

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	13/03/2023 15:11 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/03/2023 11:55 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW2453Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHIN HUI
NRIC No	S7111368Z
Email Address	ALAN@SCATECHGONDOLA.COM
Mobile Phone No	(Phone) +65-81809161
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22008981

DRIVER

Name of Driver	LEE CHIN HUI
NRIC No	S7111368Z
Date Of Birth	04/04/1971
Occupation	Indoor

Date Of Driving Pass	27/08/1994
Driving experience	28 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81809161
Alt. Phone Number	-
Email Address	ALAN@SCATECHGONDOLA.COM
Address	BLK 237 COMPASSVALE WALK #14-534
Address complement	-
Postcode	540237
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)	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	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

REFER TO POLICE REPORT: T/20230312/2053.

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	FILE SIZE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBU4603A
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	XQ
Contact Number	(Phone) +65-90022705
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to elect to the claim process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be truthful and accurate as possible. Any intentional 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 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 and consent that:
(a) My insurer, my broker and the General Insurance Association of Singapore (GIA) may be 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 insurers who have insured vehicle(s) involved in this accident (all insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/solicitors, the Ministry of Transport of Singapore and any relevant government agency/authority, (such as the police), for the purposes of:
(i) processing, handling and 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 making of correspondence, statements, invoices, reports or notices to me, which could include disclosure of certain personal data about me to long about delivery of the same as well as on the external cover of envelopes and postcards; and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims, collectively the "Purposes";
(b) all insurers (who have insured vehicle(s) involved in this accident and the insurers' lawyers/solicitors) may be 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 be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/solicitors), which may be based outside of Singapore, for one or more of the above Purposes.

[Signature]

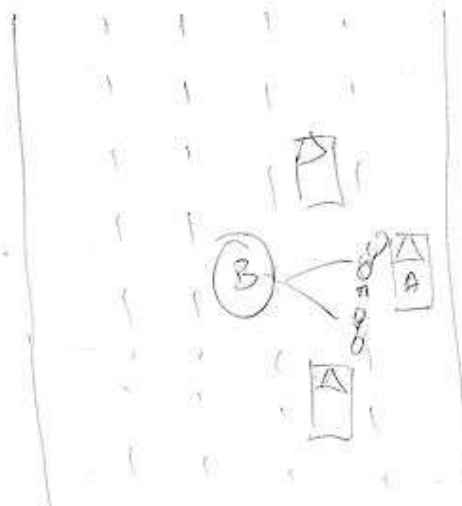
Policyholder's Signature, Date & Time
Sketch Plan

[Signature]

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

Witnessed by Reporting Centre Personnel

SELETAH
EXPRESSWAY



(A) SJW24532

(B) FBV4603A

Describe Circumstances of the Accident

POLICE REPORT : T/20230312/0053.

Declaration

I declare the foregoing particulars are true to my best knowledge.



Reporting Person's Signature (Date & Time)



Driver's Signature (or Owner's Signature) (Date & Time)

Witnessed by Reporting Centre Person(s)



**SINGAPORE
POLICE FORCE**



T/20230312/2053

1 of 4

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

Report No. T/20230312/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2023 17:18	Vide Report No.:	Station Diary No.: 70
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Informant's Particulars

Name of Informant: LEE CHIN HUI	Address: APT BLK 237 COMPASSVALE WALK #14-534 SINGAPORE 540237		
ID Type / ID No.: NRIC NO / S7111368Z	Contact No.:	Mobile: 81809161	
Nationality: SINGAPORE CITIZEN	Email:	alan@scatechgondola.com	
Sex: Male	Age: 51	Date of Birth: 04/04/1971	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Project Director	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2023 11:55	Type of Location: Expressway
Location: SELETAR EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBU4603A	Motorcycle	YAMAHA	YZF155 CONNECTED	Black	Slightly Damaged	0
SJW2453Z	Car	TOYOTA	PRIUS PLUS (AUTO)	Black	Slightly Damaged	0

Details of Vehicle Insurance

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



T/20230312/2053

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

Report No. T/20230312/2053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW2453Z	SHC INSURANCE PTE. LTD.	DMPG22008981	31/07/2022	30/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	XQ	ID No.	NIL
Related Vehicle	FBU4603A (Motorcycle)	Contact No.	90022705
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 CHIN HUI	ID No.	S7111368Z
Related Vehicle	SJW2453Z (Car)	Contact No.	81809161
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 11/03/2023 at about 11.55am, I was driving my car (SJW2453Z) on lane 1 along SLE towards CTE before Exit 3.

There were road works ahead on lane 1. The vehicles were moving at slow speed and started to filter out to lane 2.

I saw a motorcycle (FBU4603A) riding on lane 1. The rider signal left and used hands gesture to alert the oncoming car that she was filtering left.

I was certain the rider had filter left thus I moved forward. Suddenly, I heard a thud sound from the left portion of my car. I looked at the left side mirror and saw the rider side-swipe my car and collided on the center divider.

I stopped and alighted from my car. The rider was already seated on the motorcycle when I approached her and had asked her immediately on her condition. She was fine and did not require ambulance.



**SINGAPORE
POLICE FORCE**



T/20230312/2053

Police Station Of Origin:
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Tel No: 1800-5871999

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Report No: T/20230312/2053

CONTINUATION OF REPORT

We moved to the road shoulder, she mentioned did not suffer any injury hence we agreed to settle privately. We exchanged contact details with each other.

At about 12.37pm, she texted me informed that due to the accident she suffered abrasions and bruises. She also said the motorcycle need to be repair and decided to settle through insurance claim.

I have front in-car camera installed and it captured the accident footage. I am lodging this report to submit to my motor insurance company.



**SINGAPORE
POLICE FORCE**



T/20230312/2053

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

Report No. T/20230312/2053

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 3 MUHAMMAD ISA BIN MD
RASHID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/03/2023 17:18

Officer In Charge Of Case:

TP / GIA /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

NP168