

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	04/10/2022 15:03 (SGT)
Reported by	Driver
Date of Accident	01/10/2022 06:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF PUNGGOL RD & PUNGGOL DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EZ4949R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE SING CHOO
NRIC No	SXXXX898B
Email Address	weisong-@hotmail.com
Mobile Phone No	(Phone) +65-97456932
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	21-MU011216-R04

DRIVER

Name of Driver	LEE WEI SONG
NRIC No	SXXXX064H
Date Of Birth	11/07/1993
Occupation	Indoor

Date Of Driving Pass	20/08/2014
Driving experience	8 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83396550
Alt. Phone Number	-
Email Address	weisong-@hotmail.com
Address	BLK 290C COMPASSVALE CRESCENT
Address complement	#08-24
Postcode	543290
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Bicyclist
Weather Conditions	Clear
Road Surface	Dry

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?	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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CYCLIST
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
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	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	CYCLIST
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

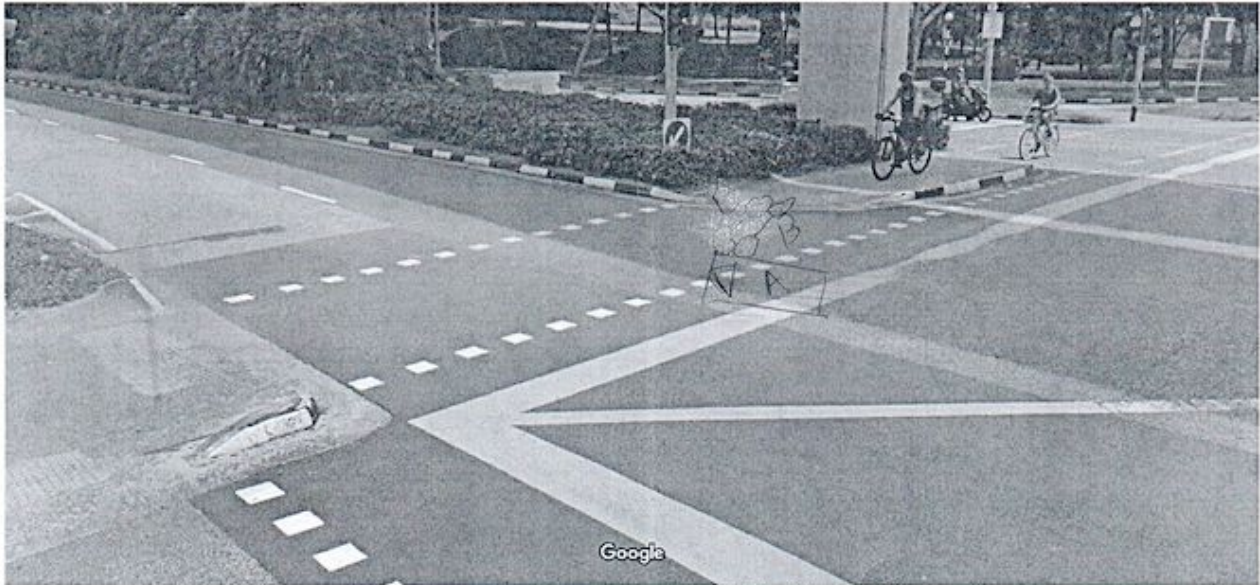
vJun2022

1

10/3/22, 5:51 PM

305 Punggol Rd - Google Maps

Google Maps 305 Punggol Rd



Singapore

Google

Street View - Sep 2022

y First School at 6
w Punggol Road



A - EZ4949R

B - CYCLIST

JUNC OF
PUNGOL RD & PUNGOL DR

Image capture: Sep 2022 © 2022 Google

Describe Circumstance of the Accident

p/s refer to the police report.

Declaration

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

Policyholder's Signature / Date & Time

[Signature] 03/10/22

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20221004/2010

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20221004/2010

CONTINUATION OF REPORT

Driver			
Name	LEE WEI SONG		ID No. S9325064H
Related Vehicle	EZ4949R		Contact No. 83396550
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
Name			
FEMALE CYCLIST		ID No.	NIL
Related Vehicle	NIL		Contact No. 93371088
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 01/10/2022 at about 6am, I was driving along Punggol Road making a right turn at the junction of Punggol Road and Punggol Drive and I checked the road condition before making the right turn at the traffic junction and everything was clear as such I proceed to make the right turn at the junction when suddenly a cyclist appear on the right side of my vehicle and the cyclist collided onto the right side of my vehicle and she fell onto the road.

I got out of my vehicle to render assistance and we exchanged contact details and she told me she will see a doctor later and she cycle off. I noticed she had a bruise on one side of her cheek area and abrasion on one of her knee.

The cyclist contacted me that she had lodged an accident report and when I contacted my insurance company, I was told to do so as well.

















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T/20221004/2010

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20221004/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2022 04:05	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars

Name of Informant: LEE WEI SONG	Address: APT BLK 290C COMPASSVALE CRESCENT #08-24 SINGAPORE 543290		
ID Type / ID No.: NRIC NO / S9325064H	Contact No.: Home/Office: Mobile: 83396550		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 29	Date of Birth: 11/07/1993	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Bartender/Mixologist	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 01/10/2022 06:00	Type of Location:
Location: PUNGGOL DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EZ4949R						0

Details of Person Involved

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



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T/20221004/2010

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545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20221004/2010

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Driver			
Name	LEE WEI SONG		ID No. S9325064H
Related Vehicle	EZ4949R		Contact No. 83396550
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
Name			
FEMALE CYCLIST		ID No.	NIL
Related Vehicle	NIL		Contact No. 93371088
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.

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T/20221004/2010

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545025
Tel No: 1800-343 8999

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Report No. T/20221004/2010

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 /
SR STAFF SGT TAN WEI XIANG
ROY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/10/2022 04:05

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168