

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 Actual 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	01/08/2022 17:09 (SGT)
Reported by	Both
Date of Accident	30/07/2022 13:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF YISHUN AVE 6 & YISHUN AVE 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3275R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE GUO XIONG(LI GUOXIONG)
NRIC No	SXXXX635A
Email Address	shawnlee.gx@gmail.com
Mobile Phone No	(Phone) +65-81614137
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1317

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00185472102

DRIVER

Name of Driver	LEE GUO XIONG(LI GUOXIONG)
NRIC No	SXXXX635A
Date Of Birth	12/10/1986
Occupation	Indoor

Date Of Driving Pass	12/06/2006
Driving experience	16 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81614137
Alt. Phone Number	-
Email Address	shawnee.gx@gmail.com
Address	BLK 170 CANBERRA DRIVE
Address complement	#09-01
Postcode	768002
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ELI LEE HONG YI
Gender	Male

PASSENGER 2

Name	THONG QING LING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS 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	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF5672S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	THYAGARAJ S/O MARISAMY
NRIC No	SXXXX060H
Contact Number	(Phone) +65-97232449
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE649T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMAD DAZIL BIN ABDULLAH
NRIC No	SXXXX620G
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 GUO XIONG(LI GUOXIONG)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SMP3275R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ELI LEE HONG YI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SMP3275R

Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person THONG QING LING
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS
Injured person in which vehicle? SMP3275R
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

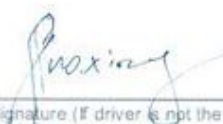
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' 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

Sketch Plan




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

 01/08/22
Witnessed by Reporting Centre Personnel

June 01 Yishun Ave 6 & Yishun Ave 7

C A B

A : SMP327SR
B : XE649T
C : SMFS672S

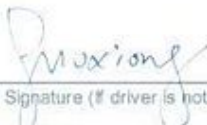
Describe Circumstances of the Accident

On the stated date, time and place, my vehicle was stopped at the traffic junction. Vehicle B collided front-to-rear with the rear of my vehicle, causing my vehicle to propel ~~for~~ forward into the rear of vehicle C.

Declaration

I/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

 01/08/22
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220730/2123

3 of 5

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20220730/2123

CONTINUATION OF REPORT

Passenger			
Name	THONG QING LING	ID No.	S9038270E
Related Vehicle	SMP3275R (Car)	Contact No.	98787280
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/07/2022	Date Discharge	30/07/2022
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	MOHAMAD DAZIL BIN ABDULLAH	ID No.	S7345620G
Related Vehicle	XE649T (Lorry)	Contact No.	NIL
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

Brief Details.

On 30/07/2022 at about 1400hrs, I was travelling along Yishun Avenue 7 towards Yishun Avenue 8. I was on lane 3 when I made a stop behind a car, SMF5672S, at the cross junction of Yishun Ave 7 and Yishun Industrial Park A as the traffic light indicated red. I was one car length away from the front car.

While waiting for the traffic light, I was looking at my rear view mirror when I saw a truck, XE649T, coming towards my vehicle. The next moment, the truck rammed my rear vehicle and the impact caused my vehicle to collide with the vehicle in front of me.

I checked on my wife and son before alighting the vehicle. The truck driver alighted and admitted to me that he had fallen asleep while driving as such he did not see the road.

The truck belongs to TEE INFRASTRUCTURE ENVIRONMENTAL.

My car was seriously damaged as such towing service was activated.

I proceeded to Mount Alvernia Hospital(Thomson) together with my wife and kid.

I sustained external cuts, whiplash, pain on my upper body and sprain ankle and was given 7 days MC, 30 Jul to 5 Aug

My wife suffered pain on her shoulder blade and scratches on her legs and was given 5 days MC, 30 July to 3 Aug.



**SINGAPORE
POLICE FORCE**



T/20220730/2123

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Report No. T/20220730/2123

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4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

My 2 years old son son has bruise on his face and right shoulder due to the impact.

I have front and rear camera in my vehicle and it recorded the whole accident.



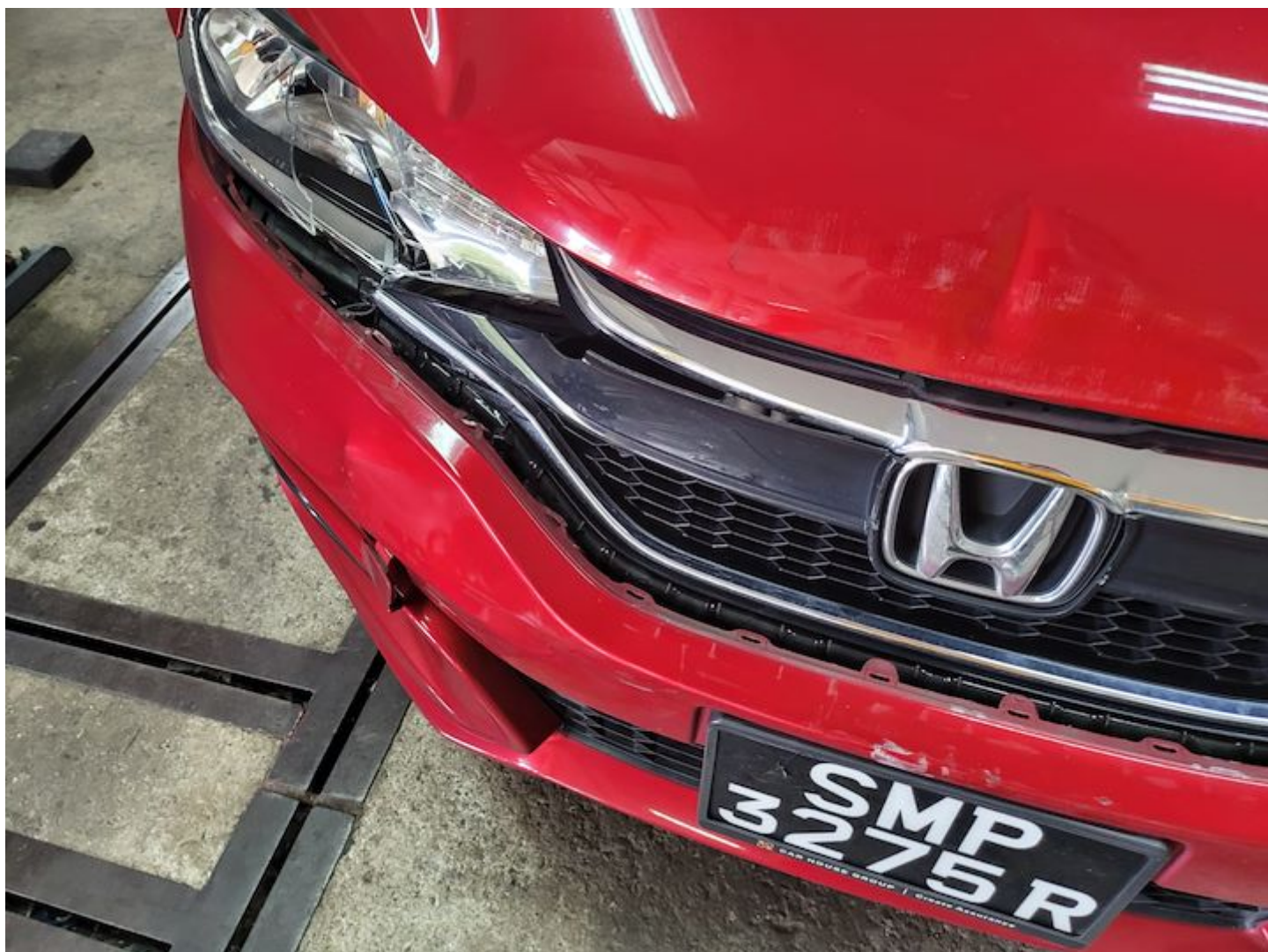






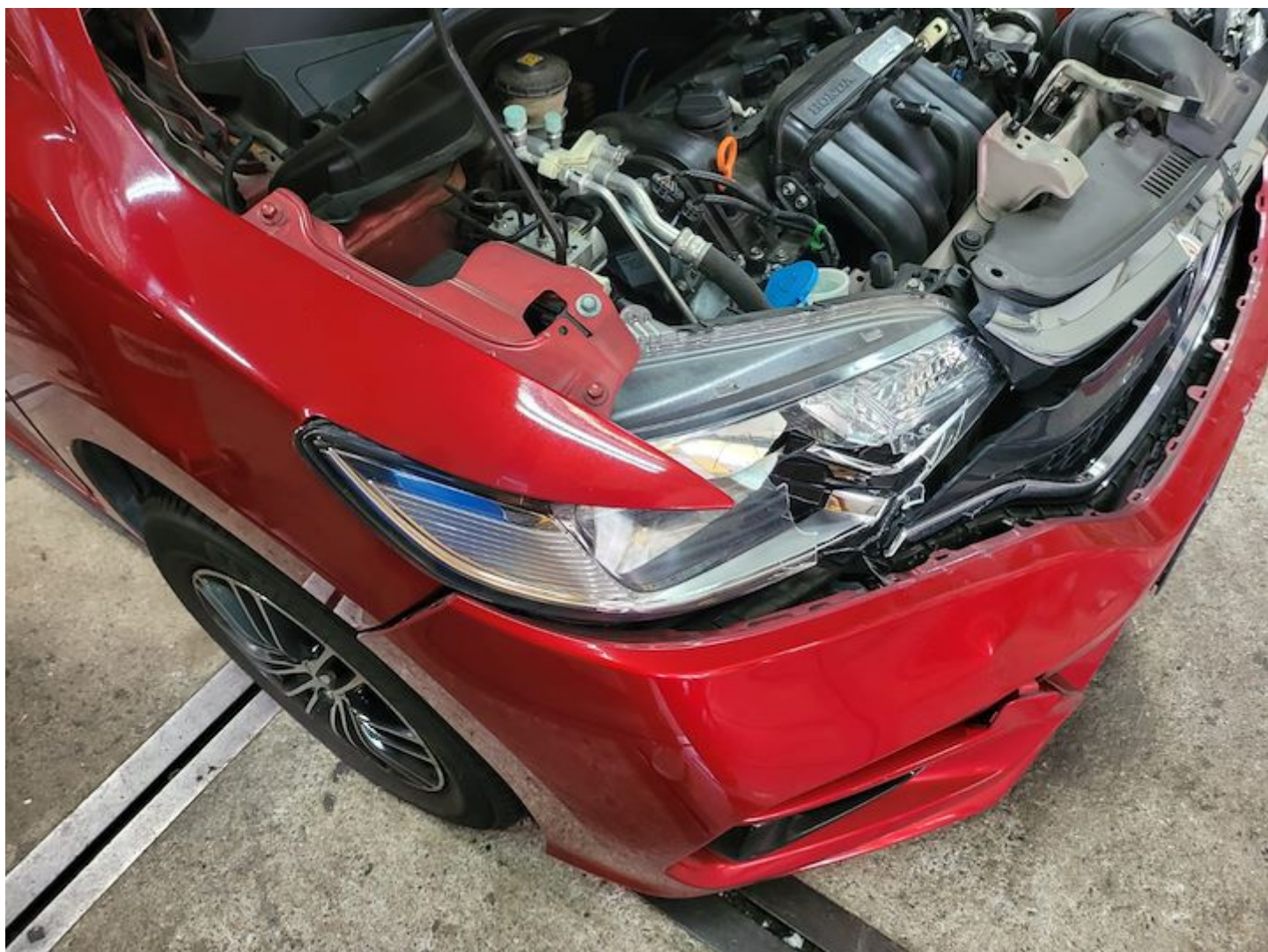




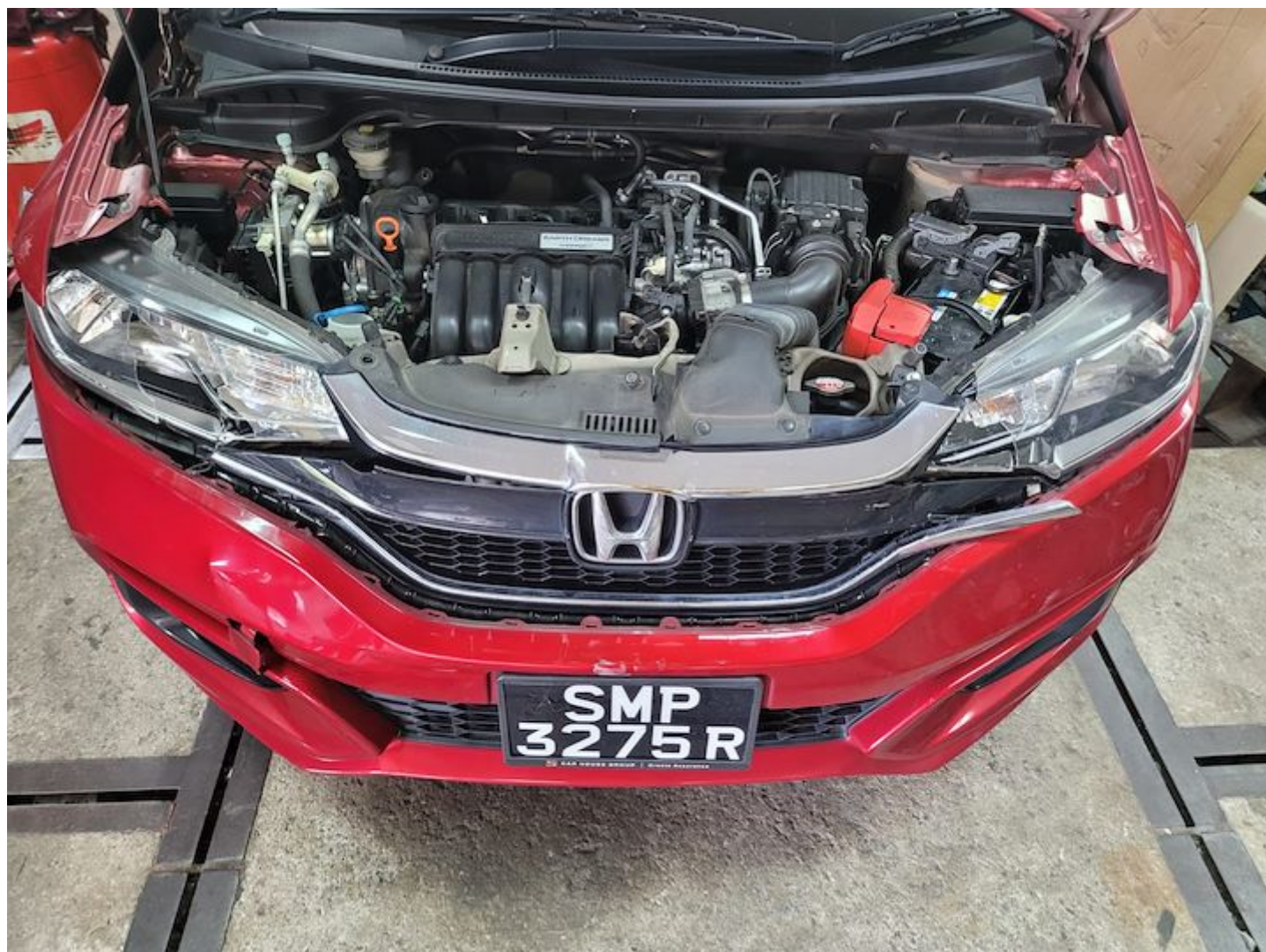


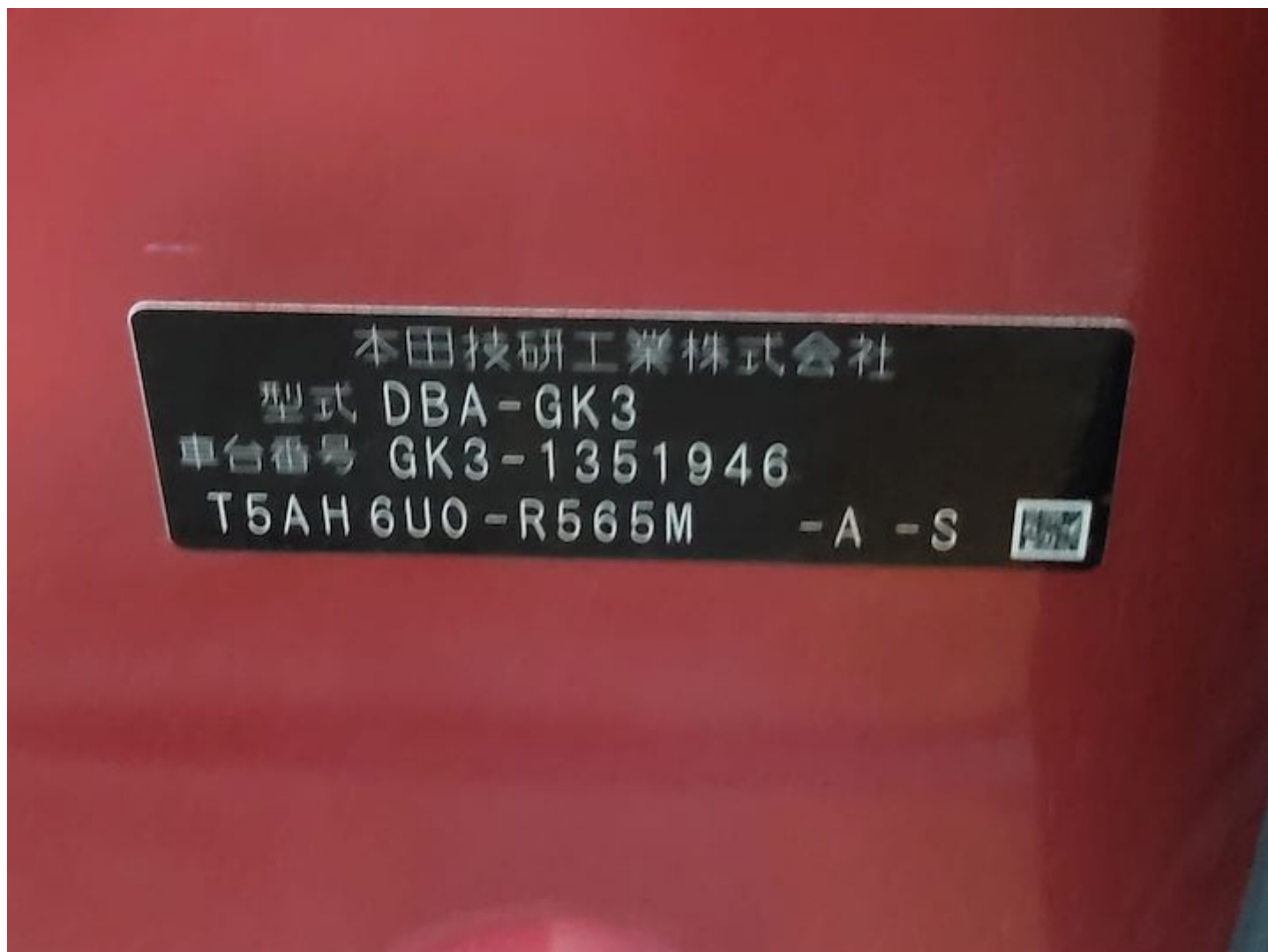















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4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20220730/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2022 22:35	Vide Report No.:	Station Diary No.: 81
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Informant's Particulars

Name of Informant: LEE GUO XIONG	Address: APT BLK 170 CANBERRA DRIVE #09-01 SINGAPORE 768002		
ID Type / ID No.: NRIC NO / S8628635A	Contact No.: Home/Office: Mobile: 81614137		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 35	Date of Birth: 12/10/1986	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Administration manager	Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2022 14:00	Type of Location: X-Junction
Location: YISHUN AVENUE 7				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SMF5672S	Car				Seriously Damaged	0
SMP3275R	Car	HONDA	FIT 1.3 GF CVT	Red	Totally Damaged	2
XE649T	Lorry				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220730/2123

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Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20220730/2123

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP3275R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0018547 2102	20/09/2021	19/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	THYAGARAJ S/O MARISAMY		ID No.	S1722060H
Related Vehicle	SMF5672S (Car)		Contact No.	97232449
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
Passenger				
Name	ELI LEE HONG YI		ID No.	T2022612E
Related Vehicle	SMP3275R (Car)		Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/07/2022		Date Discharge	30/07/2022
No. of Days granted Medical Leave		NIL	Degree of Injury	Serious
Driver				
Name	LEE GUO XIONG		ID No.	S8628635A
Related Vehicle	SMP3275R (Car)		Contact No.	81614137
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/07/2022		Date Discharge	30/07/2022
No. of Days granted Medical Leave		07	Degree of Injury	Serious



**SINGAPORE
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T/20220730/2123

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Related Vehicle	XE649T (Lorry)	Contact No.	NIL
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T/20220730/2123

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Tel No: 1800-5549999

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:

L /
STAFF SGT TUTIK HUMAIRA
BINTE MOHAMED TAHIR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
30/07/2022 22:35

Classification Of Case:

NP168