

## 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 14:52 (SGT)  
Reported by ..... Both  
Date of Accident ..... 15/01/2023 14:55 (SGT)  
Exact Location of Accident ..... Near 4 Lor 4 Geylang, Singapore 399263  
Additional Location Information ..... Lorong 4 Geylang  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR1537M

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Lee Kay Ang  
NRIC No ..... SXXXX242C  
Email Address ..... patrick0179@gmail.com  
Mobile Phone No ..... (Phone) +65-90698959  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... AXIO HYBRID 1.5 CVT  
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 hire  
Transmission ..... Auto  
CC ..... 1496

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5114936734-03

#### DRIVER

Name of Driver ..... Lee Kay Ang  
NRIC No ..... SXXXX242C  
Date Of Birth ..... 12/10/1959  
Occupation ..... Outdoor

Date Of Driving Pass .....	04/12/1982
Driving experience .....	40 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-90698959
Alt. Phone Number .....	-
Email Address .....	patrick0179@gmail.com
Address .....	Block 605 Hougang Avenue 4
Address complement .....	#07-191
Postcode .....	530605
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 .....	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 .....	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) .....	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 .....	Teck Ghee Neighbourhood Police Post
Police Station Address .....	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report T/20230115/2037

#### 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 .....	QX237G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government

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

## 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.

*[Signature]* 17/1/23

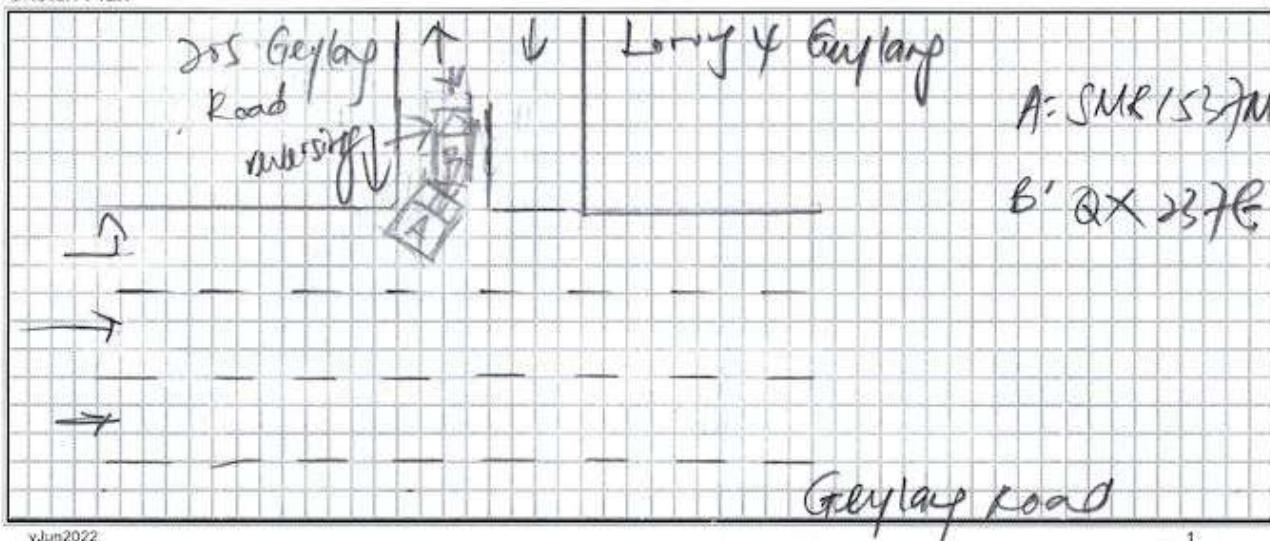
Policyholder's Signature / Date & Time

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

*[Signature]* 

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

## Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report.  
T/20230115/2073.

Declaration

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

 17/1/23

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**


T/20230115/2073

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

Report No. T/20230115/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/01/2023 21:37		Vide Report No.: G/20230115/0181		Station Diary No.: 25
<b>Informant's Particulars</b>				
Name of Informant: LEE KAY ANG		Address: APT BLK 605 HOUGANG AVENUE 4 #07-191 SINGAPORE 530605		
ID Type / ID No.: NRIC NO / S1437242C		Contact No.: Home/Office: Mobile: 90698959		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 64	Date of Birth: 12/01/1959	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: PHV DRIVER		Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident: Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 15/01/2023 14:55	Type of Location: T-Junction	
Location:  LORONG 4 GEYLANG				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
QX237G	Car				Slightly Damaged	1
SMR1537M	Car	TOYOTA	COROLLA AXIO HYBRID 1.5 CVT	Brown	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20230115/2073

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

2 of 3

Report No. T/20230115/2073

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR1537M	NTUC Income Insurance Co-Operative Limited	5114936734-03	20/12/2022	19/12/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE KAY ANG	ID No.	S1437242C
Related Vehicle	SMR1537M (Car)	Contact No.	90698959
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 15/01/2023 at about 1459hrs, I was driving my car SMR1537M along Geylang Road turning left into Lorong 4 Geylang and was behind a police car QX237G. The police reversed suddenly and collided into the front portion of my car. I had an in-car camera in my vehicle. Traffic police came to scene and instructed me to lodge this report.

**SINGAPORE  
POLICE FORCE**

T/20230115/2073

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999



3 of 3

Report No. T/20230115/2073

**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 YEO WEE KIAT 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/01/2023 21:37
Officer In Charge Of Case: TP / DDGVT / SR STAFF SGT YEO KIA HUAT Contact No.: 65476162	Classification Of Case:

NR138