

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? Owner / Driver / Both

Date of Accident: 30/06/2023

Time of Accident: 07:20 (AM / PM)

Location of Accident: Jalan Papan

Country/State of Loss: Singapore

Type of Accident: SIDE SWIPE

Weather Condition: Clear / Raining Road Surface Dry / Wet

If Not in List, please specify _____

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No & Vehicle Type: _____

No. of vehicles Involved in the accident (include own vehicle) _____

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: TRAFFIC POLICE - UBI

Was notice of Prosecution given? Yes / No

If yes, against whom? _____

Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

Details of Own Vehicle

Vehicle Registration No: FBD 8206B

Vehicle Category: _____

Vehicle Manufacturer: YAMAHA Vehicle Model: TI35

Transmission: Manual / Auto Cc: _____

Exact purpose for which vehicle was being used at the time of accident:

Private Hire / Private Use / Employment

No. of passengers (including driver) 1

Passenger Name: _____

Gender: Male / Female

Passenger Name: _____

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: INCOME INSURANCE LIMITED

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: LEE CHEE SEONG

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 37163882J

Email: FULLSTOP423@GMAIL.COM

Mobile No: 96678721

Alt. No Type: Home / Office / Not in List

If Not in List, please specify _____

Owner Alt Phone No: _____

Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: LEE CHEE SEONG

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit
S 7163882J

Driver's ID: _____

Date of Birth: 05-10-1971

Driving Pass Date: 14-04-2001

Mobile No: 96678721

Email: LEONG2287@HOTMAIL.COM

Address 1: BLK 942 JURONG WEST ST 91

Address 2: #06-465 Postal Code: 640942

Occupation: Indoor / Outdoor

Driver Owner Relationship: OWNSELF

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: _____

Handling Insurer: _____

TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: SHD 4065X

(ii) Vehicle Category: _____

(iii) No. of passengers (including driver) _____

Passenger Name: _____

Gender: Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- Original report in original language
- Translated report to English

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

- (i) Name: LEE CHEE SEONG
- (ii) Gender: Male / Female
- (iii) Injured Person in which Vehicle? FBD 8206 B
- (iv) Full Address: Blk 943 JURONG WEST ST 91
06-465 SINGAPORE 640943

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____

SKETCH PLAN

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 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.

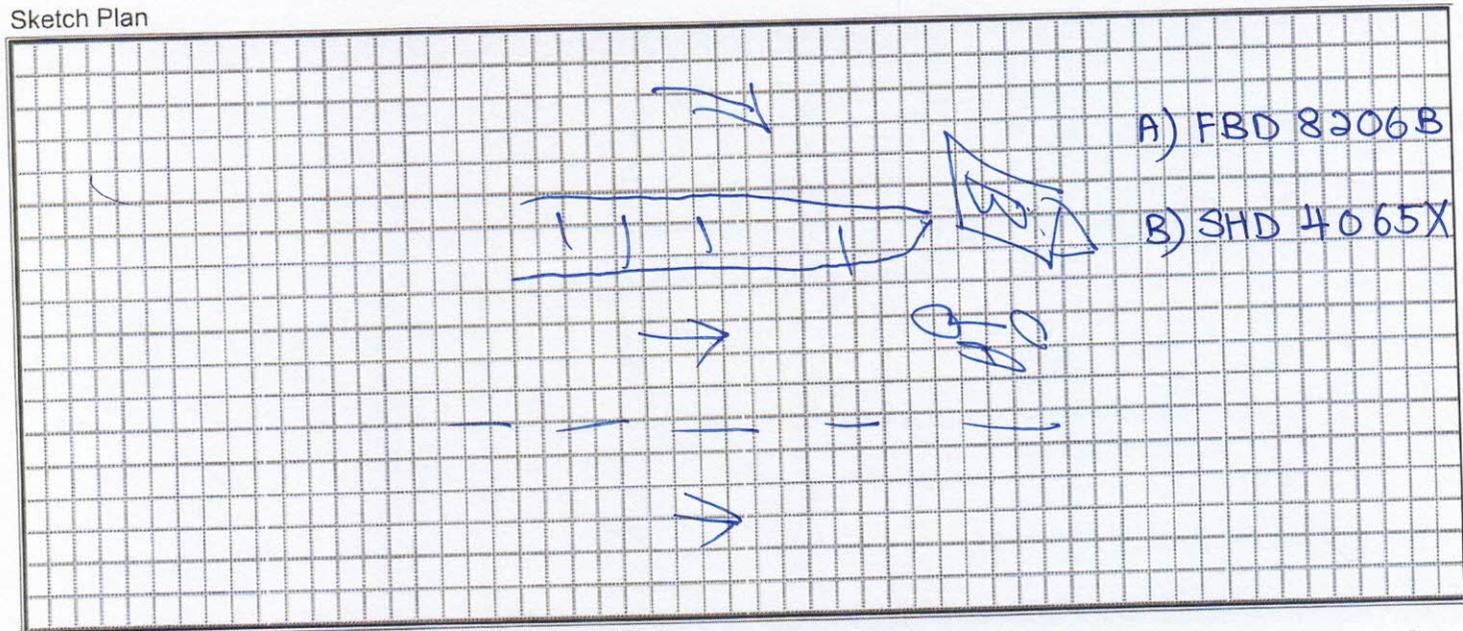
[Handwritten signature]

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

AS PER POLICE REPORT NO T/20230630 / 7016

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)



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230630/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2023 13:03	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LEE CHEE SEONG		Address: 942 JURONG WEST STREET 91 #06-465 SINGAPORE 640942	
ID Type / ID No.: NRIC NO / S7163882J		Contact No.: Home/Office:	Mobile: 96678721
Nationality: MALAYSIAN		Email: leong2287@hotmail.com	
Sex: Male	Age: 51	Date of Birth: 05/10/1971	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	
Occupation: Technical writer		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/06/2023 07:20	Type of Location: Straight Road
Location: JALAN PAPAN				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBD8206B	Motorcycle	B.U.T.		Blue	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD8206B	NTUC Income Insurance Co-Operative Limited	5065534728-08	30/08/2022	04/08/2023



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230630/7016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LEE CHEE SEONG	ID No.	S7163882J
Related Vehicle	FBD8206B (Motorcycle)	Contact No.	96678721
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	30/06/2023	Date	30/06/2023
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

AT MENTION DATE AND TIME ,I WAS DRIVING ALONG AYE.SUDDENLY A TAXI SHD 4065X CAME OUT FROM EXIT AND HIT INTO MY LEFT PORTIONS AND MY BIKE FELT LEFT SIDE



**SINGAPORE
POLICE FORCE**



T/20230630/7016

3 of 3

Report No. T/20230630/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD REEZA BIN AHMAD YUSOFF
Contact No.: 97377891

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
30/06/2023 13:03

Classification Of Case:

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5065534728-08 **Cover** : Third Party

- | | |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle | : FBD8206B |
| Chassis Number | : 5YP010950 |
| 2. Name of Policyholder | : LEE CHEE SEONG |
| 3. Effective Date of Insurance | : 05 Aug 2022 |
| 4. Expiry Date of Insurance | : 04 Aug 2023 |
| 5. Persons or Classes of Persons entitled to drive# | |

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
(b) Use for food/parcel/other delivery services.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: LEE CHEE SEONG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : COMMERCIAL AGENCY PTE LTD (00000614425)
Date of Issue : 22 Jun 2022 10:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7163882J**
 Name: **LEE CHEE SEONG**

Birth Date: **05 Oct 1971**
 Issue Date: **18 Mar 2008**

001582556E




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7163882J**

Name: **LEE CHEE SEONG**
 李志祥

Race: **CHINESE**
 Date of birth: **05-10-1971** Sex: **M**
 Country of birth: **MALAYSIA**



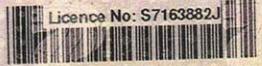



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles =< 200 cc	14 Apr 2001
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	14 Apr 2001

NP 428A

Licence No: S7163882J



8747514

NRIC No. **S7163882J**

Nationality: **MALAYSIAN**
 Date of issue: **20-12-2005**

APT BLK 942 JURONG WEST STREET 91 #06-465
 SINGAPORE 640942

NRIC No: **S7163882J** Date: **20/08/2011** No: **6874849**