SKX8347R) in the open space carpark of Blk 201E Tampines Street 23.

Subsequently while waiting for the car in front to park his vehicle, the van (GBH1561A) behind my vehicle reversed and collided onto my vehicle. I wish to state that it is a two-way road. Both of us then exchanged particulars and the driver also admitted that it was his fault for reversing. Due to the collision, my vehicle suffered damages on the rear. I wish to inform that I have an back in-car CCTV which recorded the accident.

On the 05/04/2022, I went to see a doctor as I felt pain on my neck and shoulder. I was then given a 3 day MC. I am lodging this report for medical and insurance claims.



**SINGAPORE
POLICE FORCE**



T/20220405/2035

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20220405/2035

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 / SGT 3 PANG XIU KANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/04/2022 12:30
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168

