

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	28/11/2022 15:58 (SGT)
Reported by	Driver
Date of Accident	25/11/2022 20:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPP BUKIT TIMAH RD JUNCTION OF GOMBAK DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5579X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH TECK HING
NRIC No	SXXXX492Z
Email Address	JASLINLEE1969.JL@GMAIL.COM
Mobile Phone No	(Phone) +65-91597092
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
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	1461

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V03775/VPC/R00

DRIVER

Name of Driver	LEE YIN FONG
NRIC No	SXXXX975D
Date Of Birth	23/02/1969
Occupation	Indoor

Date Of Driving Pass	01/01/2011
Driving experience	11 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90066448
Alt. Phone Number	-
Email Address	JASLINLEE1969.JL@GMAIL.COM
Address	BLK 405 WOODLANDS ST 41 #09-42
Address complement	-
Postcode	730405
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
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)	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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	YJ9044R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	SHC2017D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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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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

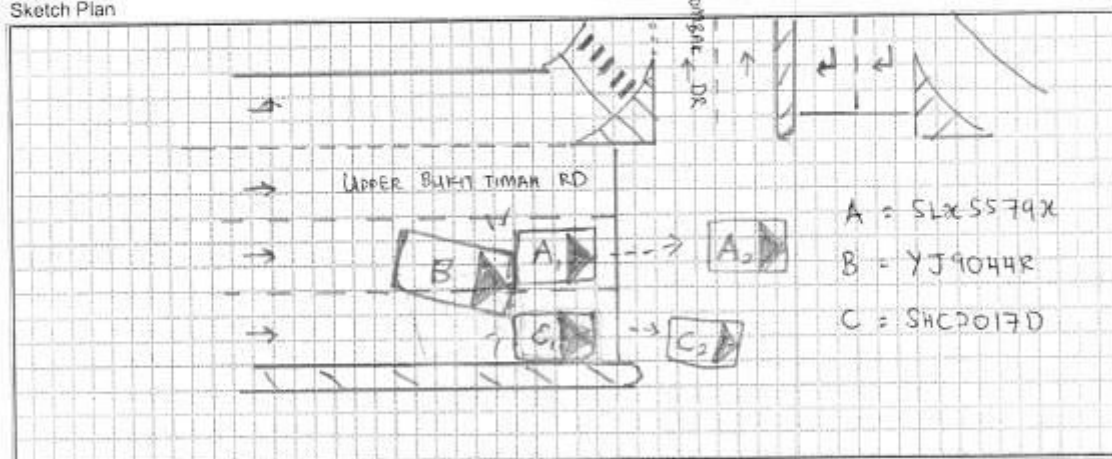
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Describe Circumstance of the Accident

- REFER TO POLICE REPORT -

1/20221126/2094

Declaration

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

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)


















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



T/20221126/2094

1 of 4

Report No. T/20221126/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2022 19:42	Vide Report No.:	Station Diary No.: 104
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Informant's Particulars

Name of Informant: LEE YIN FONG	Address: APT BLK 405 WOODLANDS STREET 41 #09-42 SINGAPORE 730405		
ID Type / ID No.: NRIC NO / S6906975D	Contact No.: Home/Office: Mobile: 90066448		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 53	Date of Birth: 23/02/1969	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: FREELANCER	Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

General Information for the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/11/2022 20:45	Type of Location: X-Junction
Location: GOMBAK DRIVE				
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
SLX5579X	Car	RENAULT	GRAND SCENIC		Seriously Damaged	0
YJ9044R	Lorry					0

Details of Person Involved

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



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Report No. T/20221126/2094

CONTINUATION OF REPORT

Driver:			
Name	LEE YIN FONG		ID No. S6908975D
Related Vehicle	SLX5579X (Car)		Contact No. 90066448
Hospital/Clinic	FIRST MEDICAL CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	26/11/2022	Date Discharge	26/11/2022
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver:			
Name	Radhakrishnan Rajamani		ID No. G7667916P
Related Vehicle	YJ9044R (Lorry)		Contact No. 86485610
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 25/11/2022 at around 2045hrs to 2050hrs, I was travelling along Junction of Gombak Drive and Upper Bukit Timah Road towards Woodlands with my vehicle SLX5579X, second lane. Upon reaching the traffic light, I came to a stop. Out of sudden, I felt a huge impact on the rear of my vehicle. I was in shock for a moment and felt pain on my chest area. Subsequently, I alighted from my vehicle and discovered a towing truck YJ9044R (towing a big truck) had collided to the rear of my vehicle.

I spoke with the towing truck driver, and he asked me why I did not continue to move forward, and I told him that the traffic light is red thus I need to stop.

I informed the workshop staff that I usually go, and they came down to scene to access the damage. The damaged is very serious at the rear of my vehicle and it is not possible to start the vehicle thus my vehicle is towed away subsequently.

I exchange particulars with the towing truck driver and both agreed on claiming insurance.

No government properties were damaged, no police or ambulance was at scene.

On 26/11/2022, I went to First Medical Clinic & Surgery for assessment, and I informed the doctor I have stiffness and pain on my neck area and slight pain on my chest area due to being pull by my vehicle seatbelt. I was given MC from 26/11/2022 to 27/11/2022. I suspected I have whiplash injury

I have a in car camera on the front and rear.



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Report No. T/20221126/2094

CONTINUATION OF REPORT



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Report No. T/20221126/2094

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:
L /
SGT 3 TOH SI WEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/11/2022 19:42

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

Classification Of Case:

NP168