



## 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	04/08/2022 10:48 (SGT)
Reported by	Both
Date of Accident	03/08/2022 12:30 (SGT)
Exact Location of Accident	287 Yishun Ave 6, Singapore 760287
Additional Location Information	OSCP
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLF4539M

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KOK BENG
NRIC No	S7128127B
Email Address	leekokbeng.436@gmail.com
Mobile Phone No	(Phone) +65-91713283
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezele
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5118985813-01

#### DRIVER

Name of Driver	LEE KOK BENG
NRIC No	S7128127B
Date Of Birth	13/08/1971
Occupation	Outdoor

Date Of Driving Pass	15/04/2002
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91713283
Alt. Phone Number	-
Email Address	leekokbeng.436@gmail.com
Address	BLK 404 ADMIRALTY LINK #08-54
Address complement	-
Postcode	750404
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 - Head on collision
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	UNKNOWN
Gender	Female

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### PASSENGER 3

Name	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I REVERSED MY VEHICLE INTO THE EMPTY PARKING LOT AT BLK 287 YISHUN AVE 6 OSCP HALF WAY THROUGH AND SUDDENLY, I FELT AN IMPACT FROM MY LEFT SIDE. VEHICLE B FROM SLOPE CORNER DROVE WITH VERY FAST SPEED AND COLLIDED ONTO THE FRONT LEFT SIDE OF MY VEHICLE AND CAUSED DAMAGES. I SUSPECT VEHICLE B USED HANDPHONE WHILE DRIVING THE VEHICLE AS HE SEARCHED THE PICK UP POINT TO PICK UP PASSENGER WHO WAS WAITING FOR HIM.

## ATTACHMENT(S)

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH4056D  
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 VEHICLE B  
No. Of Passenger (Including Driver) 1

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.

*Beck*

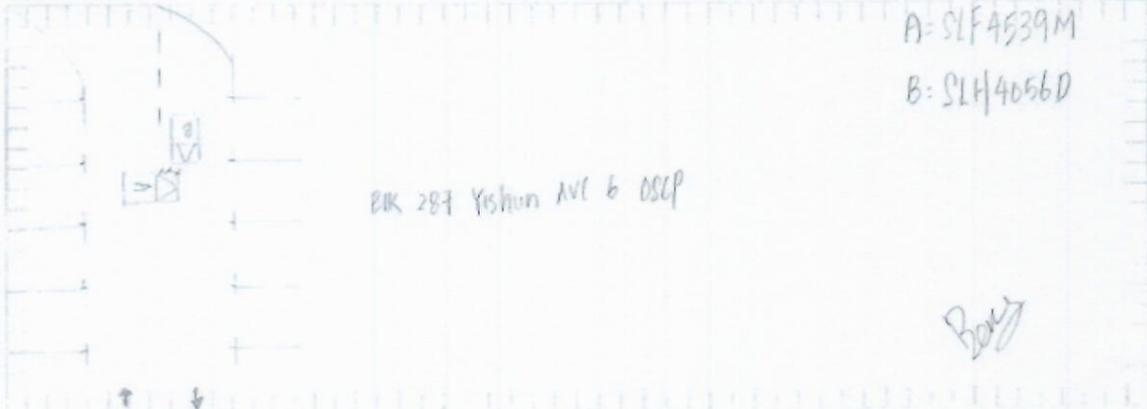
Policyholder's Signature / Date & Time

*Beck*

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

Witnessed by Reporting Centre Personnel

Sketch Plan



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I reversed my vehicle into the empty parking lot at blk 287 Yishun Ave 6 OSCP half way through and suddenly I felt an impact from my left side.

Veh "b" from a slope corner drove with very fast speed and collided into the front left side of my vehicle and caused damage.

I suspect veh "b" used a handphone while driving the vehicle as he searched the pickup point to pick up the passenger who was waiting for him. *Boon*

**DECLARATION**

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

*Boon*

Policyholder's Signature  
Date & Time:

*Boon*

Driver's Signature  
[If driver is not the policyholder]  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: