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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 06/06/2023 16:56 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 05/06/2023 09:10 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SJN599Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE TING YI NRIC No S9144758D Email Address LINCOLNLEELY@GMAIL.COM Mobile Phone No (Phone) +65-94240910 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Jazz 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 No - Claiming third party your vehicle?

Vehicle Category Private hire Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5135419738

DRIVER

Name of Driver LEE TING YI NRIC No S9144758D Date Of Birth 30/11/1991 Occupation Outdoor

Date Of Driving Pass 23/11/2016 Driving experience 6 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-94240910 Alt. Phone Number Email Address LINCOLNLEELY@GMAIL.COM Address APT BLK 867 TAMPINES STREET 83 #05-251 Address complement Postcode 520867 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED POLICE REPORT T/20230605/7054 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	SHD4977P
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Taxi
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)	-
- , ,	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMQ7220S
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	_
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE TING YI
Gender	-
Phone No	_
Address	_
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	MC 3 DAYS
Injured person in which vehicle?	SJN599Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- 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.
- 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 povernment apencylauthority (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;

(ii) 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 finducing their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

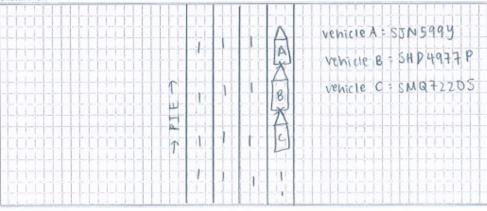
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Dale

Witnessed by Reporting Centre Personnel

201318585

Sketch Plan



1

Refer to attacked poli	ice report
Refer to attacked point 1/20230605	4054
11202200031	1.5.8.1
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aration declare the foregoing particulars are true in every respect.	Co Pro No Lin
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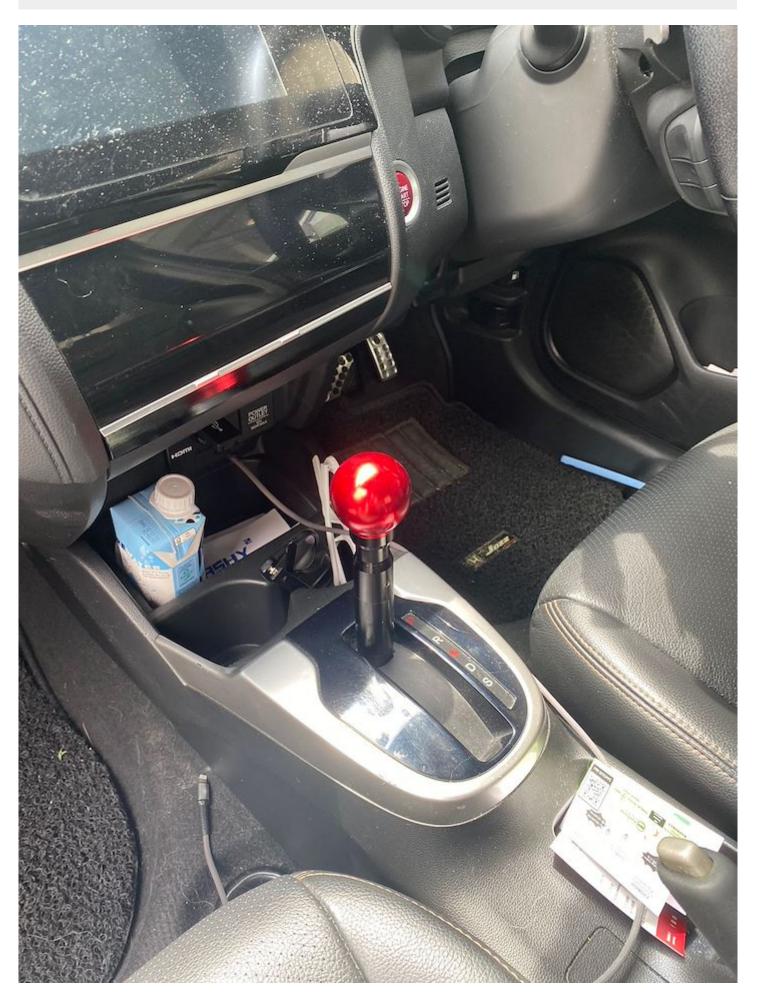
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20230605/7054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2023 17:30		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: LEE TING YI			Address: APT BLK 867 TAMPINES STREET 83 #05-251 SINGAPORE 520867		
ID Type / ID No.: NRIC NO / S9144758D		58D	Contact No.: Home/Office:	Mobile: 94240910	
Nationality: SINGAPORE CITIZEN		ΈΝ	Email: lincolnleety@gmail.com		
Sex: Age: Date of Birth: Male 31 30/11/1991		THE STATE OF THE S	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information Class: 3	n: Date of Expiry:	

General Infor	mation of the Acci	dent		7
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/06/2023 09:10	Type of Location Express-way
Location: PIE				
Weather:		Road Surface:		
Traffic Flow: Traffic C		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHD4977P	Taxi	HYUNDAI	Ioniq	Blue	Condition	1
SJN599Y	Car	HONDA	JAZZ	Black		1
SMQ7220S	Car		Civic	White		0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230605/7054

CONTINUATION OF REPORT

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestrians Injured: NIL Us		Use of Per	Use of Pedestrian Crossing: NA		
Vehicle Owner					
Name	LEE TING YI			ID No.	S9144758D
Related Vehicle	SJN599Y (Car)			Contact No	o. 94240910
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave NIL		NIL	Degree of	Slig	jht

Brief Details.

I was driving grab with a passenger in my car. Heading towards TPY hub, on the expressway PIE(TUAS). At the time of 9.10-9.15am, heavy traffic, infront vehicle slowed down and i slow down also, and a collision happened with a taxi collided with me. It happens to be a chain collision with 3 vehicle involved. (Including me)

I am driving a Honda Jazz (SJN599Y), 2nd vehicle,

Comfort delgro taxi (SHD4977P) and lastly a Honda Civic (SMQ7220S).

Accident sequence: Me being the first vehicle, follow by the taxi, then the Honda Civic.

Taxi driver particulars (RANDAL LEJEUNE S1763186A) hp: 92980588 Civic particulars (ADRIAN CHUA WEI YANG S9736291B) hp: 91258803

Severity of the my vehicle damage: Rear bumper dented

Rear boot door dented Boot unable to close fully

Exhaust pipe looks distorted

Mis-Alignment of Tail light and bumper

I was given 3 days MC after consulting a Family doctor due to the sore in my neck and lower back. Getting severe as the hour past.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230605/7054

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: 05/06/2023 17:30
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
NP168	

