

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 11:01 (SGT)
Reported by	Both
Date of Accident	29/07/2022 22:00 (SGT)
Exact Location of Accident	1 Thong Soon Rd, Singapore 787274
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1631L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE GEK ANG
NRIC No	SXXXX706A
Email Address	BLUEDCLEE@GMAIL.COM
Mobile Phone No	(Phone) +65-96327871
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5095490079-04

DRIVER

Name of Driver	LEE GEK ANG
NRIC No	SXXXX706A
Date Of Birth	02/07/1970
Occupation	Outdoor

Date Of Driving Pass	27/02/1997
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96327871
Alt. Phone Number	-
Email Address	BLUEDCLEE@GMAIL.COM
Address	14A LOR 7 TOA PAYOH
Address complement	25-229
Postcode	311014
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	Kim Keat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002529999
Alt. Police Station Phone No	(Fax) +65-63554311
Police Station Address	Blk 231 Lorong 8 Toa Payoh #01-186 Singapore 310231
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN ATTACHED

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	FILE TOO BIG, WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX111U
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)	-

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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.

[Signature]
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Person
(Name as in NRIC/ID card)



Sketch Plan

Vehicle A: SLM1631L
Vehicle B: SLX1111L

Unit 1
Unit 2A
Therly Scott Tel

Describe Circumstance of the Accident

Handwritten notes in the sketch plan area:

- AA + W
- AW
- X D
- Detected

Declaration

We declare the foregoing particulars are true in every respect

[Signature]
 Policyholder Signature (Print Name)

[Signature]
 Insurer's Signature of person in the position of Clerk
 & time

[Signature]
 Witnessed by Reporting Clerk or Personnel
 Date: 11/12/11




**SINGAPORE
POLICE FORCE**


T/20220730/2035

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

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Report No. T/20220730/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2022 12:22	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars

Name of Informant: LEE GEK ANG		Address: APT BLK 14A LORONG 7 TOA PAYOH #25-229 SINGAPORE 311014	
ID Type / ID No.: NRIC NO / S7022706A		Contact No.:	Mobile: 96327871
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 02/07/1970	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: SERVICE ENGINEER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/07/2022 22:00	Type of Location: Straight Road
Location: THONG SOON ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SLM1631L	Car	HONDA	VEZEL 1.5X CVT	White	Slightly Damaged	0
SLX111U	Car	MERCEDES BENZ	A45 AMG A	Black		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220730/2035

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Report No: T/20220730/2035

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

CONTINUATION OF REPORT

Vehicle Owner			
Name	LEE GEK ANG	ID No.	S7022706A
Related Vehicle	NIL	Contact No.	96327871
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/07/2022 at about 2000hrs, I parked my car (SLM1631L) at 1 Thong Soon Road. I wish to state that the place I parked was not a stipulated parking lot. When I parked my car, everything was still in tact. At about 2230hrs, I went back to retrieve my car. Upon reaching my house carpark, I noticed that my rear right bumper was damaged. I then made a check on my In-Car camera and it shows that a car (SLX111U) had collided onto my vehicle. Upon colliding onto my car, the driver just fled and did not leave any note on my car to inform me of the incident.

On 30/07/2022 I made an insurance report and was advised to lodge a police report. I also wish to state that I have the In-Car camera recording of the whole incident.



**SINGAPORE
POLICE FORCE**



T/20220730/2035

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Report No. T/20220730/2035

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

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 2 MUHAMMAD NAZRI BIN
KAMARUDDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/07/2022 12:22

Officer In Charge Of Case:
TP / HRT /
STAFF SGT SUFIYAN BIN KHAIRI
Contact No.: 65476148

Classification Of Case:

NP168