

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	17/01/2023 12:30 (SGT)
Reported by	Both
Date of Accident	14/01/2023 12:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTSIDE THOMSON MEDICAL CENTRE T-JUNCTION TRAFFIC LIGHT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3832Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEK ZHI HAO
NRIC No	SXXXXX479H
Email Address	nigel@renownbuilders.com
Mobile Phone No	(Phone) +65-82230545
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Rav4
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	1987

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22013526

DRIVER

Name of Driver	LEK ZHI HAO
NRIC No	SXXXXX479H
Date Of Birth	17/06/1989

Occupation	Outdoor
Date Of Driving Pass	25/04/2008
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82230545
Alt. Phone Number	-
Email Address	nigel@renownbuilders.com
Address	APT BLK 677D PUNGGOL DRIVE
Address complement	# 15-760
Postcode	824677
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	Side Swipe
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?	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	-

PASSENGER 1

Name	WIFE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- F/20230115/7023

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	WITH OWNER AND FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN181M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 PLANIMPORTANT NOTICE

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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.
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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.

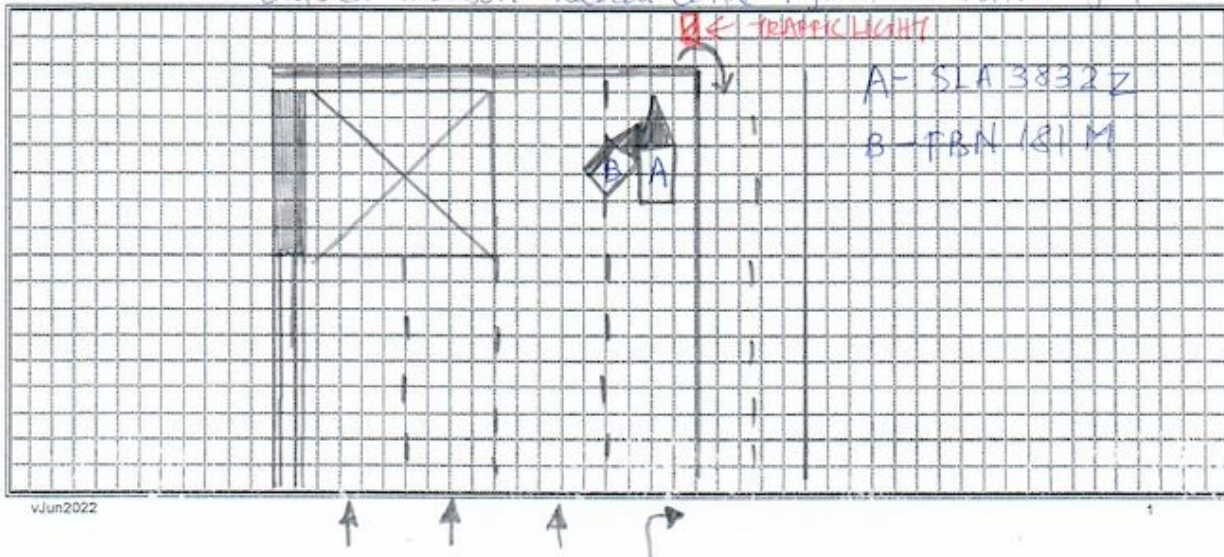
[Signature] 17/1/2023
Policyholder's Signature / Date & Time

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

[Signature] 17/1/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

outside Thomson medical Centre T-junction traffic light



Describe Circumstance of the Accident

- please refer to the attached police Report -
- F/20230115/7023 -

Declaration

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

 17/1/2023

Policyholder's Signature / Date & Time

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

 17/1/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



F/20230115/7023

1 of 3

POLICE REPORT (NP299)

Report No. F/20230115/7023

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 15/01/2023 10:44	Vide Report No.	Station Diary No.
Name Of Informant LEK ZHI HAO	Address 677D PUNGGOL DRIVE #15-760 SINGAPORE 824677	
ID Type / ID No. NRIC NO / S8920479H	Contact No. Home/Office:	Mobile: 82230545
Nationality SINGAPORE CITIZEN	Email Address nigel lek89@hotmail.com	
Occupation Construction manager	Sex Male	Age 33
Institution/School Name	Date of Birth 17/06/1989	Race Chinese
Date/Time Of Incident 14/01/2023 12:20 - 14/01/2023 12:30	Location Of Incident 677D PUNGGOL DRIVE #15-760 SINGAPORE 824677	

Brief details.

I was driving in my car at Thomson road just outside Thomson medical centre. I was at the most right lane (turn right only lane) trying to make a u turn to drive towards Keng Lee Road.

The weather is fine with good visibility and the road condition is not wet.

My vehicle was stationary as I was waiting for the right turn arrow to turn green. Just as the arrow turn green and I was moving off, a motorcyclist filter over from the left and hit my vehicle (left front bumper) and fell.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/01/2023 10:44
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230115/7023

I immediately exit the vehicle to assist him. He assured that he is not injured and I took some photo before we left to the nearest carpark.

I have in car camera which I have saved the video of the encounter. He texted me while I was making my way to the nearest carpark where we met later. I have also saved the conversation which he have texted me.

He message to check if my vehicle was damaged and say he will pay for those damages. Upon checking my vehicle damage, I assured him the damage was minimum. Seeing how apologetic and responsible he was, I told him I will not be claiming the damage of my vehicle from him.

Just before leaving, I checked to make sure he is not injured and told him to go to a hospital if he is. He assured me that he is not injured after which I drove off.

I am making this report just for record purposes.

Subjects Involved			
Victim			
Person Name	LEK ZHI HAO		
ID Type	NRIC NO	ID No	S8920479H
Gender	Male	Age	33
Race	Chinese	Language	English

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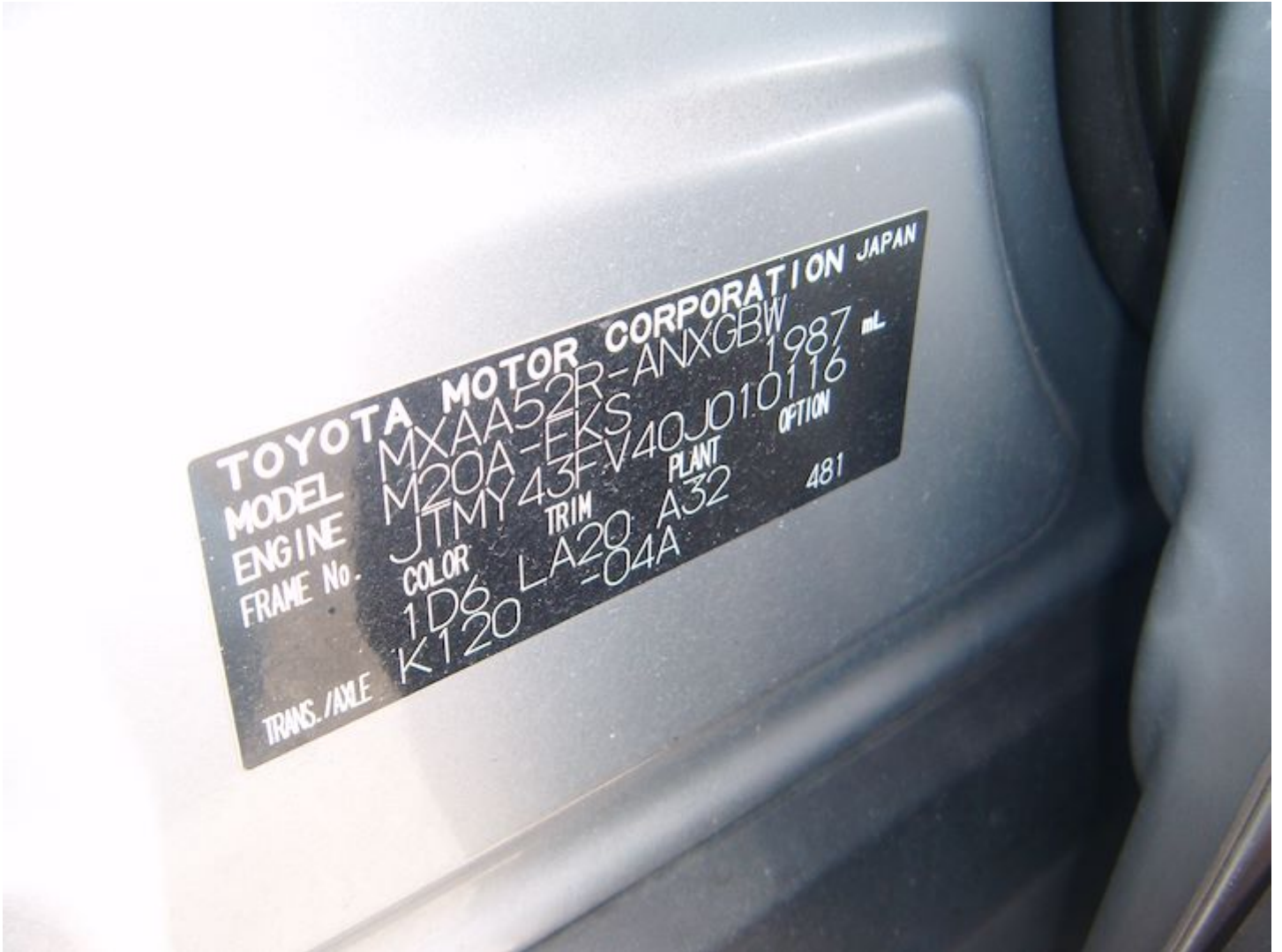














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ID Type / ID No. NRIC NO / S8920479H	Contact No. Home/Office:	Mobile: 82230545
Nationality SINGAPORE CITIZEN	Email Address nigel lek89@hotmail.com	
Occupation Construction manager	Sex Male	Age 33
Institution/School Name	Date of Birth 17/06/1989	Race Chinese
Date/Time Of Incident 14/01/2023 12:20 - 14/01/2023 12:30	Location Of Incident 677D PUNGGOL DRIVE #15-760 SINGAPORE 824677	

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**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230115/7023

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Victim			
Person Name	LEK ZHI HAO		
ID Type	NRIC NO	ID No	S8920479H
Gender	Male	Age	33
Race	Chinese	Language	English

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**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230115/7023

Occupation	Construction manager	Address	677D PUNGGOL DRIVE #15- 760 SINGAPORE 824677
Mobile No	82230545	Is Informant A Victim?	Yes
Person Name	LEK ZHI HAO (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/01/2023 10:44
Officer In-Charge Of Case:	Classification Of Case: