

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 Authorised 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 30/06/2021 15:19 (SGT)
Date of Accident 29/06/2021 20:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information T/JUNCTION OF TAMPINES AVE 6 & AVE 9
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ145P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PRUDENT DESIGN AND CONTRACTS LLP

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Vehicle Category Commercial vehicle
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119983895
Cover Note Number 29/11/2020 - 28/11/2021

DRIVER

Name of Driver LEE HAN WEI GUINESS (LI HANWEI)
NRIC No S8938063D
Address BLK 152 MEI LING STREET #03-06
Address complement -
Postcode 140152
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Cross Junction
Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? Yes
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1

CIRCUMSTANCES OF ACCIDENT

REFER TO GIA REPORT

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 DRIVER WILL EMAIL TO INS CO
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FVP4518P
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
Name of Driver -
Insurance Company Name -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person RIDER
Injured person in which vehicle? FVP4518P

SKETCH PLAN

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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 making 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) If 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.

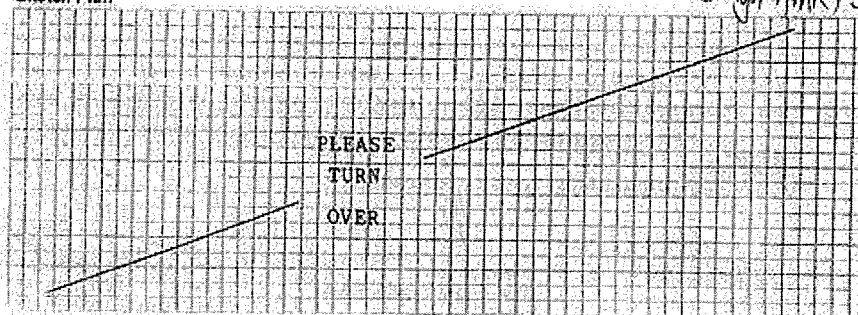
1. VEHICLE NO.: 9BJ145P
2. INSURER CO.: NTHC
3. ACCIDENT DATE & TIME: 29/06/21 @ 2045

Policyholder's Signature / Date & Time

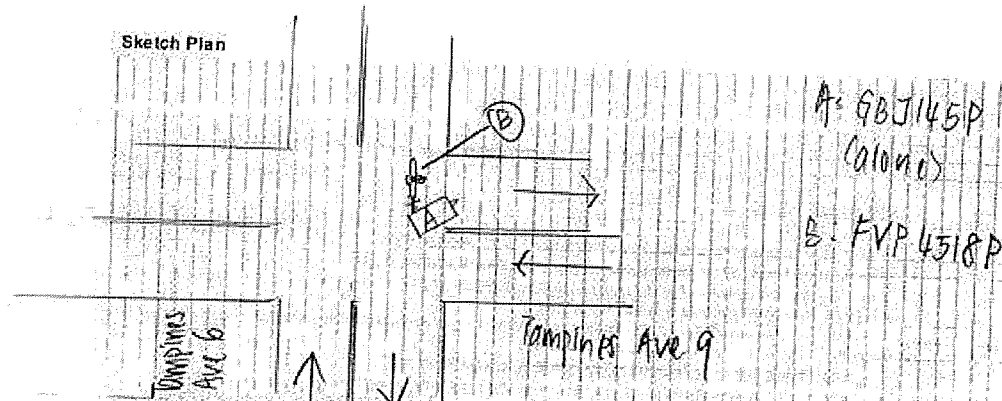
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



PLEASE
TURN
OVER



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: GBJ145P (NTUC)
 Date & Time: 29/06/21 @ 2045 (Raining/Wet)
 refer to police report no: 7/20210629/2134.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

(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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Reporting Only

☐ Claim Own Policy ☐ Claim Third Party ☒ Claim OD/TP at other workshop

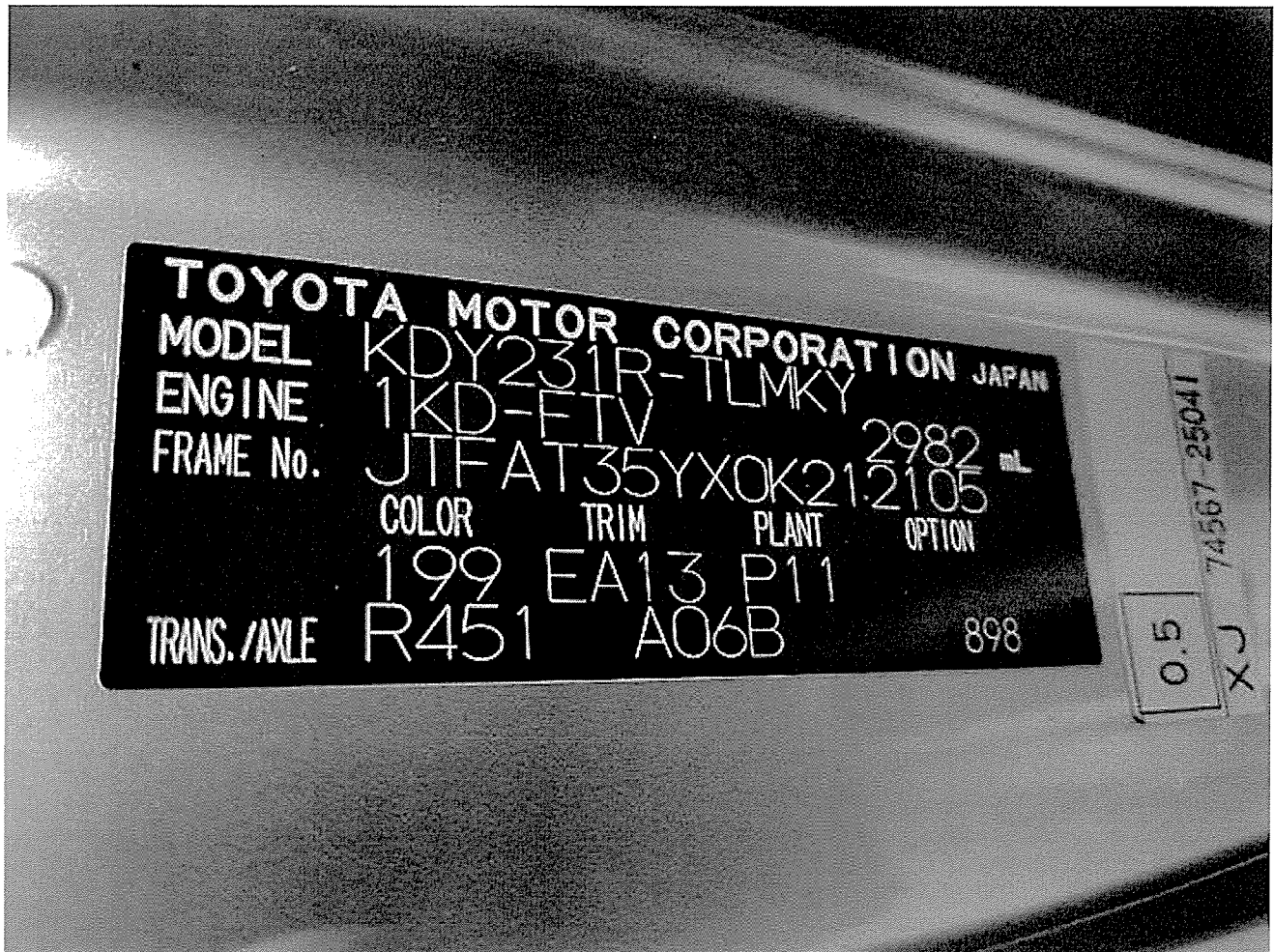














**SINGAPORE
POLICE FORCE**



T/20210629/2134

1 of 3

Report No: T/20210629/2134

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2021 23:55		Vide Report No.:		Station Diary No.: 48
Informant's Particulars				
Name of Informant: LEE HAN WEI, GUINNESS		Address: APT BLK 152 MEI LING STREET #03-06 SINGAPORE 140152		
ID Type / ID No.: NRIC NO / S8938063D		Contact No.: Home/Office: 86881184 Mobile: 93233136		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 31	Date of Birth: 24/10/1989	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: RENOVATION SUPERVISOR		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/06/2021 20:45	Type of Location: X-Junction
Location: TAMPINES AVENUE 6				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FVP4518P	Motorcycle			Black		0
GBJ145P	Lorry	TOYOTA	DYNA	Silver	No Damage	0

Details of Person Involved

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



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Report No. T/20210629/2134

CONTINUATION OF REPORT

Driver			
Name	LEE HAN WEI, GUINNESS		ID No. S8938063D
Related Vehicle	GBJ145P (Lorry)		Contact No. 86881184
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/06/2021 at about 2045hrs, I was driving along Tampines Ave 6 when I had an accident. At the cross junction of Ave 6 and Ave 9, I was about to make a right turn into Ave 9 when a motorcycle suddenly hit onto my rear. The rider mentioned he could not stop in time therefore he collided onto my vehicle from the rear. Another motorist happened to stop by and assist in calling for Ambulance. Ambulance arrived and conveyed the rider to the nearest hospital.



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T/20210629/2134

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Tel No: 1800-4719999

3 of 3

Report No: T/20210629/2134

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /
Sr Staff Sgt MUHAMMAD ASADULLAH BIN
ABDUL RAHIM ANGULLIA

Signature Of Informant:

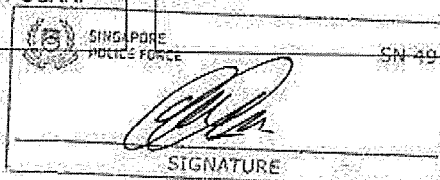
Signature Of Interpreter:
Not applicable

Date/Time:
29/06/2021 23:55

Officer In Charge Of Case:
TP / GIT /
Staff Sgt ROIZMAN BIN MOHAMED POSARI
Contact No.: 65476131

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE