

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 28/01/2023 12:36 (SGT)
Reported by Both
Date of Accident 24/01/2023 17:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information BUKIT TIMAH EXPRESSWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY7866L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE CHEE SENG
NRIC No S8874808E
Email Address JAZFEN@HOTMAIL.COM
Mobile Phone No (Phone) +65-97650908
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
Variant TOYOTA / HARRIER PREMIUM 2.0 A
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 1986

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5122187889-01

DRIVER

Name of Driver LEE CHEE SENG
NRIC No S8874808E
Date Of Birth 06/10/1988
Occupation Indoor

Date Of Driving Pass	13/06/2011
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97650908
Alt. Phone Number	-
Email Address	JAZFEN@HOTMAIL.COM
Address	343 JURONG EAST STREET 31
Address complement	#01-63
Postcode	600343
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	DRIZZLING
Road Surface	Wet

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)	4
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	TAN HOOI FEN
Gender	Female

PASSENGER 2

Name	LEE XI YIN
Gender	Male

PASSENGER 3

Name	LEE XI NA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT T/20230125/2002

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 TRAFFIC POLICE.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJH1583S
 Vehicle Manufacturer Honda
 Vehicle Model Fit
 Vehicle Variant -
 Vehicle Colour Purple
 Vehicle Category Private car
 Name of Driver TAM BO WEN
 NRIC No S9721413A
 Contact Number (Phone) +65-90099233
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 1

SKETCH PLAN

IMPORTANT NOTICE

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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

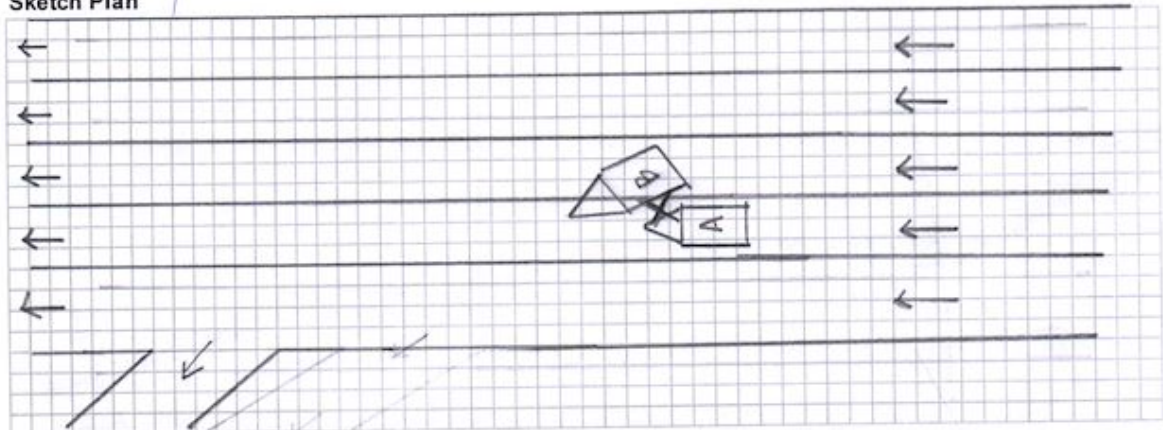
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20230125/2002

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____ Date & Time _____

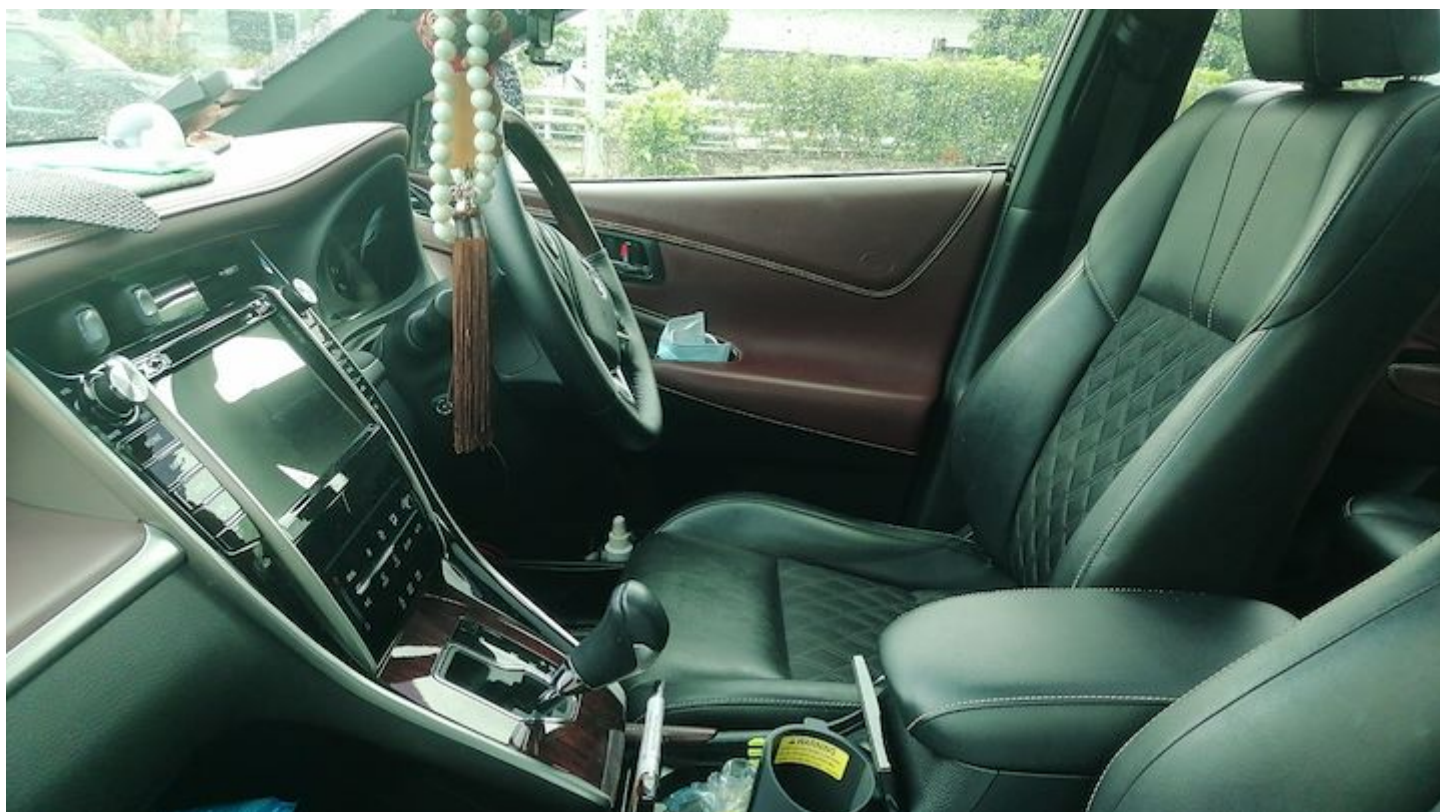
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel











**SINGAPORE
POLICE FORCE**



T/20230125/2002

1 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20230125/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2023 00:39		Vide Report No.: L/20230124/0122		Station Diary No.: 5
Informant's Particulars				
Name of Informant: LEE CHEE SENG		Address: 343 JURONG EAST STREET 31 #01-63 NA SINGAPORE 600343		
ID Type / ID No.: NRIC NO / S8874808E		Contact No.: Home/Office: Mobile: 97650908		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 34	Date of Birth: 06/10/1988	Type of Informant: Driver	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: SALES EXECECUTIVE		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/01/2023 17:15	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH1583S	Car	HONDA	FIT 1.3G A	Purple	Slightly Damaged	0
SMY7866L	Car	TOYOTA	HARRIER PREMIUM 2.0 A	Black	Seriously Damaged	3

Details of Vehicle Insurance

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



T/20230125/2002

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20230125/2002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY7866L	NTUC Income Insurance Co-Operative Limited	5122187889-01	30/06/2022	29/06/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAM BO WEN		ID No.	S9721413A
Related Vehicle	SJH1583S (Car)		Contact No.	90099233
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
Driver				
Name	LEE CHEE SENG		ID No.	S8874808E
Related Vehicle	SMY7866L (Car)		Contact No.	97650908
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details.

On 24/01/2023 at about 1714hrs, I was driving my vehicle bearing SMY7866L with three passengers on board, travelling on BKE towards Mandai Rd. I was driving on the second left lane of a five-lane road when suddenly a Honda vehicle bearing SJH1583S cut into my lane from the center lane. I was unable to brake in time thus the vehicle collided into the right side of my vehicle. Due to the collusion, my vehicle skidded and collided onto the left guard railing. After the collusion, I made a check on my passenger and left my vehicle to make a check.

My vehicle front bumper was badly damaged and left side passenger door dent in due to the collusion with the railing guard. The other driver's Honda left door have dent in due to the collusion with my vehicle. One of my passenger's back of head suffered a bump on the back of his head and a scratch close to his left eye. I observed the Honda driver was not injured.

Government property (railing guard) was damaged. TP was at scene, no ambulance at scene. I then exchange our particulars:



**SINGAPORE
POLICE FORCE**



T/20230125/2002

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20230125/2002

CONTINUATION OF REPORT

Honda's driver (SJH1583S)
Tam Bo Wen
S9721413A
HP: 90099233

My vehicle was toll by EMAS to Dairy farm's open carpark B as it could not be driven anymore. I then brought my passenger to UNIHEALTH 24-HR CLINIC (JURONG EAST) to make a check on his injury and was given 3 days of MC from 25/01/2023 to 27/01/2023.

I wished to state that I have a in camera. My in-car camera handed over to the TP officer at scene.



**SINGAPORE
POLICE FORCE**



T/20230125/2002

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20230125/2002

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:

J /

SCSGT(1) LIM YE KAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/01/2023 00:39

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHD SYARIFUDDIN MUHD AJMAIN
Contact No.: 65476083

Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1J231S0002 Vehicle Registration No: 6MY 7866 L
Name (as shown in NRIC) : LEE CHEE BENG NRIC/FIN/Passport No : 5XXXX808E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : - Singapore ()
Contact (Tel) : 9766 0908 Mobile No. : _____
Email Address : JAZFEN@HOTMAIL.COM
Date of Accident : 24/1/2023 Time of Accident : 17:15
Place of Accident : BUKIT TIMAH EXPRESSWAY
Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach the Police Report.

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____

GI/MAC addendumform_v3