

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	16/05/2023 12:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/05/2023 08:19 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EAST COAST PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ9300H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE HAOHONG
NRIC No	SXXXX122H
Email Address	CLHH12@YAHOO.COM
Mobile Phone No	(Phone) +65-93673582
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126143516-01

DRIVER

Name of Driver	LEE HAOHONG
NRIC No	SXXXX122H
Date Of Birth	25/03/1983
Occupation	Indoor

Date Of Driving Pass	08/02/2005
Driving experience	18 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93673582
Alt. Phone Number	-
Email Address	CLHH12@YAHOO.COM
Address	BLK 70A TELOK BLANGAH HEIGHTS 06-503 SINGAPORE 101070
Address complement	-
Postcode	-
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	4
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

PLS REFER TO SKETCH PLAN

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	EMAIL TO INSURANCE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA7914H
Vehicle Manufacturer	Toyota

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNJ5745H
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NICOLE
Contact Number	(Phone) +65-96806882
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMR9171G
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	MS KAORU
Contact Number	(Phone) +65-89091205
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. This 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.
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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.

Caf 16 MAY 2023, 1040
Policyholder's Signature / Date & Time

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

PTF LTD
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

EAST COAST PARK EXPRESSWAY TOWARDS AIRPORT


→ [C] → [B] → [A] → [D] →

A	S	K	Z	9	3	0	0	H
B	S	M	A	7	9	1	4	H
C	S	M	R	9	1	7	1	G
D	S	N	J	5	7	4	5	H

Describe Circumstance of the Accident	
VEHICLE NO: SKZ 9300H	ACCIDENT DATE & TIME: 16 MAY 2023 0819 Am
CONTACT NUMBER: 93673582	E-MAIL: CLHH12@YAHOO.COM
LOCATION: EAST COAST PARK.	
Toward Changi Airport	
<p>I was travelling on East Coast Park (ECP) when the car in front of me (SMR 9171G) came to a stop. I managed to stop behind the car in front but about a few seconds later, my car was hit in the rear by (B) a PHV (SMA 7914H) which in turn resulting in my car hitting the rear of the car in front (SMR 9171G). The PHV driver behind me refuse to exchange contact details and drove off after taking photos telling me to go ahead to claim claim him. I exchanged contact details with other car drivers and took photos of the accident scene. I asked other drivers whether if they are hurt, if all of them said they are unhurt. I was the 2nd car in a 4 car pile-up.</p>	
(D)	SMR 9171G contact number: 8909 1205 (KAORU)
	PHV contact number: unknown
(C)	SMA 7914H (4th car behind PHV): 9680 6882 (Nicole)
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY	

Declaration

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

1040 AM
16 MAY '23

Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)













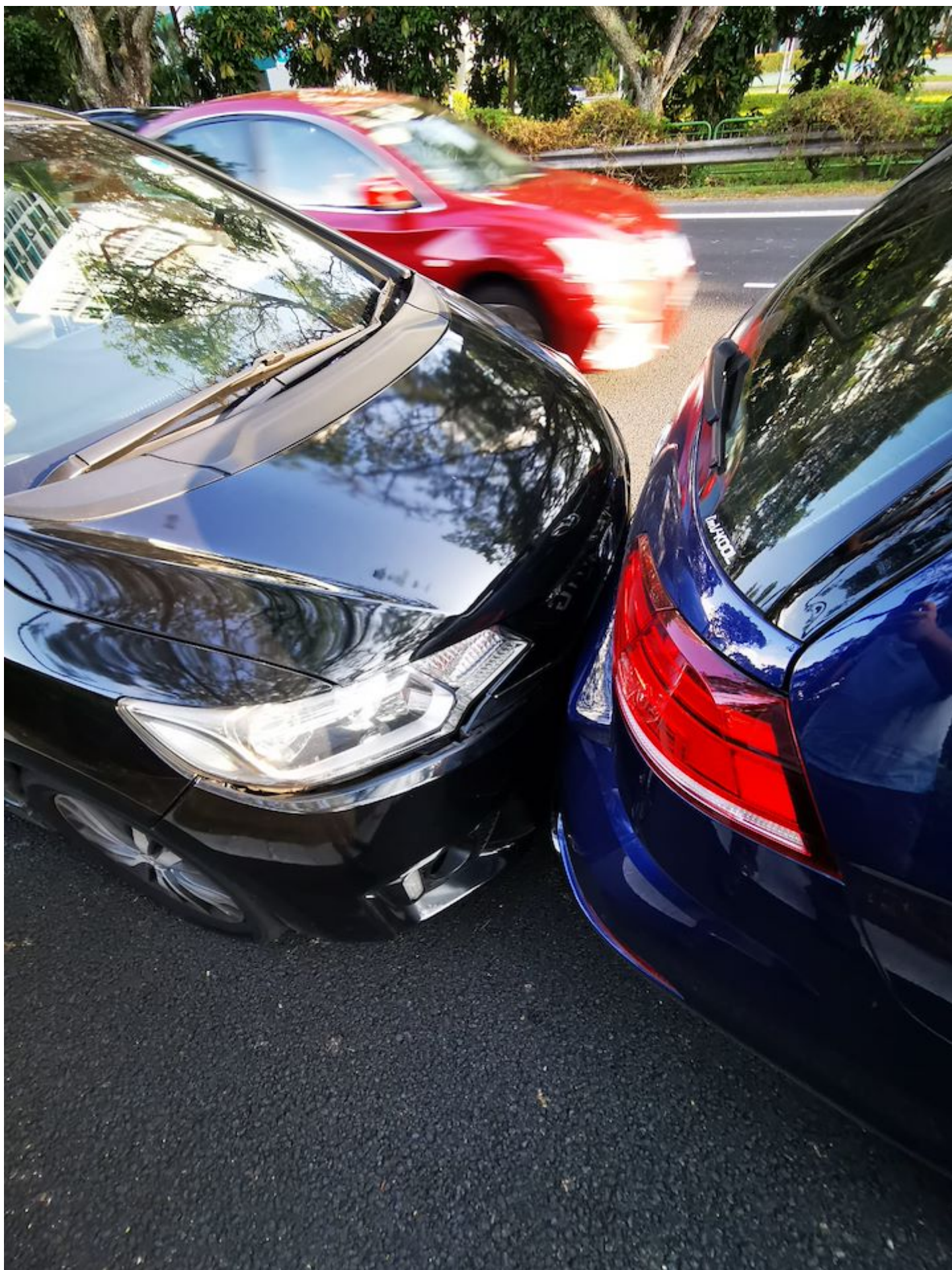


















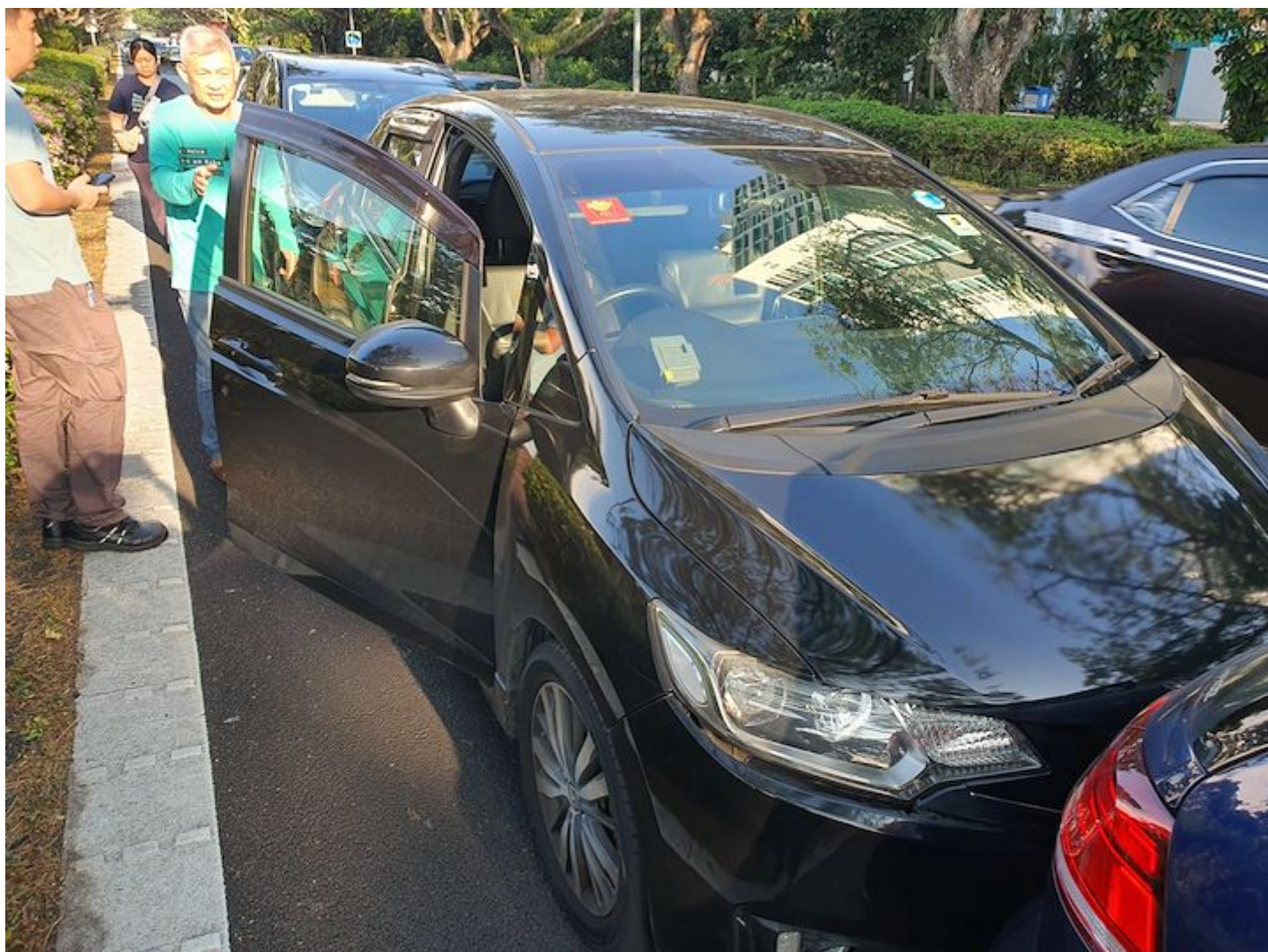


















**SINGAPORE
POLICE FORCE**



T/20230517/7065

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

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Report No. T/20230517/7065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2023 16:55	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: LEE HAOHONG			Address: 70A TELOK BLANGAH HEIGHTS #06-503 SINGAPORE 101070	
ID Type / ID No.: NRIC NO / S8308122H			Contact No.: Home/Office: Mobile: 93673582	
Nationality: SINGAPORE CITIZEN			Email: CLHH12@YAHOO.COM	
Sex: Male	Age: 40	Date of Birth: 25/03/1983	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Occupational health and safety professional			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: 16/05/2023 08:20	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKZ9300H	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Black		0
SMA7914H	Car	TOYOTA	Prius	Blue	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20230517/7065

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

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Report No. T/20230517/7065

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SMR9171G	Car	VOLKSWAGO N		Blue	Slightly Damaged	1
SNJ5745H	Car	BMW	320I	Silver	Slightly Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date	
SKZ9300H	NTUC Income Insurance Co-Operative Limited	5126143516-01	04/03/2023	03/03/2024	

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	LEE HAOHONG		ID No.	S8308122H	
Related Vehicle	SKZ9300H (Car)		Contact No.	93673582	
Hospital/Clinic	FULLERTON HEALTHCARE		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL	
Date	17/05/2023		Date	17/05/2023	
No. of Days granted Medical Leave		03	Degree of		Slight
Driver					
Name	MS KAORU		ID No.	NIL	
Related Vehicle	SMR9171G (Car)		Contact No.	89091205	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of		NIL



**SINGAPORE
POLICE FORCE**



T/20230517/7065

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

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Report No. T/20230517/7065

CONTINUATION OF REPORT

Driver			
Name	NICOLE	ID No.	NIL
Related Vehicle	SNJ5745H (Car)	Contact No.	96806882
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was involved in a 4 car chain collision on 16 May 2023 at about 08:19am. I was the 2nd car in a 4 car chain collision. I was travelling on East Coast Park Expressway (ECP) towards Changi Airport on the right lane when the car (SMR 9171G) in front of me came to a complete stop. I managed to stop behind the car with no issues but about a few seconds later, my car was hit in the rear by a PHV (SMA 7914H). The impact of his car hitting my car caused my car to surge forward and hit the rear of the car in front of me. Subsequently there was another car (SNJ5745H) that hit the PHV from behind as well. The PHV driver that hit my car refused to exchange contact details and drove off after taking some photos. Before he drove off, he told me to go ahead and claim him. I exchanged contact details with other car drivers and took photos of the accident scene. I asked other drivers at that time if anyone was hurt, everyone including the passenger on the PHV said they are unhurt. I have made a report at my workshop (MOVA automotive) on 16 May 2023 which have informed insurance NTUC Income with all the photos and videos attachment.

However that same night, i felt discomfort in my neck. I went to see a doctor the next day and was given a 3 days MC. (I have photos and videos of the accident exceeding 2MB.)



**SINGAPORE
POLICE FORCE**

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



T/20230517/7065

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Report No. T/20230517/7065

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

NP168

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

Date/Time:
17/05/2023 16:55

Classification Of Case:



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: S 000235G 0002 Vehicle Registration No: S K2 9300H
 Name (as shown in NRIC): LEE HAOHONG NRIC/FIN/Passport No: SXXXX122H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 70A TELOK BLANGAH HEIGHTS #06-503 SINGAPORE 101070 Singapore (101070)
 Contact (Tel): _____ Mobile No.: 93673582
 Email Address: Lee.Haohong@yahoo.com / CLHH12@YAHOO.COM
 Date of Accident: 16 MAY 2023 Time of Accident: 0819 AM
 Place of Accident: East Coast Parkway Expressway
 Insurance Company: NTUC Income

(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:

POLICE REPORT REF: T/20230517/7065
MC OF LEE HAOHONG (17 MAY - 19 MAY) MC # 20897919
MC 3 days

17 MAY 2023

Policyholder / Driver's Signature
Date:



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