

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	13/07/2023 17:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/07/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KALLANG PAYA LEBAR EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME7320A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE SHENG YE LAWSON
NRIC No	S8627463I
Email Address	LEESHENGYELAWSON@GMAIL.COM
Mobile Phone No	(Phone) +65-90052630
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121500717-01

DRIVER

Name of Driver	LEE SHENG YE LAWSON
NRIC No	S8627463I
Date Of Birth	20/09/1986
Occupation	Indoor

Date Of Driving Pass	22/03/2006
Driving experience	17 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90052630
Alt. Phone Number	-
Email Address	LEESHENGYELAWSON@GMAIL.COM
Address	407 TAMPINES STREET 41 #11-145
Address complement	-
Postcode	520407
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	Side Swipe
Weather Conditions	CLOUDY
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?	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	-

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 ATTACHED

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	SJQ2774D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RADHAKRISHNAN MYLAPRAVAN
NRIC No	S7165216E
Contact Number	(Phone) +65-81572261
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	LEE SHENG YE LAWSON
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SME7320A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

- Refer to police report T120230713/7008.
- This police report does not reflect ~~the~~ the full details of the accident.
- I would like to add details as follows.
1. SJQ 2774D change into my lane without checking clearance and hit my car SME7320A RIGHT PASSENGER DOOR.
 2. HALF of my car has already passed ~~the~~ his car based on the damage on my car.
 3. ~~The~~ SJQ 2774D brakes and moved very slowly before swiping to my lane. There ~~is~~ was much more opportunities for him to change lane earlier instead of now, where I could have reacted properly.
 4. I ~~did not~~ ~~see~~ ~~him~~ believe I am in my right of way in my lane and driving safely.
 5. Rear cam footage shows the car behind SJQ 2774D signaled but did not drive as recklessly like SJQ 2774D.

Declaration

I/We declare the foregoing particulars are true in every respect.

 13/07/23

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policy holder)
Date & Time:

Witnessed by Reporting Centre
Personnel

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 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.

Am 13/07/23
Policyholder's Signature/Date & Time

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

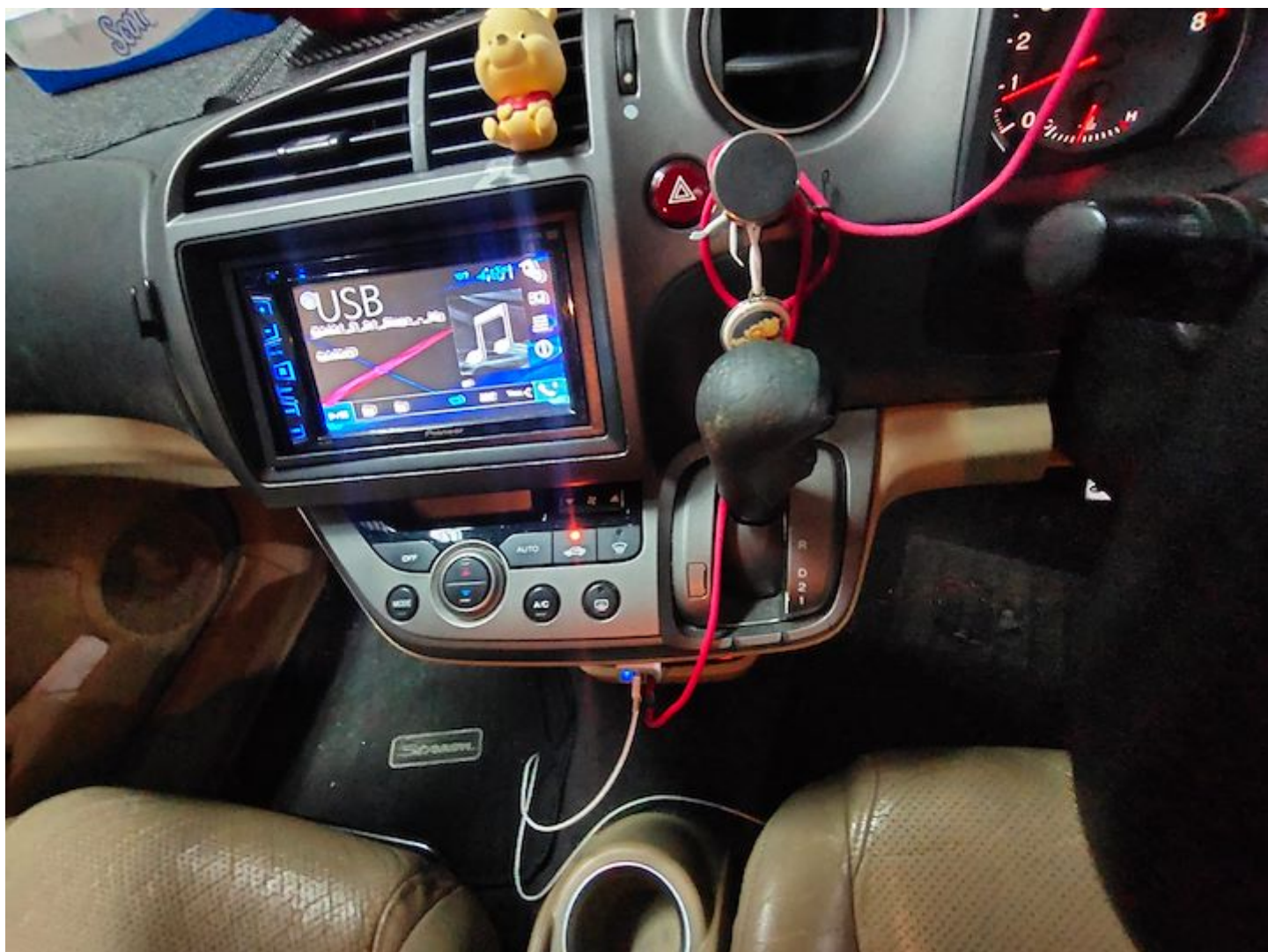
Witnessed by Reporting Centre Personnel

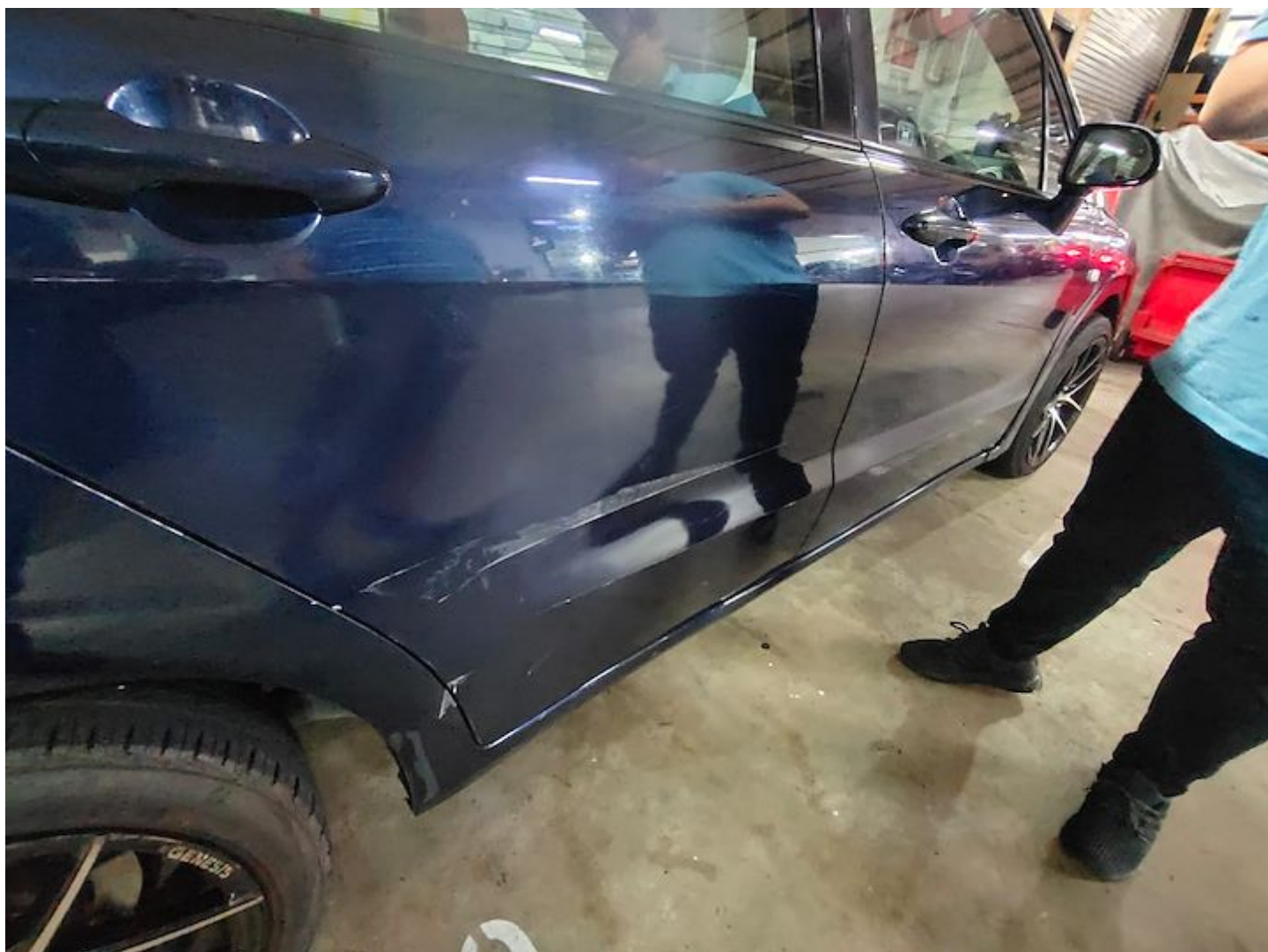
Sketch Plan





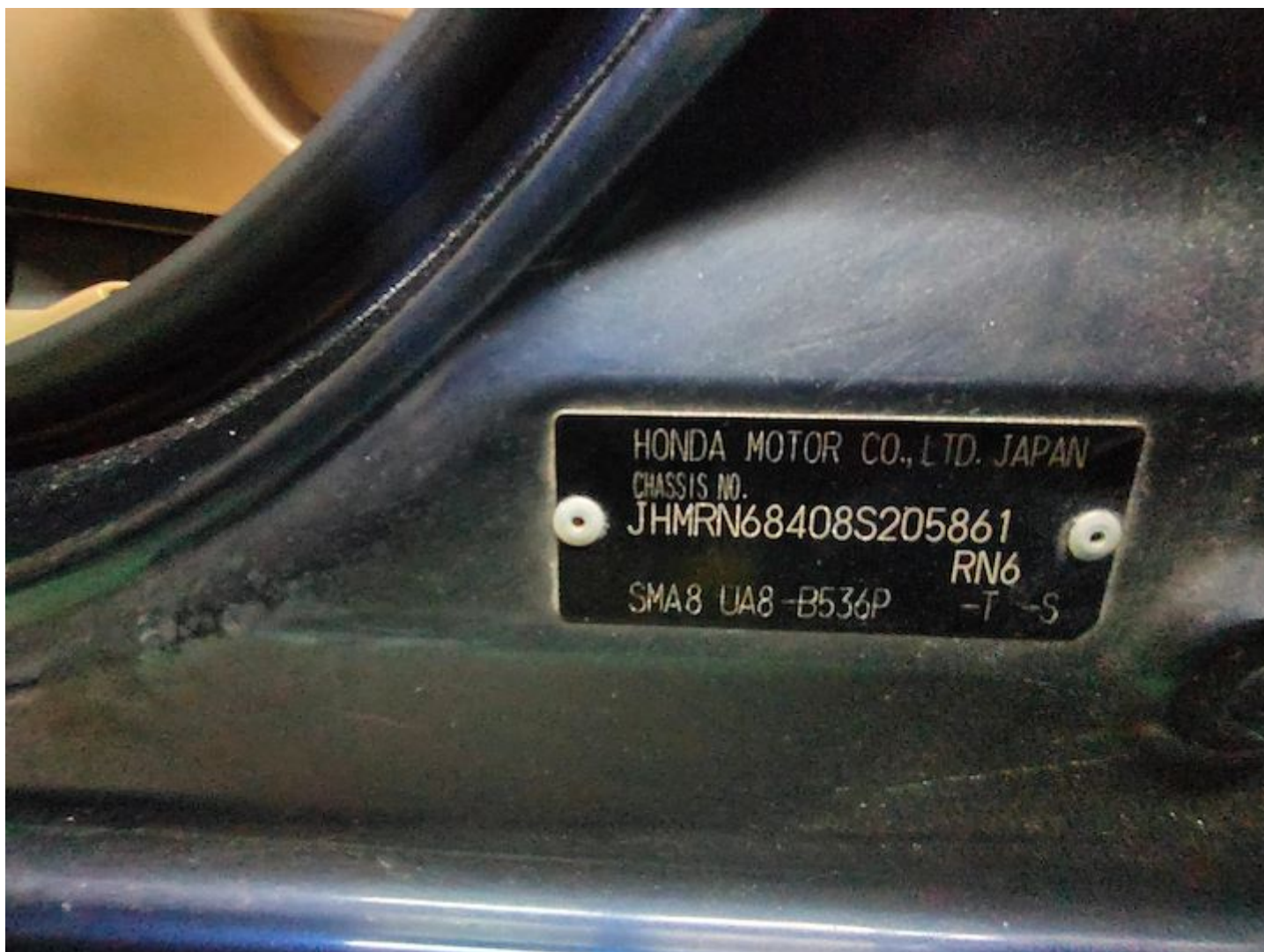


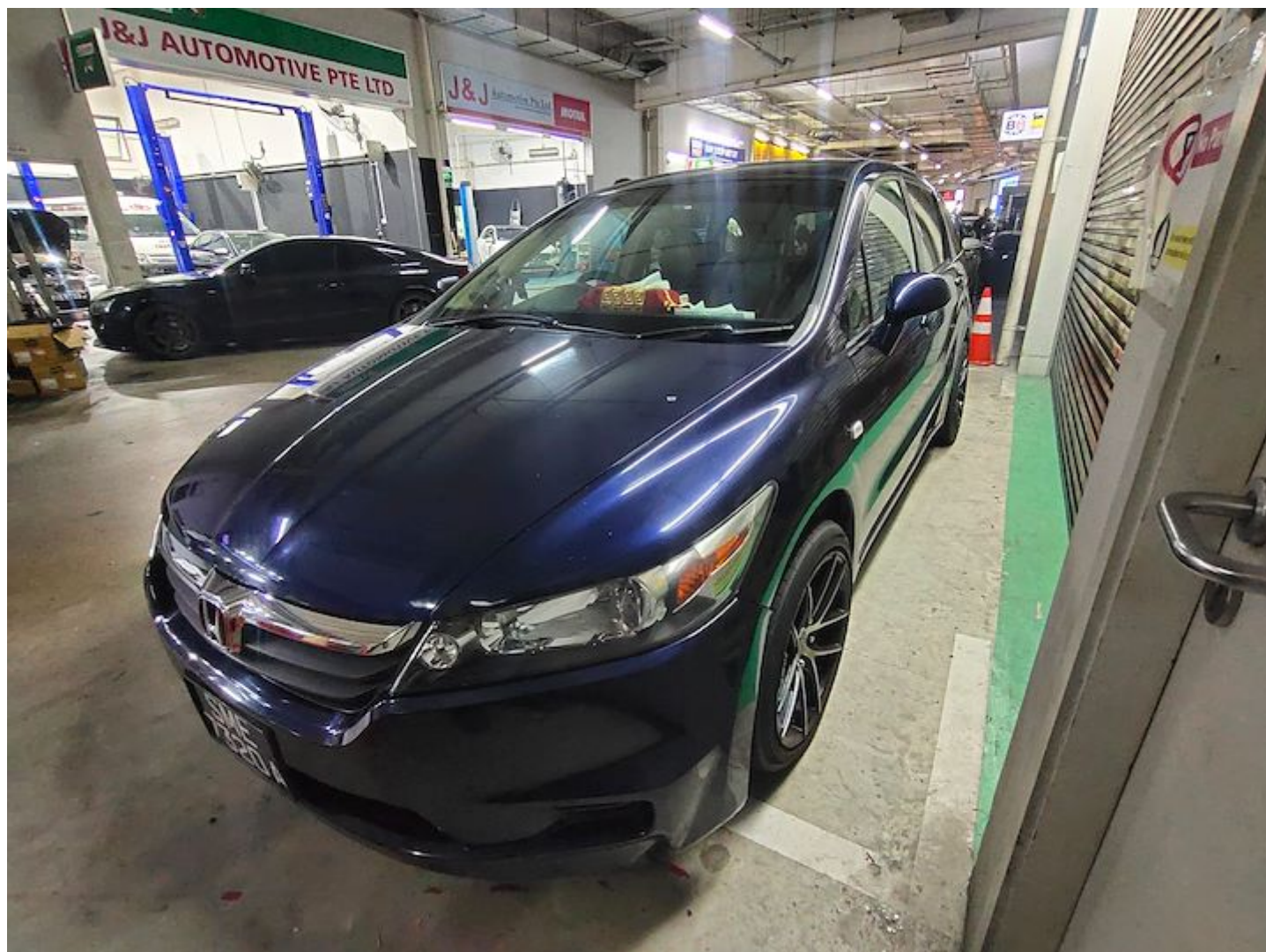






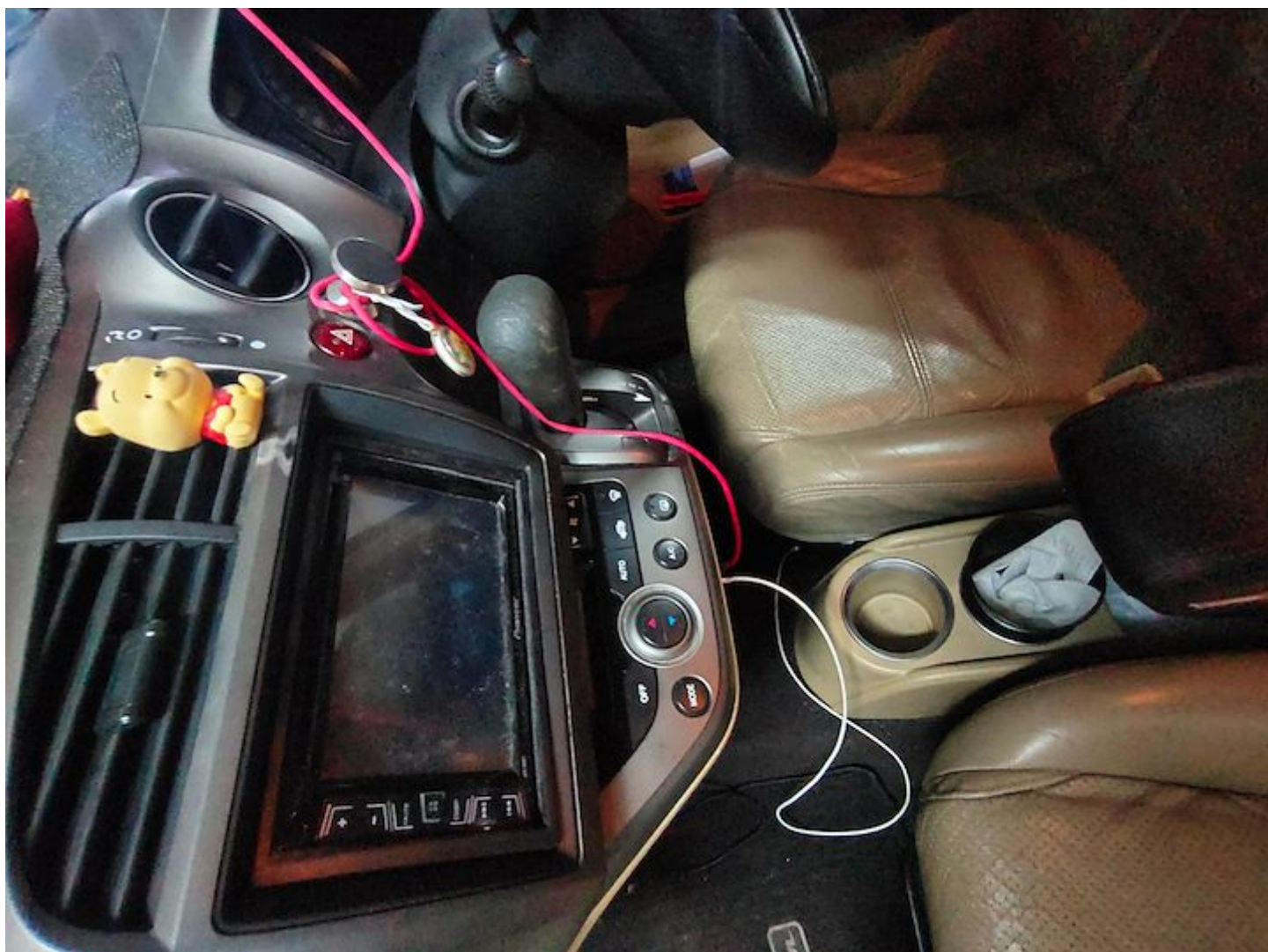








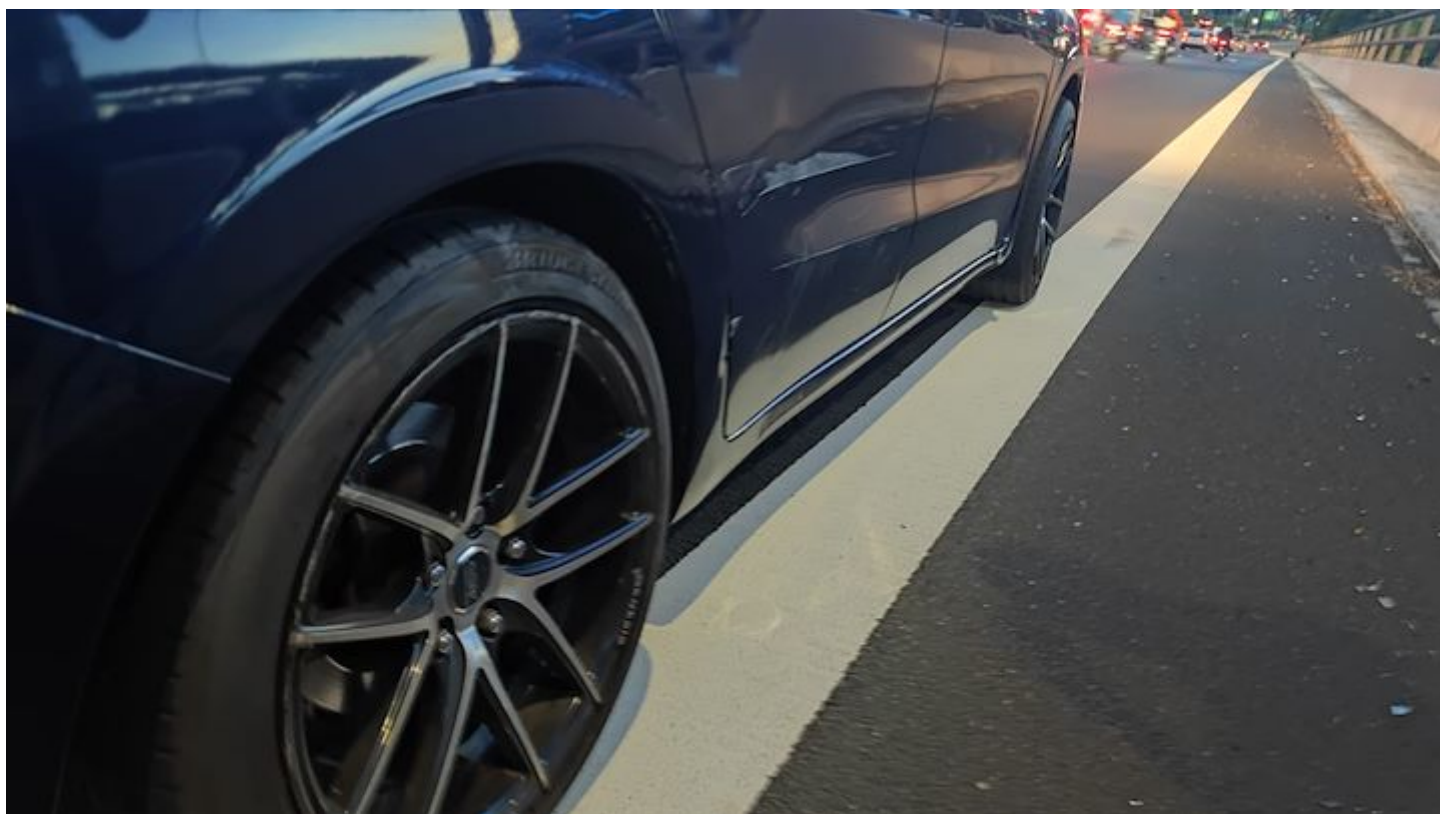
















**SINGAPORE
POLICE FORCE**



T/20230713/7008

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

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Report No. T/20230713/7008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE SHENG YE, LAWSON	ID No.	S8627463I
Related Vehicle	SME7320A (Car)	Contact No.	90052630
Hospital/Clinic	YAO MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	13/07/2023	Date	13/07/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I have dash cam footages. I was driving in my lane (lane 2) going straight. I was hit by SJQ2774D on my RIGHT PASSENGER DOOR when he wanted to change into my lane.



**SINGAPORE
POLICE FORCE**



T/20230713/7008

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

3 of 3

Report No. T/20230713/7008

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAY CHUN KEEN
Contact No.: 65476436

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

Date/Time:
13/07/2023 12:18

Classification Of Case:

This report is lodged at Tampines NPC Kiosk 1
NP168



**SINGAPORE
POLICE FORCE**



T/20230713/7008

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

1 of 3

Report No. T/20230713/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2023 12:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE SHENG YE, LAWSON			Address: 407 TAMPINES STREET 41 #11-145 SINGAPORE 520407		
ID Type / ID No.: NRIC NO / S8627463I			Contact No.: Home/Office: Mobile: 90052630		
Nationality: SINGAPORE CITIZEN			Email: leeshengyelawson@gmail.com		
Sex: Male	Age: 36	Date of Birth: 20/09/1986	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Unemployed			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2023 19:30	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJQ2774D	Car					0
SME7320A	Car	HONDA	STREAM	Blue	Slightly Damaged	0