

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	12/04/2023 14:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/04/2023 21:30 (SGT)
Exact Location of Accident	Sophia Rd, Singapore
Additional Location Information	BEFORE NIVEN ROAD BESIDE PEACE CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR4382H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	REES LEE
NRIC No	S1526767D
Email Address	GLENJAY833LEE@GMAIL.COM
Mobile Phone No	(Phone) +65-97621300
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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 car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5107910015-03

DRIVER

Name of Driver	REES LEE
NRIC No	S1526767D
Date Of Birth	02/03/1962
Occupation	Outdoor

Date Of Driving Pass	14/07/1988
Driving experience	34 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97621300
Alt. Phone Number	-
Email Address	GLENJAY833LEE@GMAIL.COM
Address	47 HINHEDE WALK #07-01
Address complement	-
Postcode	587977
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230412/7022.

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	SLN7017R
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 B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	REES LEE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJR4382H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

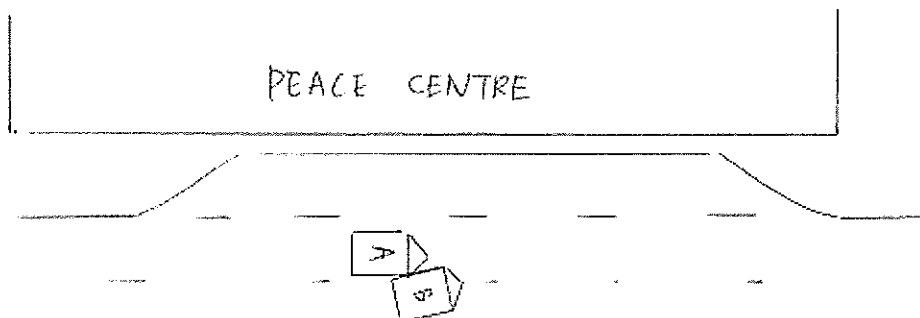
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1. *Staphylococcus aureus* (Gram-positive, coagulase positive)
 2. *Staphylococcus epidermidis* (Gram-positive, coagulase negative)
 3. *Staphylococcus saprophyticus* (Gram-positive, coagulase positive)
 4. *Staphylococcus sciuri* (Gram-positive, coagulase negative)
 5. *Staphylococcus carnosus* (Gram-positive, coagulase negative)
 6. *Staphylococcus pasteuri* (Gram-positive, coagulase negative)
 7. *Staphylococcus hyicus* (Gram-positive, coagulase negative)
 8. *Staphylococcus saprophylus* (Gram-positive, coagulase negative)
 9. *Staphylococcus lentus* (Gram-positive, coagulase negative)
 10. *Staphylococcus epidermidis* (Gram-positive, coagulase negative)

 Accident report SS2X234C000C

SKETCH PLAN



(A) STR 4382H
(B) SLN 7017R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to traffic police report.

T/20230412 / 7022

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

Witness Signature
(At & Time)

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

Reporting Centre Supervisor's Signature
(Name)
Date & Time



**SINGAPORE
POLICE FORCE**



T 20230412:7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No: T 20230412:7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2023 13:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: REES LEE			Address: 47 HINDHEDE WALK #07-01 SINGAPORE 587977		
ID Type / ID No.: NRIC NO / S1526767D			Contact No.: Home/Office: Mobile: 97621300		
Nationality: SINGAPORE CITIZEN			Email: GLENJAY833LEE@GMAIL.COM		
Sex: Male	Age: 61	Date of Birth: 02/03/1962	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/04/2023 21:30	Type of Location: Straight Road
Location: SOPHIA ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SJR4382H	Car	TOYOTA	COROLLA+ ALTIS+1.6- AUTO	Beige		2
SLN7017R	Car					1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T:20230412:7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No: T:20230412:7022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR4382H	NTUC Income Insurance Co-Operative Limited	5107910015-03	24/06/2022	23/06/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	REES LEE		ID No.	S1526767D
Related Vehicle	SJR4382H (Car)		Contact No.	97621300
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/04/2023		Date	NIL
No. of Days granted Medical Leave	05		Degree of	Serious

Brief Details.

ON 11/04/2023 AT ABOUT 2130HOURS AT ALONG SOPHIA ROAD BEFORE NIVEN ROAD BESIDE PEACE CENTRE. I WAS TRAVELLING ON THE EXTREME LEFT LANE ON THE ABOVE MENTIONED ROAD AND SUDDENLY A VEHICLE (B) ON MY RIGHT VEERED INTO MY LANE WITHOUT CAUTION AND WITHOUT CHECKING HIS BLINDSPOT AND COLLIDED ONTO MY FRONT RIGHT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS AWARDED 5 DAYS OF MC FOR MY INJURY. I HAVE 2 PASSENGERS INSIDE MY VEHICLE.

VEHICLE A: SJR4382H
VEHICLE B: SLN7017R



SINGAPORE
POLICE FORCE



T:20230412:7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No: T:20230412:7022

CONTINUATION OF REPORT

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:
12/04/2023 13:18

Officer In Charge Of Case:
TP / TP1B /
ANG YI TING, STEPHANIE
Contact No : 65476414

Classification Of Case:

NP168