

# ACCIDENT STATEMENT

Date of accident: 16/12/2022 Time: 1912  
 location of accident: Gambas Avenue towards Woodlands Avenue 9

## Details of Own Vehicle

Vehicle Number: SLR 9294Y Make/Model: Volkswagen Jetta  
 Insurer: Allianz Eng. cc & Transmission: 1.4  
 Policy No: SP2000976448-01 Policy Type: C/TPFT/TPO  
**Policyholder**  
 Name: See Hup Seng Tin Factory Pte Ltd NRIC/FIN no.: 197602150D  
 Email: spyharo@hotmail.com Contact no.: 85710878  
**Driver**  
 Name: Sebastian See Zhi Herng NRIC/FIN no.: 59448877Z  
 Email: spyharo@hotmail.com Contact no.: 85710878  
 Occupation: Indoor / Outdoor D.O.B: 26/12/1994  
 Address: Blk 299 Yishun Street 20 #08-31 S (760299)  
 Driving pass date: 03 Feb 2014 Relationship with Policyholder: Father company

## General Information

Weather conditions: Clear / Raining Road surface: Dry / Wet  
 Police report: Yes / No Video Footage: Yes / No  
 Prosecution Letter: Yes / No If Yes against whom: \_\_\_\_\_  
 Passenger (incl. Driver): 2 Please provide **ALL** passengers details:-

	Passenger 1	Passenger 2
Name:	<u>Sebastian See Zhi Herng</u>	<u>Lee Hoe Theng</u>
Gender:	<u>Male</u> / Female	<u>Male</u> / Female

Witness: Yes / No If Yes, provide injuries details:-  
 Witness 1  
 Name: \_\_\_\_\_  
 Contact no.: \_\_\_\_\_  
 Witness 2  
 Name: \_\_\_\_\_  
 Contact no.: \_\_\_\_\_

Injuries: Yes / No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
<u>Sebastian See Zhi Herng</u>	<u>SLR 9294Y</u>	<u>Yes</u> / No	Yes / <u>No</u>
<u>Lee Hoe Theng</u>	<u>SLR 9294Y</u>	<u>Yes</u> / No	Yes / <u>No</u>

## Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	<u>SJV 5421B</u>	
Driver name:	<u>Shridaran Rao S/o Perakash Rao</u>	
NRIC/ FIN no.:	<u>59928492G</u>	
Contact no.:	<u>80239164</u>	
Insurance Co.:		
Remarks: (Make/Model, Passenger, property info & etc)	<u>Mitsubishi Lancer</u>	

## Claim Type & Acknowledgement

Claim Type: Own Damage / Third Party / Reporting Only Policyholder/  
 driver  
 Workshop: Hua Meng Spray Painting Workshop Signature: SW

### SKETCH PLAN

## **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 Authorised 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. The 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.
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

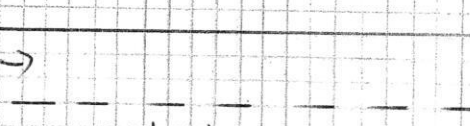
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



A hand-drawn diagram on graph paper. It consists of a 3x3 grid of squares. The top row has an arrow pointing right in the first square. The middle row has an arrow pointing right in the first square, and a 2x2 sub-grid in the second and third squares. The sub-grid contains the letters 'D' and 'E' in the top-left and top-right squares, and 'F' and 'G' in the bottom-left and bottom-right squares. The bottom row has an arrow pointing right in the first square.


**Describe Circumstances of the Accident**

Refer to Police Report NO = L/2022/217/2001

**Declaration**

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

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



L/20221217/2001

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20221217/2001

Police Station Of Origin  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Date/Time Report Made 17/12/2022 01:03	Vide Report No.	Station Diary No. 6
Name Of Informant SEBASTIAN SEE ZHI HERNG	Address APT BLK 299 YISHUN STREET 20 #08-31 SINGAPORE 760299	
ID Type / ID No. NRIC NO / S9448877Z	Contact No. Home/Office Mobile 85710878	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Manufacturer	Sex Male	Age 27
Institution/School Name	Date of Birth 26/12/1994	Race Chinese
Date/Time Of Incident 16/12/2022 19:15	Location Of Incident Gambas Avenue towards Woodlands Avenue 9	

**Brief details.**

On 16/12/2022 at about 1912hrs, I was driving my company vehicle bearing SLR9294Y, Volkswagen Jetta, Silver in colour, travelling along Gambas Avenue towards Woodlands Avenue 9. I was travelling at the center lane in front of B/785 Woodlands and traffic volume at that point of time was slightly heavy. As my vehicle was still at the center lane, there was another vehicle bearing SJV5421B, Mitsubishi Lancer, White in colour, travelling at the first lane on my right.

When nearing to the filter lane before the exit of B/785 Woodlands Rise, the other driver just cut into my

Signature Of Officer Recording The Report: L / SGT 3 ONG SHI HAO 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2022 01:03
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / INSP (1) Muhammad Aliff Karya Johari Contact No.: 64660000	Classification Of Case:



**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. L/20221217/2001

lane without checking blind spot. The said driver did not speed up to overtake me but instead just cut into my lane even though the driver had signaled. Due to the accident, my vehicle had damage on it and cost of the damage is unknown at the moment.

After both vehicles stopped, we came down and contacted the traffic police who came down to scene as well as ambulance. In the end, managed to exchange particular with the advice from traffic police. Shortly later, I felt giddy, vomited and felt pain at the back of my neck. However, there was no conveyance, and I will be seeking medication attention on my own. At that point of time, my friend was also onboard in my vehicle, and he sustained pain on this back of the neck and back of the head. He had yet to seek doctor as well and will be seeking medical attention.

Details of damage to vehicle - front right rim (scratches and alignment gone), front right bumper (Dent and crack) front right side skirt (Dent), driver door (unable to close properly and cracking sound at the metal bar side), and undercarriage water leaking.

Details of Passenger - Lee Hoe Theng, S9308239G, Male/Chinese 29 years old, Tel: 90083769, Add: 755 Yishun Street 72 #08-250

Signature Of Officer Recording The Report:

L / SGT 3 ONG SHI HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/12/2022 01:03

Officer In-Charge Of Case:

L / Woodlands Police Divisional Investigation Branch /  
INSP (1) Muhammad Aliff Karya Johari  
Contact No.: 64660000

Classification Of Case: