SN08236G0006 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 16/06/2023 18:06 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 1 (16/06/2023 18:06 (SGT))

Your NCD will be affected due to late reporting

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.
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	16/06/2023 18:06 (SGT)
Reported by	Actual Driver
Date of Accident	29/04/2023 04:30 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	TOWARDS OPHIR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK8882U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH GEOK KEE
NRIC No	SXXXX392I
Email Address	koh-geokkee@hotmail.com
Mobile Phone No	(Phone) +65-90998882
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A45
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00148592202

DRIVER

Name of Driver	LEE ZHI WEI
NRIC No	SXXXX791I
Date Of Birth	18/10/1989
Occupation	Indoor

Date Of Driving Pass	04/01/2011
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96236799
Alt. Phone Number	-
Email Address	zhiwei.lee89@live.com
Address	BLK 402 ANG MO KIO AVENUE 10 #21-615
Address complement	-
Postcode	560402
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Major/Minor Rd
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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20230502/7040 (NO PHOTOS TAKEN CAR AT TP COMPOUND AND INSTRUCTED FROM JACQUELINE (CHINA TAIPING)CAN PROCEED WITH THE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6181K
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)	-

SKETCH PLAN

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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 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 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

Driver's Signature (if driver is not the policyholder) / Date & Time 16/6/23 @ 1600hours

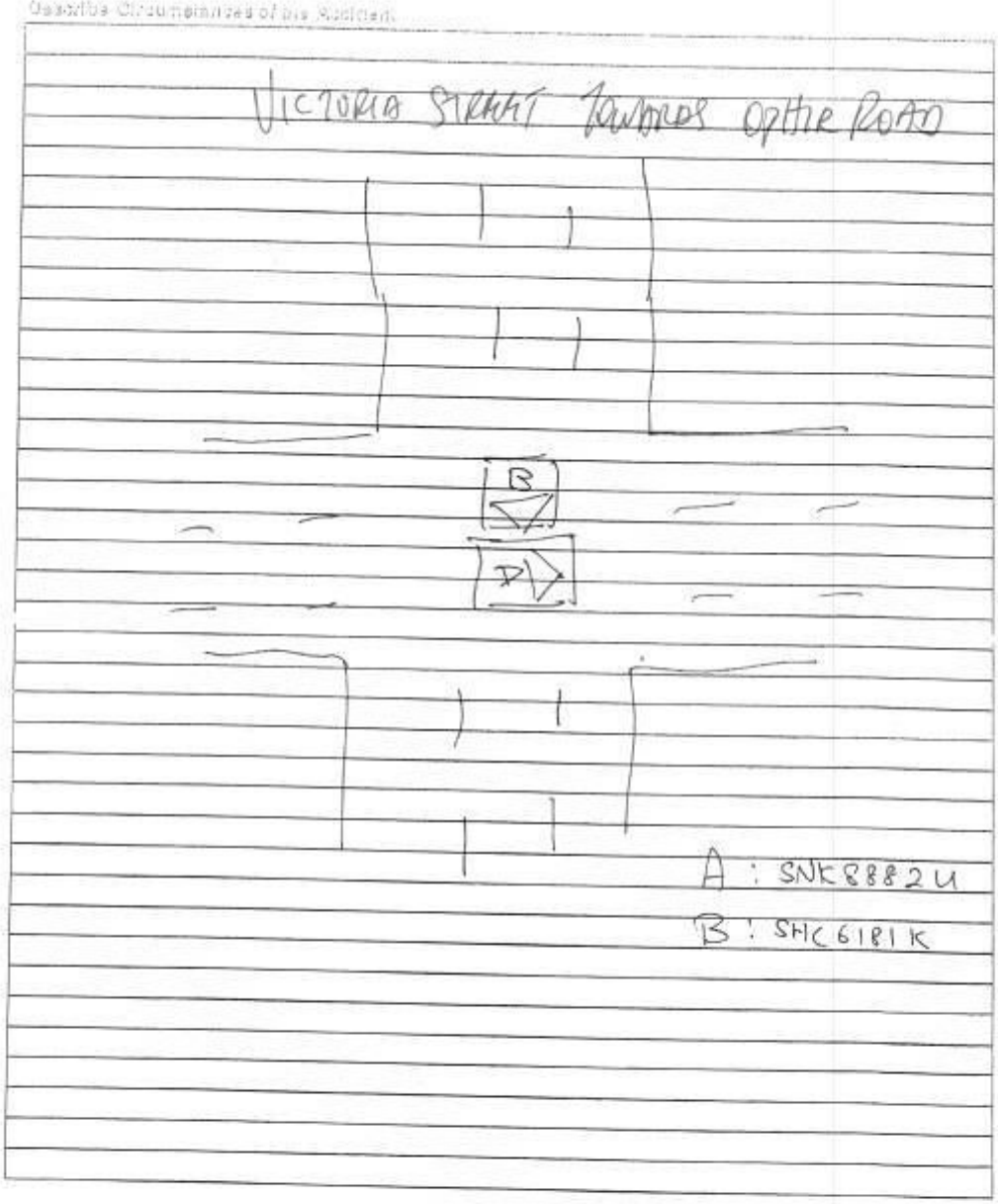
Witnessed by Reporting Centre Personnel 16/06/2023

Sketch Plan

Refer To Police Report

GI/20230502/7040

Describe Circumstances of the Accident



Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature / (if different from policyholder) / Date & Time
16/6/23

Witnessed by Reporting Centre Personnel
16/06/2023

SINGAPORE POLICE FORCE

G/20230502/7040

POLICE REPORT (NP299)

Report No. G/20230502/7040

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made	Vide Report No.	Station Diary No.
02/05/2023 14:39		

Name Of Informant	Address
LEE ZHI WEI	184 BISHAN STREET 13 #03-317 SINGAPORE 570184
ID Type / ID No. NRIC NO / S8937791I	Contact No. Home/Office: Mobile: 96236799
Nationality SINGAPORE CITIZEN	Email Address ZHIWEI.LEE89@LIVE.COM

Occupation	Sex	Age	Date of Birth	Race
Appraiser/Valuer (excluding intangible asset valuer)	Male	33	18/10/1989	Chinese

Institution/School Name	Language
	English
Date/Time Of Incident 30/04/2023 04:30 - 02/05/2023 14:27	Location Of Incident VICTORIA STREET - ERP(1)

Brief details.

on 30 April 2023, i was travelling Victoria Street turning right to Ophir Road. The traffic light was green in my favor and I proceed to turn left to Ophir Road. Suddenly a vehicle collided on the left side of my vehicle. The airbag was deployed and a lot of smoke came out and cause me to breath difficulty. I get out from the vehicle was a India guy ask for my condition and I went to check on the another vehicle and the door was locked and I asked the indian guy to called the ambulance immediately. i cant see anyone inside as the window all were blurred. There was a vehicle stop in front of me and the person came to assist me to check what happen, and i noticed it was my friend. he told me that my face was very pale

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2023 14:39
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Traffic Police Kiosk 1

SINGAPORE POLICE FORCE

G/20230502/7040

POLICE REPORT (NP299) **CONTINUATION OF REPORT** Report No. G/20230502/7040

and wanted to bring me to Tan Tock Seng Hospital. I sit at the back of the car and they drove me. halfway my friend mention that the turn right is farrer park hospital and he fetch me there. I went in and the nurse told me that the waiting time is 1-2 hours and i left home to monitor the condition myself.

Subjects Involved			
Victim			
Person Name	Unknown		
Gender	Unknown	Age	0
Relation To Informant	stranger		
Person Name	LEE ZHI WEI		
ID Type	NRIC NO	ID No	S8937791I
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Appraiser/Valuer (excluding intangible asset valuer)	Address	184 BISHAN STREET 13 #03-317 SINGAPORE 570184
Mobile No	96236799	Is Informant A Victim?	Yes
Person Name	LEE ZHI WEI (Informant)		

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:
02/05/2023 14:39

Officer In-Charge Of Case:

Classification Of Case:

This report is lodged at Traffic Police Kiosk 1

LETTER OF AUTHORISATION

13-Jun-2023

To: Accident Reporting Centre (ARC)

I hereby approved **LEE ZHI WEI** NRIC **S8937791I**

my friend to drive my vehicle bearing vehicle no. **SNK8882U**

and to file the accident report for the accident

which occurred on **30/04/2023 at 0430hrs** along **Victoria Street**.

Thank you.

Regards,

Ch

Name of Owner: Koh Geok Kee