

# 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 ..... 12/08/2022 15:52 (SGT)  
Reported by ..... Both  
Date of Accident ..... 11/08/2022 18:00 (SGT)  
Exact Location of Accident ..... SLE, Singapore  
Additional Location Information ..... TOWARDS TPE (ALONG NEE SOON CAMP)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SND7326C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE WHYE HON  
NRIC No ..... SXXXX892A  
Email Address ..... alvin\_leewh@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-97930307  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
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 ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SD22V01601/VPC/R00

### DRIVER

Name of Driver ..... LEE WHYE HON  
NRIC No ..... SXXXX892A  
Date Of Birth ..... 24/11/1977  
Occupation ..... Indoor

Date Of Driving Pass .....	03/01/2000
Driving experience .....	22 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97930307
Alt. Phone Number .....	-
Email Address .....	alvin_leewh@yahoo.com.sg
Address .....	BLK 323D SUMANG WALK #04-913
Address complement .....	-
Postcode .....	824323
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? .....	Yes
Number of vehicles involved in the accident .....	4
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JMN3866
Vehicle Category .....	Private car

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002449999
Alt. Police Station Phone No .....	(Fax) +65-62447258
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20220812/2033

#### 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 OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMR1668T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	Etiqua Insurance Pte Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLQ4197H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	JMN3866
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 WHYE HON
Gender .....	Male
Phone No .....	(Phone) +65-97930307
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY

Injured person in which vehicle? .....	SND7326C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

*dh* 12/08/22  
Policyholder's Signature / Date & Time

*dh* 12/08/22  
Driver's Signature (If driver is not the policyholder) / Date & Time

*dh* 12/08/2022  
Witnessed by Reporting Centre Personnel

Sketch Plan

SLE TOWARDS TPE (BUNG NEE BOON CAMP)



SLQ 4197H

SND 7326C

SMR 1668T

JMN 3866

## Describe Circumstances of the Accident

I am driving alone SLE heading towards TPE. The accident took place along Nee Soon Camp at Lane 1. Suddenly Car C slow down her car and I also slow ~~it~~ down my car and stop behind Car C. Car B suddenly hit hard at the rear of my car causing my car to hit into Car C. When I got out of my car, I realized there's car D also involved in the accident.

di

POLICE REPORT 7/2022 08/12/2022

## Declaration

We declare the foregoing particulars are true in every respect.

di 12/8/22  
Policyholder's Signature / Date & Time

di 12/8/22  
Driver's Signature (if driver is not the policyholder) / Date & Time

12/8/2022  
Witnessed by Reporting Centre Personnel







































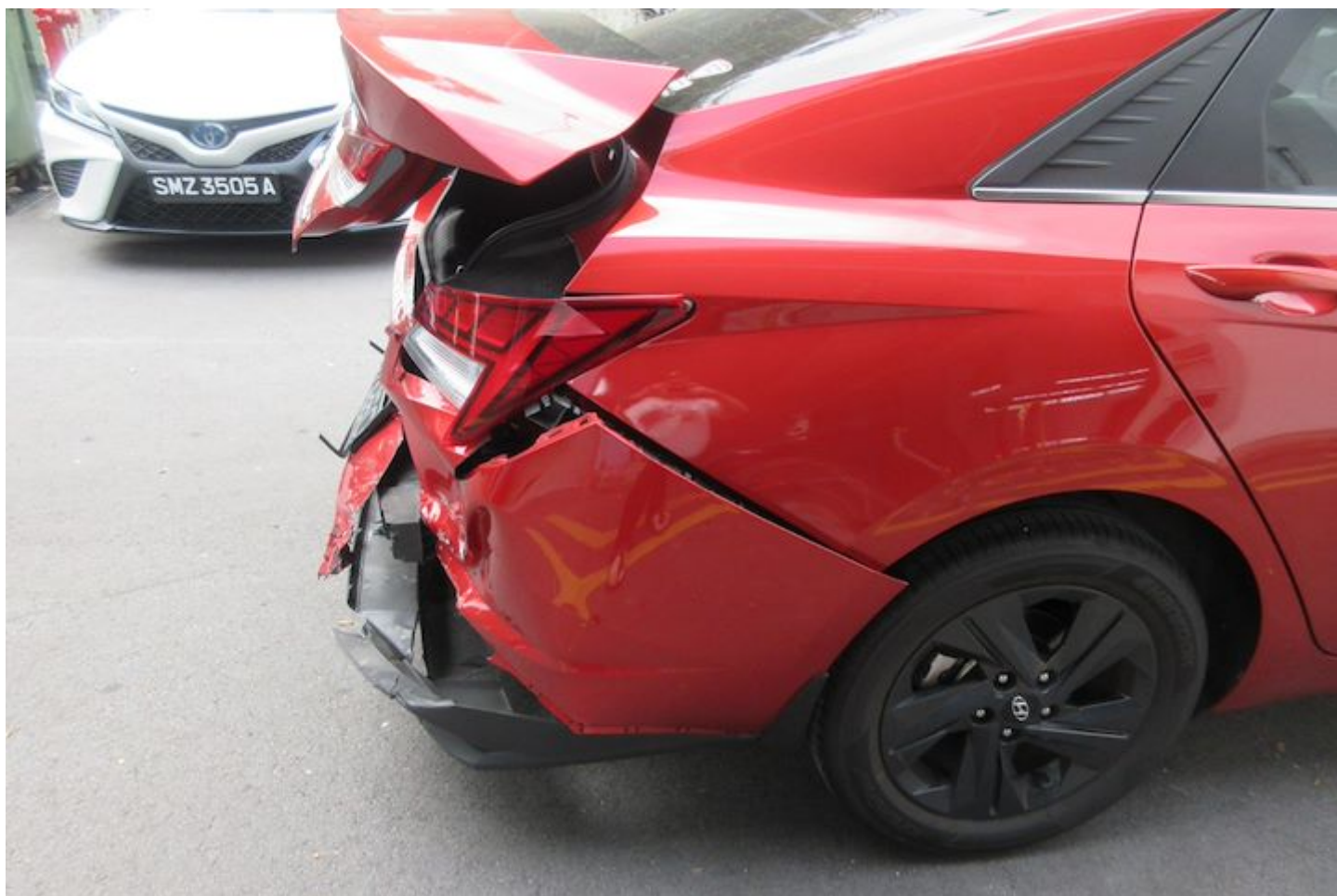












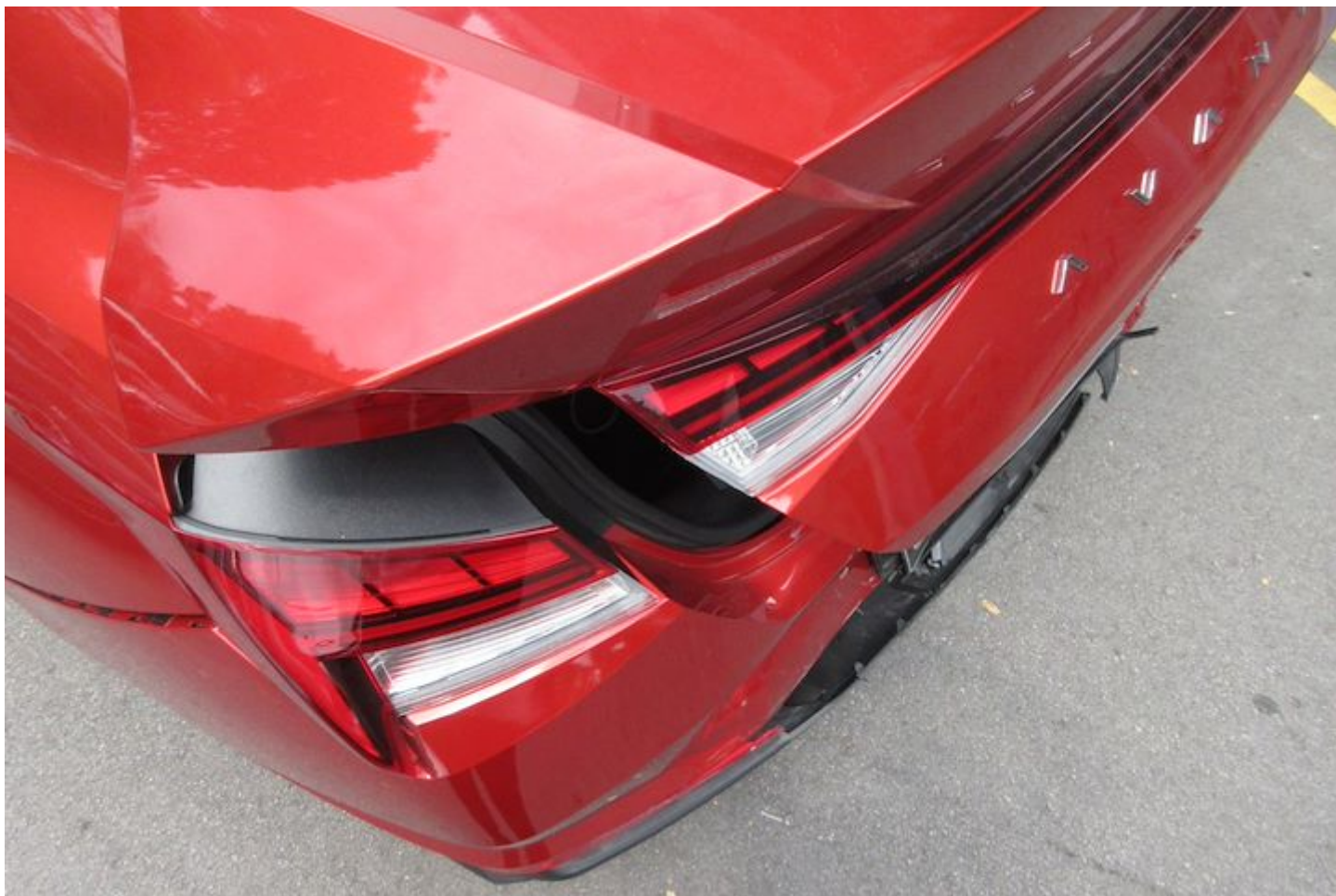














# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999



T/20220812/2033

1 of 3

Report No. T/20220812/2033

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2022 12:34	Vide Report No.:	Station Diary No.: 66
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### Informant's Particulars

Name of Informant: LEE WHYE HON		Address: APT BLK 323D SUMANG WALK #04-913 SINGAPORE 824323	
ID Type / ID No.: NRIC NO / S7734892A		Contact No.:	Mobile: 97930307
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 24/11/1977	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SAF REGULAR		Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 11/08/2022 18:00	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JMN3866	Car				Slightly Damaged	2
SLQ4197H	Car				Slightly Damaged	0
SMR1668T	Car				Slightly Damaged	0
SND7326C	Car				Seriously Damaged	0





SINGAPORE  
POLICE FORCE

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T/20220812/2033

2 of 3

Report No. T/20220812/2033

CONTINUATION OF REPORT

**Brief Details.**

On 11/08/2022 at about 1800hrs, I (SND7326C) was driving along SLE toward TPE when there was a vehicle (SLQ4197H) in front of me that slowed down so i also slowed down and we came to a stop however the next moment, i know there was another vehicle (SMR1668T) directly behind of me hit against my rear causing my vehicle to move forward and hit to the vehicle in front of me which is vehicle (SLQ4197H). Everyone came down of the vehicle when i realized that there is another vehicle (JMN3866) at the very back which is behind of vehicle (SMR1668T). Everyone exchange contact details with regards to the matter. I went to see a doctor at Sengkang General Hospital after that as i wish to state that my neck was sore which i was given 4 days of Medical Certificate (201220357K) on 11/08/2022 to 14/08/2022. I also wish to state that i have a inbuilt car camera in my vehicle and had given the footages to my insurance company.



SINGAPORE  
POLICE FORCE

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Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

CONTINUATION OF REPORT



T/20220812/2033

3 of 3

Report No. T/20220812/2033

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:  
G /  
SGT 3 TAN XIN XUE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/08/2022 12:34

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

Classification Of Case:

NP168

CS CamScanner