

# 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 .....              | 08/05/2023 20:04 (SGT)     |
| Reported by .....                     | Actual Driver              |
| Date of Accident .....                | 08/05/2023 14:25 (SGT)     |
| Exact Location of Accident .....      | Simei St 3, Singapore      |
| Additional Location Information ..... | JUNCTION OF SIMEI STREET 1 |
| Country/State of Loss .....           | Singapore                  |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | GBF4807H |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                       |
|--------------------------------|-----------------------|
| Is company? .....              | Yes                   |
| Name Of Registered Owner ..... | 199001196N            |
| Company Reg No .....           | 1XXXXX196N            |
| Email Address .....            | isaacngcl@gbl.com.sg  |
| Mobile Phone No .....          | (Phone) +65-89237422  |
| Alternative Phone No .....     | (Office) +65-64942897 |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Toyota                    |
| Model .....  | Hiace                     |
| Variant .....  | -                         |
| Exact purpose for which vehicle was being used at time of accident .....           | Employment                |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Claiming third party |
| Vehicle Category .....   | Commercial vehicle        |
| Transmission .....   | Auto                      |
| CC .....   | 2982                      |

### INSURANCE COMPANY

|   |                                |
|---|--------------------------------|
| Name of Insurance Company .....         | MS First Capital Insurance Ltd |
| Policy Number / Cover Note Number ..... | D22099240                      |

### DRIVER

|                      |               |
|----------------------|---------------|
| Name of Driver ..... | LEE BOON KENG |
| NRIC No .....        | SXXXX198D     |
| Date Of Birth .....  | 19/05/1994    |
| Occupation .....     | Outdoor       |

|  |                                |
|--|--------------------------------|
| Date Of Driving Pass .....   | 29/07/2016                     |
| Driving experience .....   | 6 YEARS AND 10 MONTHS          |
| Gender .....   | Male                           |
| Mobile Number .....  | (Phone) +65-89237422           |
| Alt. Phone Number .....  | (Office) +65-64942897          |
| Email Address .....  | isaacngcl@gbl.com.sg           |
| Address .....  | BLK 467B FERNVALE LINK #18-523 |
| Address complement .....   | -                              |
| Postcode .....   | 792467                         |
| Is the driver the policyholder? .....                              | No                             |
| If No, Relationship of the Driver with the Insured .....           | Hirer                          |
| 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 .....   | Collided into Parked Vehicle |
| 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 .....                       | 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

ON 08/05/2023 AT ABOUT 14:25HRS, I WAS DRIVING VEHICLE A (GBF4807H) ALONG SIMEI ST 3 TURN RIGHT INTO SIMEI ST 1. UPON REACHING TRAFFIC JUNCTION, I STOP VEHICLE A AND WAITING FOR TRAFFIC LIGHT. AS MY VEHICLE WAS STATIONARY WITHIN THE LANE, VEHICLE B ( PC9452P) ON LANE 2 TRAVELLING STRAIGHT DROVE OFF PASS BY MY VEHICLE AND HIS RIGHT SIDE WING MIRROR COLLIDED ONTO MY VEHICLE LEFT WING MIRROR. THE MIRROR BROKEN. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

#### 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 ..... | PC9452P |
|-----------------------------------|---------|

|   |                       |
|---|-----------------------|
| Vehicle Manufacturer .....                    | Mitsubishi            |
| Vehicle Model .....                           | Canter                |
| Vehicle Variant .....                         | -                     |
| Vehicle Colour .....                          | -                     |
| Vehicle Category .....                        | Commercial vehicle    |
| Name of Driver .....                          | ABDUL RAZAK BIN JIMIN |
| Contact Number .....                          | (Phone) +65-91863064  |
| 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 Police for investigation.**
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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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

Sketch Plan

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

08/05/2023 - 16:15HRS

FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ

Witnessed by Reporting Centre  
Personnel



## Describe Circumstances of the Accident

ON 08/05/2023 AT ABOUT 14:25HRS, I WAS DRIVING VEHICLE A (GBF4807H) ALONG SIMEI ST 3 TURN RIGHT INTO SIMEI ST 1. UPON REACHING TRAFFIC JUNCTION, I WAS STOPPING AND WAITING FOR TRAFFIC LIGHT. AS MY VEHICLE WAS STATIONARY WITHIN THE LANE, VEHICLE B ( PC9452P) ON LANE 2 TRAVELLING STRAIGHT DROVE OFF PASS BY MY VEHICLE AND HIS RIGHT SIDE WING MIRROR COLLIDED ONTO MY VEHICLE LEFT WING MIRROR. THE MIRROR BROKEN. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

## Declaration

I/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  
08/05/2023 - 16:15HRS

FLASH ACCIDENT  
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20230509/7005

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

1 of 3

Report No. T/20230509/7005

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                    |  |
|--|------------|------------------------------|---|--------------------|--|
| Date/Time Report Made:<br>09/05/2023 08:38 |            | Vide Report No.:             |   | Station Diary No.: |  |
| <b>Informant's Particulars</b>             |            |                              |   |                    |  |
| Name of Informant:<br>LEE BOON KENG        |            |                              | Address:<br>467B FERNVALE LINK #18-523 SINGAPORE 792467                     |                    |  |
| ID Type / ID No.:<br>NRIC NO / S9418198D   |            |                              | Contact No.:<br>Home/Office:                      Mobile: 89237422          |                    |  |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>Mcboon94@gmail.com  |                    |  |
| Sex:<br>Male                               | Age:<br>28 | Date of Birth:<br>19/05/1994 | Type of Informant:<br>Driver  |                    |  |
| Race:<br>Chinese                           |            |                              | Language:<br>English  |                    |  |
| Occupation:<br>Lorry driver                |            |                              | Driving Licence Information:<br>Class:                      Date of Expiry: |                    |  |

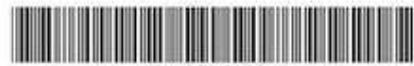
|   |                                  |   |  |                                     |
|---|----------------------------------|---|--|-------------------------------------|
| <b>General Information of the Accident</b>            |                                  |   |  |                                     |
| Type of Accident:                                     | Non-Injury<br>Government Vehicle | Drink Drive:<br>No                          | Date/Time of Accident:<br>08/05/2023 14:25 | Type of Location:<br>T-Junction     |
| Location:<br><br>SIMEI STREET 3                       |                                  |   |  |                                     |
| Weather:<br>Clear                                     |                                  | Road Surface:<br>Dry                        |  |                                     |
| Traffic Flow:<br>Two Way                              |                                  | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Moving Vehicle Against - Others |                                  |   |  | Anyone conveyed by ambulance:<br>No |

|                                    |      |      |       |       |           |                 |
|------------------------------------|------|------|-------|-------|-----------|-----------------|
| <b>Details of Vehicle Involved</b> |      |      |       |       |           |                 |
| Vehicle No.                        | Type | Make | Model | Color | Condition | No of Passenger |
| GBF4807H                           | Van  |      |       |       |           | 0               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20230509/7005

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

2 of 3  
Report No. T/20230509/7005

**CONTINUATION OF REPORT**

| Driver                            |                |  |  |
|-----------------------------------|----------------|--|--|
| Name                              | LEE BOON KENG  |  | ID No. S9418198D   |
| Related Vehicle                   | GBF4807H (Van) |  | Contact No. 89237422   |
| Hospital/Clinic                   | NIL            |  | Class of Driving Licence & Expiry<br>Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL            |  | Date NIL   |
| No. of Days granted Medical Leave | NIL            |  | Degree of NIL  |

Brief Details.

On 08/05/23 around 1425hrs I was driving a van ( gbf4807h) at simei St 3 turning right into simei St 1 upon reaching traffic junction I stop my vehicles within the lane . Well on 2nd lane vehicles (pc9452p ) was going straight and drive pass my vehicle and hit until my left side mirror and broken. Nobody was injured at the moment



**SINGAPORE  
POLICE FORCE**



T/20230509/7005

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

3 of 3

Report No. T/20230509/7005

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
09/05/2023 08:38

Classification Of Case:

NP168