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 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of withouting of material facts may allow insurance companies to reputial 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 26/06/2023 14:01 (SGT) Reported by Actual Driver Date of Accident 23/06/2023 17:40 (SGT) Exact Location of Accident TPE, Singapore TPE TOWARDS PUNGGOL (BEFORE TAMPINES AVENUE 12 Additional Location Information EXIT 3A) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDT312Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHAN XIU JUAN JENIFFER** NRIC No SXXXX851A Email Address BOONKEONGGLEE@GMAIL.COM Mobile Phone No (Phone) +65-91189553 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of Private use 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 1600

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5127019582

DRIVER

Name of Driver LEE BOON KEONG NRIC No SXXXX963H Date Of Birth 17/01/1992

Occupation Indoor Date Of Driving Pass 11/12/2014 Driving experience 8 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-91471124 Alt. Phone Number Email Address BOONKEONGGLEE@GMAIL.COM Address 636A TAMPINES NORTH DRIVE 2 #10-337 Address complement Postcode 521636 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Nο Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name ARIELLE LEE 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? 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? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW6829K
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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	LEE BOON KEONG Male GRANTED FOR 5 DAYS MC SDT312Y Yes No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	ARIELLE LEE Female GRANTED FOR 5 DAYS MC SDT312Y Yes No

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
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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 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 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 daims (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.

L.

Policyholder's Signature / Date & Time

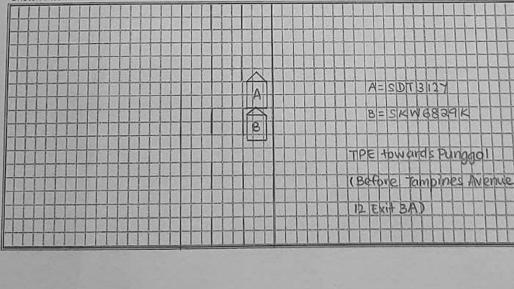
BL

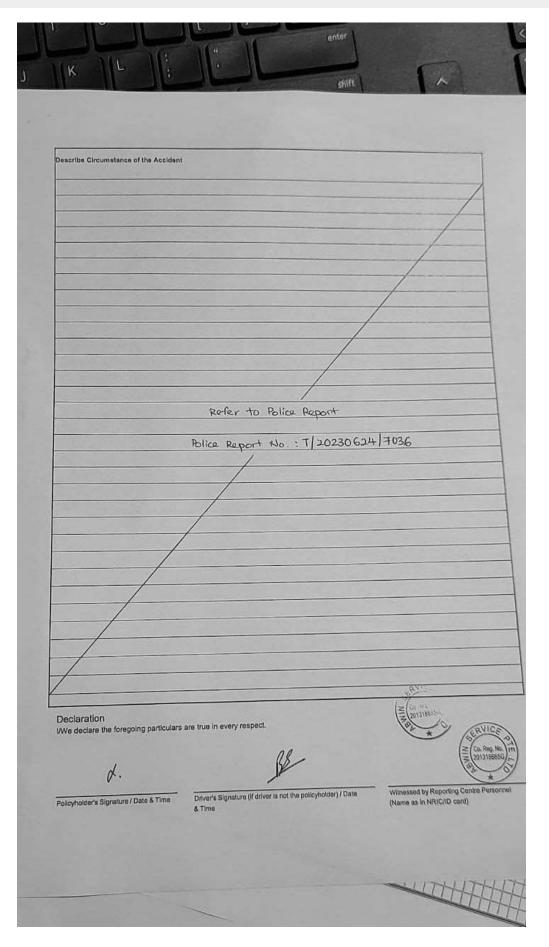
Driver's Signature (if driver is not the policyholder) / Data & Time

Co. Reg. No. 201318585G

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

Sketch Plan









Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20230624/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2023 15:24		/lade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: LEE BOON KEONG			Address: 636A TAMPINES NORTH DRIVE 2 #10-337 SINGAPORE 521636			
ID Type / ID No.: NRIC NO / S9202963H		63H	Contact No.: Home/Office: Mobile: 91471124			
Nationality: SINGAPORE CITIZEN		EN.	Email: BOONKEONGGZXC@GMAIL.COM			
Sex: Age: Date of Birth: Male 31 17/01/1992			Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: IT exec			Driving Licence Information: Class: Date of Expiry:			

General Infor	mation of the Acci	dent		SUCCESSION OF THE REAL PROPERTY.	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2023 17:40	Type of Location:	
Location:		1.559	20/00/2020 17:40		
TPE near Exi	t 3A	Road Surface;			
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SDT312Y	Car					1

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230624/7036

CONTINUATION OF REPORT

Driver				1000	PK.	
Name	LEE BOON KEONG		ID No.		S9202963H	
Related Vehicle	SDT312Y (Car)			Contac	et No.	91471124
Hospital/Clinic	NIL			Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days granted Medical Leave		05	Degree o	of	Serio	us

Brief Details.

On the stated date and time I was ferrying my daughter on board vehicle SDT312Y.

We were travelling straight on TPE/SLE.

As the vehicle in front stopped I gradually follow suit.

Suddenly vehicle SKW6829K came from behind and hit onto my vehicle's rear portion.

The impact was great and causes my right hand to slip and hit onto my steering.

My daughter cried immediately, I check on her and realised that she had a bruise on her left chest.

I quickly brought her to KKH to seek treatment and she was given 5 days MC.

The next day I developed pain on my neck, shoulders, chest and right wrist areas.

I then proceeded to Our Family Physician Clinic and surgery to seek treatment and I was given 5 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230624/7036

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: 24/06/2023 15:24
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG LESLIE Contact No.: 65476151	Classification Of Case:

NP168