

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 27/01/2023 13:12 (SGT)
Reported by Both
Date of Accident 27/01/2023 06:45 (SGT)
Exact Location of Accident Near 4 Flora Dr, Singapore 507026
Additional Location Information SLIP ROAD OF TAMPINES AVENUE 7 TOWARDS TPE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW2475A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE CHUN BENG
NRIC No S7041038I
Email Address EPICONNECT@GMAIL.COM
Mobile Phone No (Phone) +65-94552883
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Suzuki
Model Swift
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 998

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5131342021

DRIVER

Name of Driver LEE CHUN BENG
NRIC No S7041038I
Date Of Birth 17/11/1970
Occupation Outdoor

Date Of Driving Pass	31/08/1990
Driving experience	32 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94552883
Alt. Phone Number	-
Email Address	EPICONNECT@GMAIL.COM
Address	496E TAMPINES AVENUE 9 #09-526
Address complement	-
Postcode	521496
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	Chain Collision
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	IZZUDDIN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 27/01/2023 AT ABOUT 0647HRS, I WAS DRIVING THE CAR BEARING NO SMW2475A ALONG TAMPINES AVENUE 7, EXITING TO TPE HOWEVER, WHILE I WAS MAKING THE EXIT, THE COMFORT DELGRO TAXI BEARING NO SHA532G HIT MY CAR FROM BEHIND CAUSING MY CAR TO JURK INFRONT. ON TOP OF THAT, THE CAR BEHIND THE TAXI ALSO MADE A STOP AND HIT THE TAXI FROM THE REAR CAUSING A STRONGER IMPACT. THERE WERE NO MAJOR INJURIES HOWEVER, I SUFFERED A SPRAIN OF JOINTS DUE TO THE INCIDENT AND WENT TO GET MEDICAL ASSISTANCE INSTEAD. NO POLICE OR AMBULANCE WERE THERE AT THE POINT OF TIME. THERE WAS IN BUILD CAR CAMERA. THERE WAS A SLIGHT DAMAGE TO MY CAR WHICH IS MY BOTTOM BUMPER SUFFERED A DENT AND SCRATCHES. I WAS GRANTED 3DAYS MCS DUE TO THE INCIDENT AND I AM MAKING THE NECESSARY ARRANGEMENT TO SEND MY CAR TO THE WORKSHOP. THIS IS THE FIRST TIME IT HAPPENED TO ME.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA532G
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 VEHICLE B
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SCX693X
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 VEHICLE C
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LEE CHUN BENG
Gender Male
Phone No (Phone) +65-94552883
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMW2475A
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.

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

Time & Date: 27/1/23
6:45am

Veh A: SMW2475A
Veh B: SHA532G
Veh C: SCX693X

Location: Tampines Ave 7,
TPE towards Changi
near lamp post 39

vJun2022

Describe Circumstance of the Accident

As per police Report.

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)







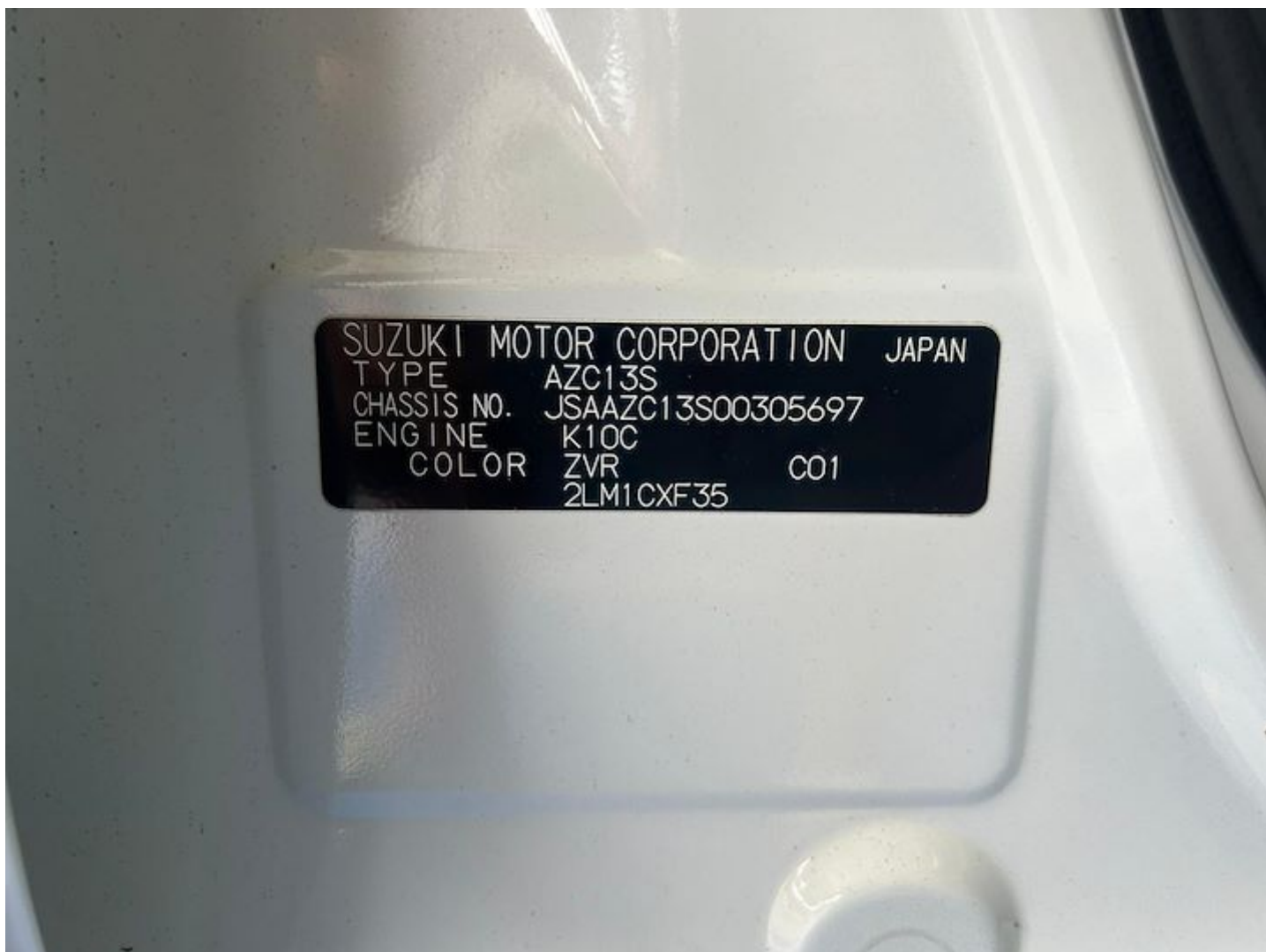
















**SINGAPORE
POLICE FORCE**



T/20230127/2025

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20230127/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2023 11:52	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars

Name of Informant: LEE CHUN BENG			Address: APT BLK 496E TAMPINES AVENUE 9 #09-526 SINGAPORE 521496	
ID Type / ID No.: NRIC NO / S7041038I			Contact No.: Home/Office: Mobile: 94552883	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 52	Date of Birth: 17/11/1970	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/01/2023 06:45	Type of Location: Straight Road
Location: TAMPINES STREET 45 Tampines Avenue 7, exit TPE, towards changi airport				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCX693X	Car				Slightly Damaged	0
SHA532G	Car				Slightly Damaged	0
SMW2475A	Car	SUZUKI	SWIFT 1.0T GLX AT	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230127/2025

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20230127/2025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW2475A	NTUC Income Insurance Co-Operative Limited	5131342021	01/11/2022	10/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE CHUN BENG	ID No.	S70410381
Related Vehicle	SMW2475A (Car)	Contact No.	94552883
Hospital/Clinic	MEDICARE ASSOCIATES	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/01/2023	Date Discharge	27/01/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 27/01/2023 at about 0940 hrs, I was driving the car bearing no SMW2475A along Tampines Avenue 7, exiting to TPE however, while I was making the exit, the comfort delgro taxi bearing no SHA5332G hit my car from behind causing my car to jerk in front. On top of that, the car behind the taxi also made a stop and hit the taxi from the rear causing a stronger impact. There were no major injuries however, I suffered a sprain of joints due to the incident and went to get medical assistance instead. No police or ambulance were there at the point of time. There was in built car camera. There was a slight damage to my car which is my bottom bumper suffered a dent and scratches. I was granted 3 days of MCs due to the incident and I am making the necessary arrangement to send my car to the workshop. This is the first time it happened to me.

Tampines NPC
6 Tampines Avenue 4
Singapore 529682
Tel: 1800-5871999



**SINGAPORE
POLICE FORCE**



T/20230127/2025

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20230127/2025

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:
G /
SGT 2 NUR AZFARINAH BTE
ABDULLAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
27/01/2023 11:52

Classification Of Case:

NP168

