

# 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 ..... 02/08/2022 09:12 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 28/07/2022 11:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... GEYLANG RD JUNC OF SIMS WAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SML8755K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... WHEELS EXPRESS RENTAL & LEASING PTE LTD  
Company Reg No ..... 2XXXXX594C  
Email Address ..... yeechye@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-90603343  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMHCSNA00008142202

### DRIVER

Name of Driver ..... LEE LENG POH  
NRIC No ..... SXXXX336E  
Date Of Birth ..... 22/11/1964  
Occupation ..... Outdoor

Date Of Driving Pass .....	06/09/1983
Driving experience .....	38 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81614671
Alt. Phone Number .....	-
Email Address .....	docs172@gmail.com
Address .....	BLK 760 PASIR RIS ST 71
Address complement .....	#04-194
Postcode .....	510760
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220728/2071

#### 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 .....	SD CARD WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBD4519A
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	UNKNOWN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	FBD4519A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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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

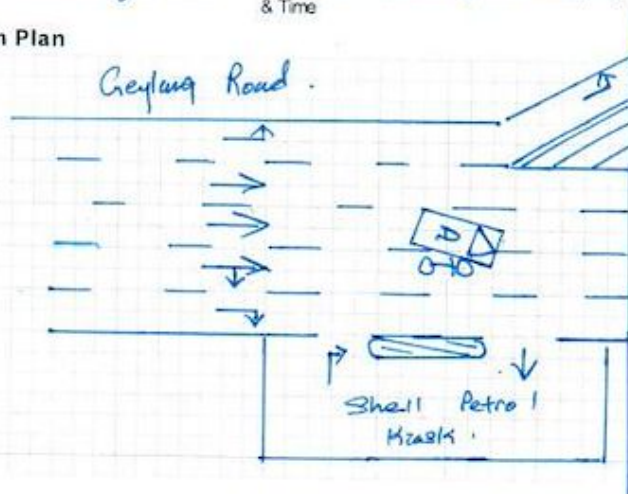
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

(A) SML 8755K.  
(B040) FBD 4519A.

Bus Way

## Describe Circumstances of the Accident

P/s refer to Police Report No:  
T/20220728/2071.

## Declaration

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

Shym 02/08/22  
Witnessed by Reporting Centre Personnel





SINGAPORE  
POLICE FORCE



T/20220728/2071

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

2 of 2

Report No. T/20220728/2071

CONTINUATION OF REPORT

**Brief Details.**

On 28/7/2022 at about 1115hrs, I was driving (SML8755K) along Geylang Road, cross junction with Sims Way. I was in the second lane from the left. However, I wanted to turn right at the cross junction into Sims Way, hence I filtered to the right lane.

This means that I was in the third lane from the left, just before the traffic light.

I wanted to turn right at the cross junction, however I saw that the green arrow was blinking hence I decided to stop for safety purposes. Suddenly, there was a motorcycle which was travelling very quickly and collided into my front right side mirror. I saw the rider of the motorcycle fall onto the floor.

I called police for assistance, and subsequently Traffic Police and ambulance was at scene as well. I wish to state that I was not informed of which hospital the rider was conveyed to. I am lodging this report as per the Traffic Police officer's instruction.



































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POLICE FORCE**



T/20220728/2071

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Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20220728/2071

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/07/2022 16:51		Vide Report No.: G/20220728/0079		Station Diary No.: 76
<b>Informant's Particulars</b>				
Name of Informant: LEE LENG POH		Address: APT BLK 760 PASIR RIS STREET 71 #04-194 SINGAPORE 510760		
ID Type / ID No.: NRIC NO / S1676336E		Contact No.: Home/Office: Mobile: 81614671		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 57	Date of Birth: 22/11/1964	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: AED MAINTAINENCE		Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/07/2022 11:15	Type of Location: X-Junction
Location:  GEYLANG ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD4519A	Motorcycle				Slightly Damaged	0
SML8755K	Car				Slightly Damaged	0



SINGAPORE  
POLICE FORCE



T/20220728/2071

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T/20220728/2071

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Tel No: 1800-4890999

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Report No. T/20220728/2071

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:

F /

SGT 2 Zhuang Zhijie

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/07/2022 16:51

Officer In Charge Of Case:

TP / GIT /

STAFF SGT SYED MUHAMMAD ISA BIN

OMAR ALHABSHEE

Contact No.: 65476187

Classification Of Case:

NP168



