

## 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	26/06/2023 18:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/06/2023 11:24 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD8950D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE BIBI
NRIC No	S2500511B
Email Address	GEORGELEE87@GMAIL.COM
Mobile Phone No	(Phone) +65-98202353
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E 250
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	1796

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5118254144-02

### DRIVER

Name of Driver	LEE BIBI
NRIC No	S2500511B
Date Of Birth	19/01/1956
Occupation	Indoor

Date Of Driving Pass	20/10/1975
Driving experience	47 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98202353
Alt. Phone Number	-
Email Address	GEORGELEE87@GMAIL.COM
Address	BLK 9 SELETAR ROAD #01-31 S 807015
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?	Yes
Number of vehicles involved in the accident	5
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)	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	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number	JSA7305
Vehicle Category	Private car

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO THE ATTACHED

#### 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	TRAFFIC POLICE TOOK THE SD CARD

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY6925S
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMY4645C
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	JSA7305
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLP1353Z
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) -

1. Name of the insured person  
2. Address of the insured person  
3. Date of birth of the insured person  
4. Date of issue of the policy  
5. Date of expiry of the policy  
6. Amount of the premium  
7. Amount of the sum insured  
8. Amount of the claim  
9. Amount of the settlement  
10. Name of the insurer  
11. Name of the broker  
12. Name of the agent  
13. Name of the reinsurer  
14. Name of the reinsurer's agent  
15. Name of the reinsurer's broker  
16. Name of the reinsurer's agent's broker  
17. Name of the reinsurer's agent's broker's agent  
18. Name of the reinsurer's agent's broker's agent's agent  
19. Name of the reinsurer's agent's broker's agent's agent's agent  
20. Name of the reinsurer's agent's broker's agent's agent's agent's agent

**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.

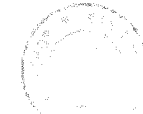
(collectively the "Purposes")

(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

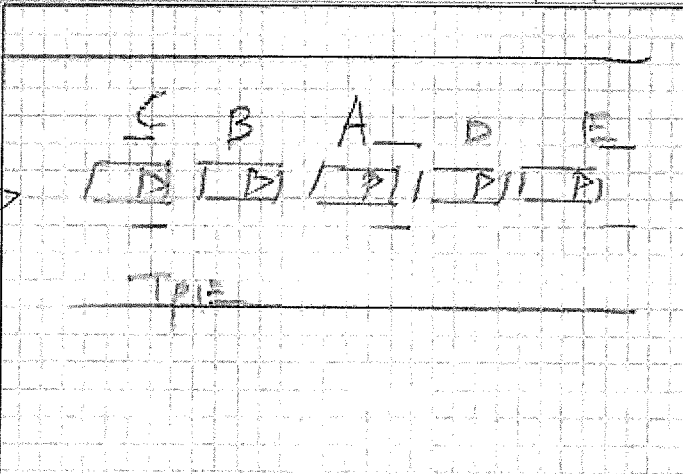
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

  
Driver's Signature (if driver is not the policyholder) / Date & Time  
24/6/2015

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

**Sketch Plan**

 <p>The sketch plan shows a road layout with five vehicles labeled A, B, C, D, and E. Vehicle A is in the center lane, moving right. Vehicle B is in the left lane, moving right. Vehicle C is in the right lane, moving right. Vehicle D is in the left lane, moving left. Vehicle E is in the right lane, moving left. A police officer (POLICE) is standing in the center lane, facing the vehicles. A yellow arrow points to the left lane.</p>	<p>A: SKD 8950D</p> <p>B: SPY 4645C</p> <p>C: SLP 1353Z</p> <p>D: JSA 7325</p> <p>E: SPY 6924S</p>
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10/10/2023


**Describe Circumstance of the Accident**


refer to attached police report.

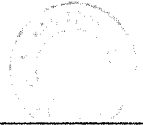
Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature (Date & Time)

 24/6/23  
Driver's Signature (if driver is not the policyholder) / Date & Time  
2.15

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



## CASE CARD

Report Number: **G/20230624/0093**  
 Traffic Accident along **TPELPR**  
 Involving vehicle(s):  
 On **24/06/23** at about **11:25** am / pm.



T/20230624/2063

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Report No. T/20230624/2063

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Service website (<https://eservices.police.gov.sg>) within 24 hours.

NP31EE(2018)

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2023 16:12		Vide Report No.: G/20230624/0093		Station Diary No.: 40
<b>Informant's Particulars</b>				
Name of Informant: LEE BIBI		Address: BLK 9 SELETAR ROAD #01-31 SINGAPORE 807015		
ID Type / ID No.: NRIC NO / S2500511B		Contact No.: Home/Office: Mobile: 98202353		
Nationality: SINGAPORE CITIZEN		Email: georgelee87@gmail.com		
Sex: Male	Age: 67	Date of Birth: 19/01/1956	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: UNEMPLOYED		Driving Licence Information: Class: 2B, 2A, 2, 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/06/2023 11:25	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
JSA7305	Car			Red	Slightly Damaged	0
SJY6925S	Car	HYUNDAI	AVANTE	Black	Slightly Damaged	0
SKD8950D	Car	MERCEDES BENZ	E 250	Silver	Seriously Damaged	0
SLP1353Z	Car	MAZDA	6	Grey	Seriously Damaged	0
SMY4645C	Car	TOYOTA	PRIUS +	Silver	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



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Report No. T/20230624/2063

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKD8950D	NTUC Income Insurance Co-Operative Limited	5118254144-02	17/07/2022	16/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
<b>Driver</b>				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	JSA7305 (Car)		Contact No.	+60167684181
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
<b>Driver</b>				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SJY6925S (Car)		Contact No.	93825381
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
<b>Driver</b>				
Name	LEE BIBI		ID No.	S2500511B
Related Vehicle	SKD8950D (Car)		Contact No.	98202353
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Serious





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



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Report No. T/20230824/2063

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLP1353Z (Car)	Contact No.	91250482
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
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SMY4645C (Car)	Contact No.	93635551
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 the 24/06/2023 at about 1125hrs, while I was driving my vehicle bearing: SKD8950D along TPE Towards PIE direction at second lane, I noticed that the vehicle in front of me bearing JSA7305 came to a complete stop as such I managed to stop my vehicle however the vehicle bearing: SMY4645C behind of me rear ended my vehicle causing my vehicle to collide towards the front vehicle causing a chain collision. I alighted from my car and noticed that the chain collision consist of 05 vehicle which includes mine and sequence as follows:

first vehicle: SJY6925S, second vehicle: JSA7305, third vehicle: my vehicle, forth vehicle: SMY4645C and the last vehicle: SLP1353Z. After the collision, I felt pain on the back of my neck and my left wrist and will be seeking medical treatment on the 25/06/2023. All of the drivers exchanged our contact number and subsequently Traffic police and ambulance came however no conveyance. I wish to inform that no government property damaged. My vehicle is installed with front and rear in-car camera. I am lodging this report for record and insurance claims.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999





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Report No. T/20230624/2063

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report: G / SGT 3 LIM KAI EN, VINCENT 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2023 16:12
Officer In Charge Of Case: TP / GIT / SR STAFF SGT NADYA BINTE MOIDEEN Contact No.: 65476331	Classification Of Case:

NP168