

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 14/10/2022 17:09 (SGT)
Reported by Driver
Date of Accident 13/10/2022 13:55 (SGT)
Exact Location of Accident Ang Mo Kio Ave 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV5258G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE JING XUAN
NRIC No S8903285G
Email Address JINGXUAN_@HOTMAIL.COM
Mobile Phone No (Phone) +65-93252385
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 1500

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number P10691361R00

DRIVER

Name of Driver LEE BOON PING
NRIC No S0199541C
Date Of Birth 26/04/1954
Occupation Indoor

Date Of Driving Pass	12/07/1974
Driving experience	48 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93692134
Alt. Phone Number	-
Email Address	JINGXUAN_@HOTMAIL.COM
Address	BLK 617 HOUGANG AVENUE 8 #12-342
Address complement	-
Postcode	530617
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	3
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)	2
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	JMR7600
Vehicle Category	Private car

PASSENGER 1

Name	PAX
Gender	Female

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

REFER TO ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SME8870Y
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 2

Vehicle Registration Number JMR7600
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

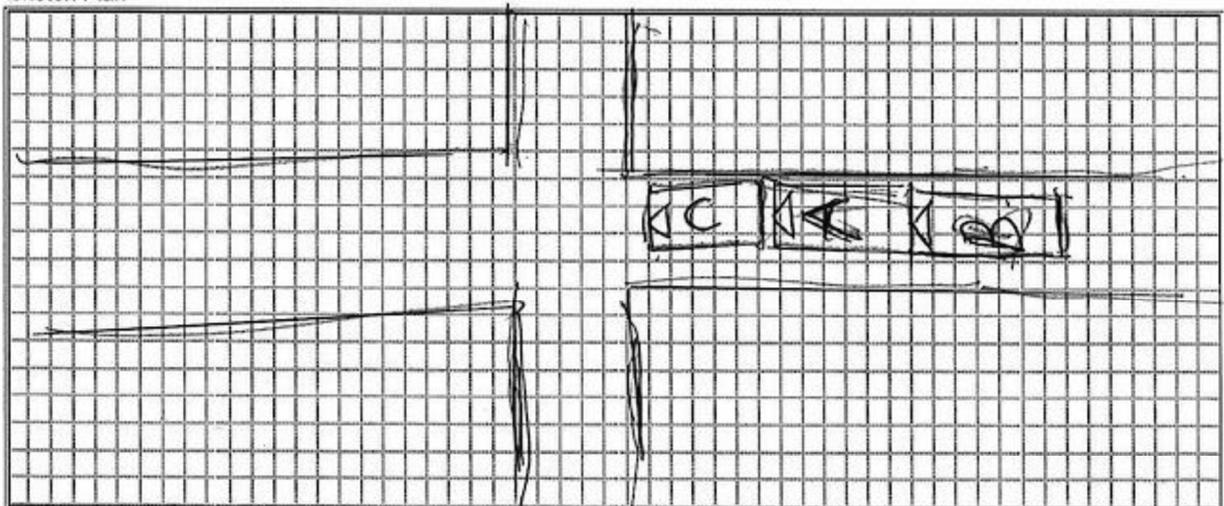
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



A S J V 5 2 5 8 G 1
 B S M E 8 8 7 0 Y
 C T M R 2 0 0 0

Describe Circumstance of the Accident

Lined area for describing the accident circumstances.

Declaration

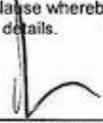
I/We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time



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



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















TOYOTA MOTOR CORPORATION
MODEL NCP93R-BEPRKT 1497 mL
ENGINE 1NZ-FE
FRAME No. MR053HY9305147507
COLOR 3P1 EE10 Z35
TRIM PLANT
GWM(kg)
TWA/BUILT U340E -02A NOV 09
MFD. BY: TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND









**SINGAPORE
POLICE FORCE**



T/20221014/2040

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

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Report No. T/20221014/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2022 13:45	Vide Report No.:	Station Diary No.: 56
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Informant's Particulars

Name of Informant: LEE BOON PING		Address: APT BLK 617 HOUGANG AVENUE 8 #12-342 SINGAPORE 530617	
ID Type / ID No.: NRIC NO / S0199541C		Contact No.:	Mobile: 93692134
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 26/04/1954	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Delivery Man		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 13/10/2022 14:00	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
JMR7600	Car				No Damage	0
SJV5258G	Car				Slightly Damaged	1
SME8870Y	Car				No Damage	0



**SINGAPORE
POLICE FORCE**



T/20221014/2040

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

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Report No. T/20221014/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE BOON PING	ID No.	S0199541C
Related Vehicle	SJV5258G (Car)	Contact No.	93692134
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Yap	ID No.	NIL
Related Vehicle	SME8870Y (Car)	Contact No.	98598459
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 13/10/2022 at about 1400hrs along Ang Mo Kio Avenue 5 at the junction beside Anderson Serangoon Junior College. My vehicle's Toyota (SJV5258G) rear was collided by another vehicle Nissan (SME8870Y) which resulted in my vehicle's front colliding with another foreign vehicle's rear (JMR7600).

After the accident I exchange contact number with the Nissan Driver. His number is 98598459. While driver of vehicle (JMR7600) left as there were no damages found on their vehicle.

I would like to state that no one was injured and no government property was damaged.

My vehicle sustained some dents on the rear. I would like to mentioned that I am lodging this report as a record for my car insurance.



**SINGAPORE
POLICE FORCE**



T/20221014/2040

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

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Report No. T/20221014/2040

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 LIM IK KI, LINUS	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	

Signature Of Informant:	
Date/Time: 14/10/2022 13:45	
Classification Of Case:	

NP168