

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	23/05/2023 16:42 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/05/2023 12:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOR 8 GEYLANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8304U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE WEI CHYE
NRIC No	S7132863E
Email Address	SLYLEE126@GMAIL.COM
Mobile Phone No	(Phone) +65-86222236
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11400613

DRIVER

Name of Driver	LEE WEI CHYE
NRIC No	S7132863E
Date Of Birth	01/10/1973
Occupation	Indoor

Date Of Driving Pass	25/07/2007
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86222236
Alt. Phone Number	-
Email Address	SLYLEE126@GMAIL.COM
Address	207D COMPASSVALE LANE #07-52
Address complement	-
Postcode	547207
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	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	Mountbatten Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18003449999
Alt. Police Station Phone No	(Fax) +65-64474185
Police Station Address	Blk 60 Dakota Crescent #01-213/ 215 Singapore 390060
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH713E
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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.
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)

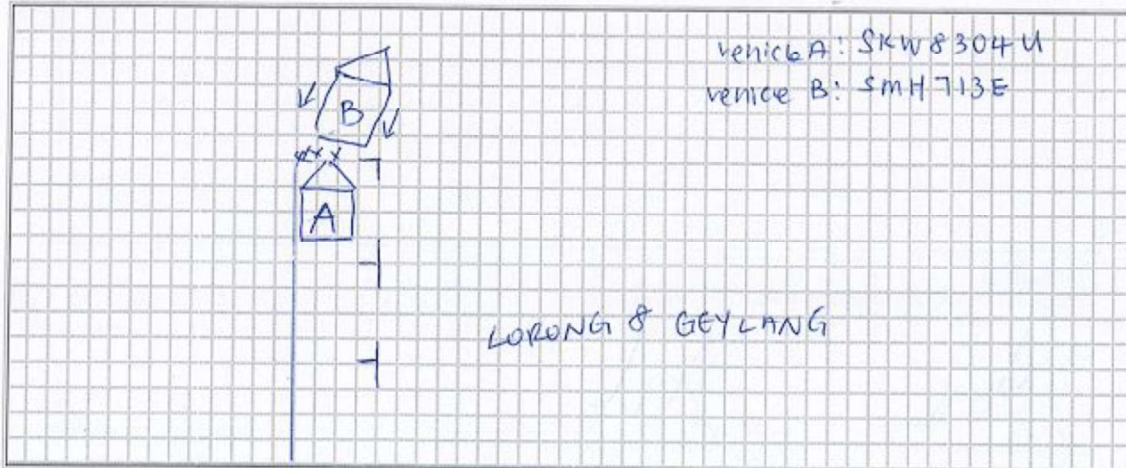
I understand, acknowledge, agree and consent that:

- (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

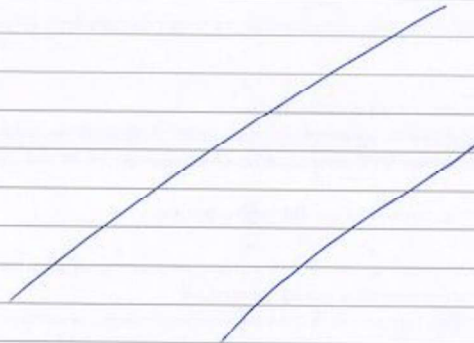

Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

Describe Circumstance of the Accident

Please refer to Police report



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

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



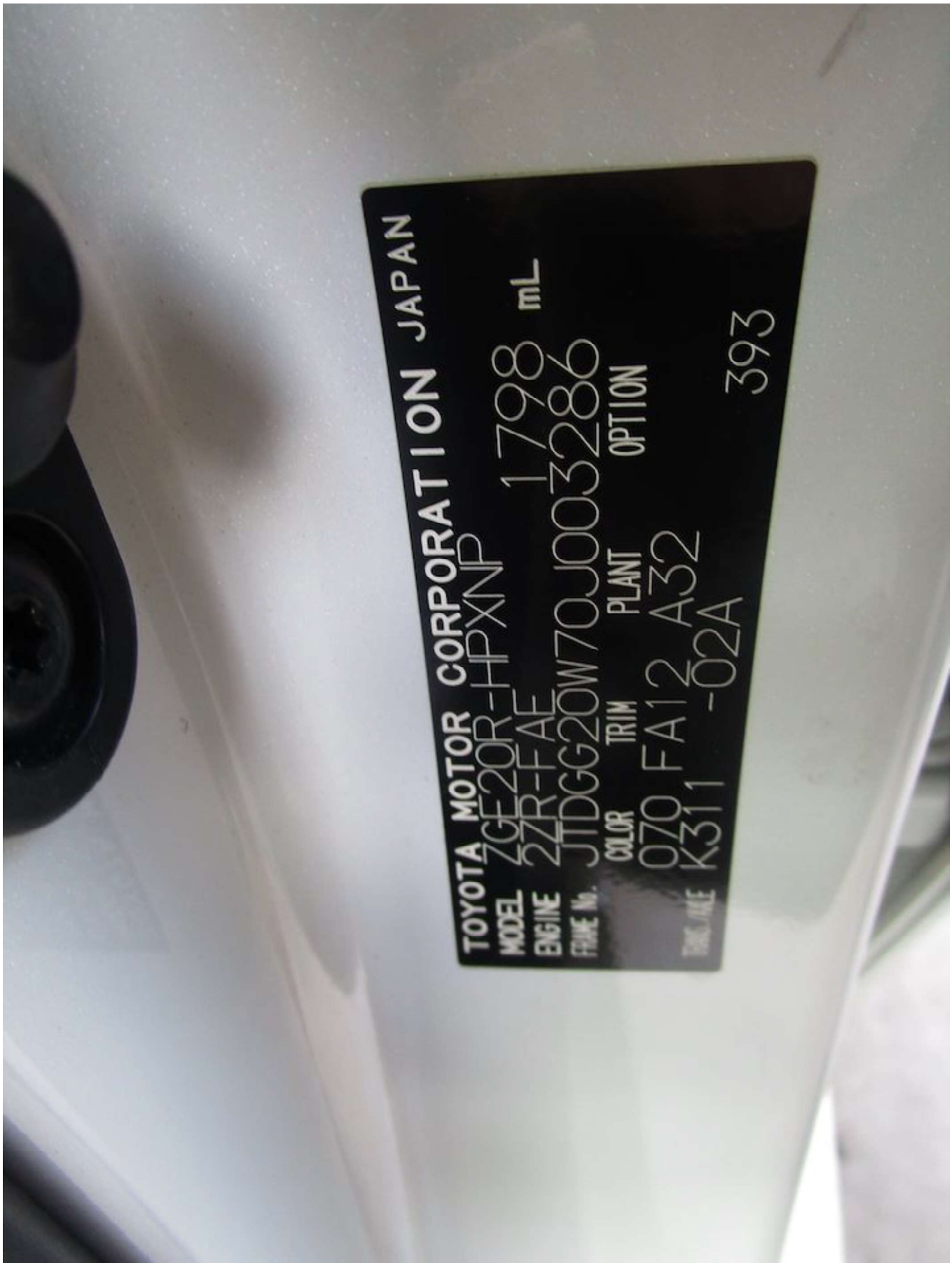













**SINGAPORE
POLICE FORCE**


T/20230522/2048

1 of 3

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Report No. T/20230522/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2023 16:11	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: LEE WEI CHYE	Address: APT BLK 207D COMPASSVALE LANE #07-52 SINGAPORE 547207		
ID Type / ID No.: NRIC NO / S7132863E	Contact No.:	Mobile: 90255525	
Nationality: SINGAPORE CITIZEN	Email: slylee126@gmail.com		
Sex: Male	Age: 51	Date of Birth: 01/10/1971	Type of Informant: Vehicle Owner
Race: Chinese	Language:		
Occupation: GENERAL WORKER	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/05/2023 12:35	Type of Location: Straight Road
Location: LORONG 8 GEYLANG				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW8304U					Slightly Damaged	0
SMH713E						0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

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Report No. T/20230522/2048

CONTINUATION OF REPORT

Vehicle Owner			
Name	LEE WEI CHYE	ID No.	S7132863E
Related Vehicle	SKW8304U	Contact No.	90255525
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/05/2023 at about 1228hrs, i parked my vehicle bearing plate number SKW8304U on the parking lot along Lorong 8 Geylang beside 6 Lorong 8 Geylang.

After parking my vehicle, i left to a nearby restaurant located at 214 Geylang road to consume my lunch.

On the same day at about 1250hrs, i went back into my vehicle and was approached by a random unknown male subject, informing me that earlier on he witnessed a vehicle had collided into the front of my vehicle while reversing. The subject mentioned that the said vehicle is bearing a plate number of "713".

The unknown male subject (Mr Jun, tel: 90572610) is willing to be my witness.

There is camera installed at the front and back of my vehicle. Immediately, i took a look at the camera footage and discovered that a vehicle bearing plate number SMH713E had reversed near to the front of my vehicle at about 1236hrs, however the video got cut off suddenly before the collision.

The said vehicle did not leave any note or contact details on my vehicle.

I wish to state that no one was in my vehicle when the incident happened.

I made a check on my vehicle and noticed that there are scratches on my vehicle front bumper due to the collision.

I wish to state that a staff from the hotel located at 1 Lorong 8 Geylang had also witnessed the incident. However, i did not take down his particulars.

There is police CCTV at the vicinity.



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390060
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Report No. T/20230522/2048

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 2 LIM ZHENG HONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

NP168

Signature Of Informant:

Date/Time:
22/05/2023 16:11

Classification Of Case: