

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 First Submission	12/09/2024 12:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/09/2024 06:50 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	(PIE CHANGI) BEFORE LORONG HALUS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG3122X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEW SAN LENG
NRIC No	S7604272A
Email Address	me99sales@gmail.com
Mobile Phone No	(Phone) +65-93738883
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSAW00002692400

DRIVER

Name of Driver	LEW SAN LENG
NRIC No	S7604272A
Date Of Birth	06/02/1976
Occupation	Outdoor
Driving Pass Date	24/01/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93738883
Alt. Phone Number	-
Email Address	me99sales@gmail.com
Address	BLK 124B RIVERVALE DRIVE #004-211
Address complement	-
Postcode	542124
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?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	ZAI
Gender	Male

PASSENGER 2

Name	ZAI'S SPOUSE
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

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 SMZ513X
 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 SMN4120H
 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 SKU8488H
 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 SLM1168H



Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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	LEW SAN LENG
Gender	Male
Phone No	(Phone) +65-93738883
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMG3122X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	ZAI'S SPOUSE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMG3122X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

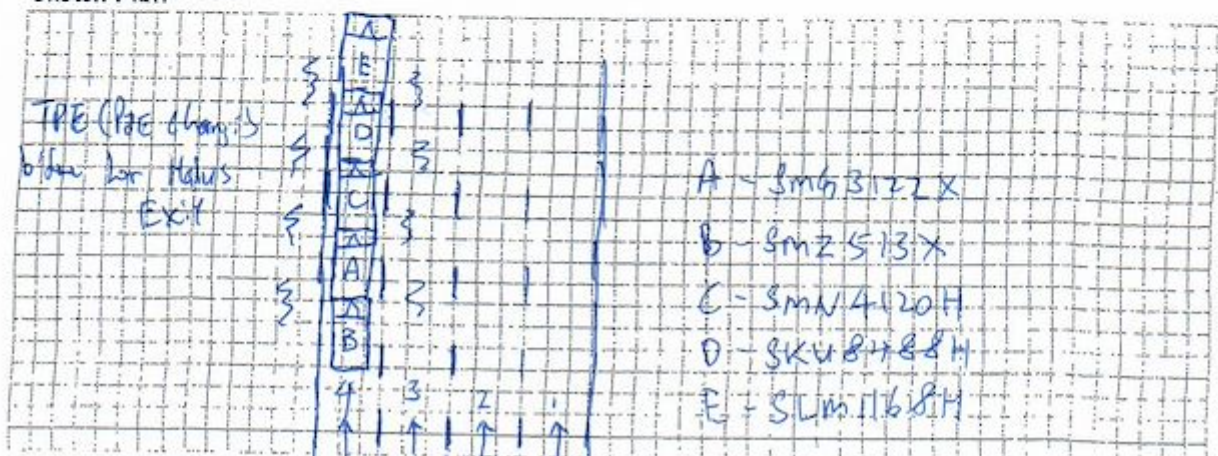
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' law yers/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' law yers/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 law yers/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

Witnessed by Reporting Centre Personnel

Sketch Plan

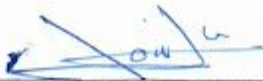



Describe Circumstances of the Accident

AS per police report no. T/2024 0912 /7010

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


Witnessed by Reporting Centre Personnel

















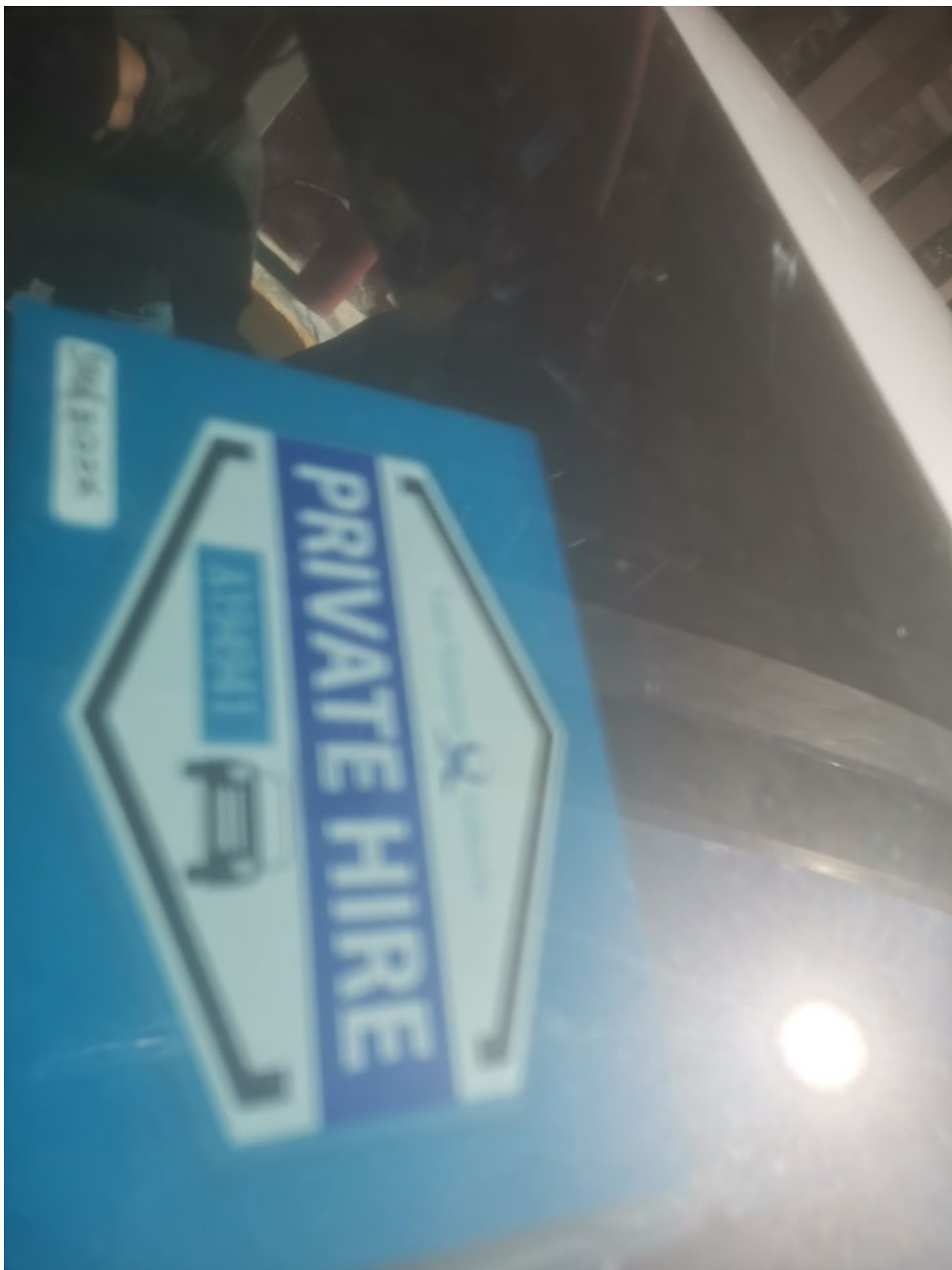




















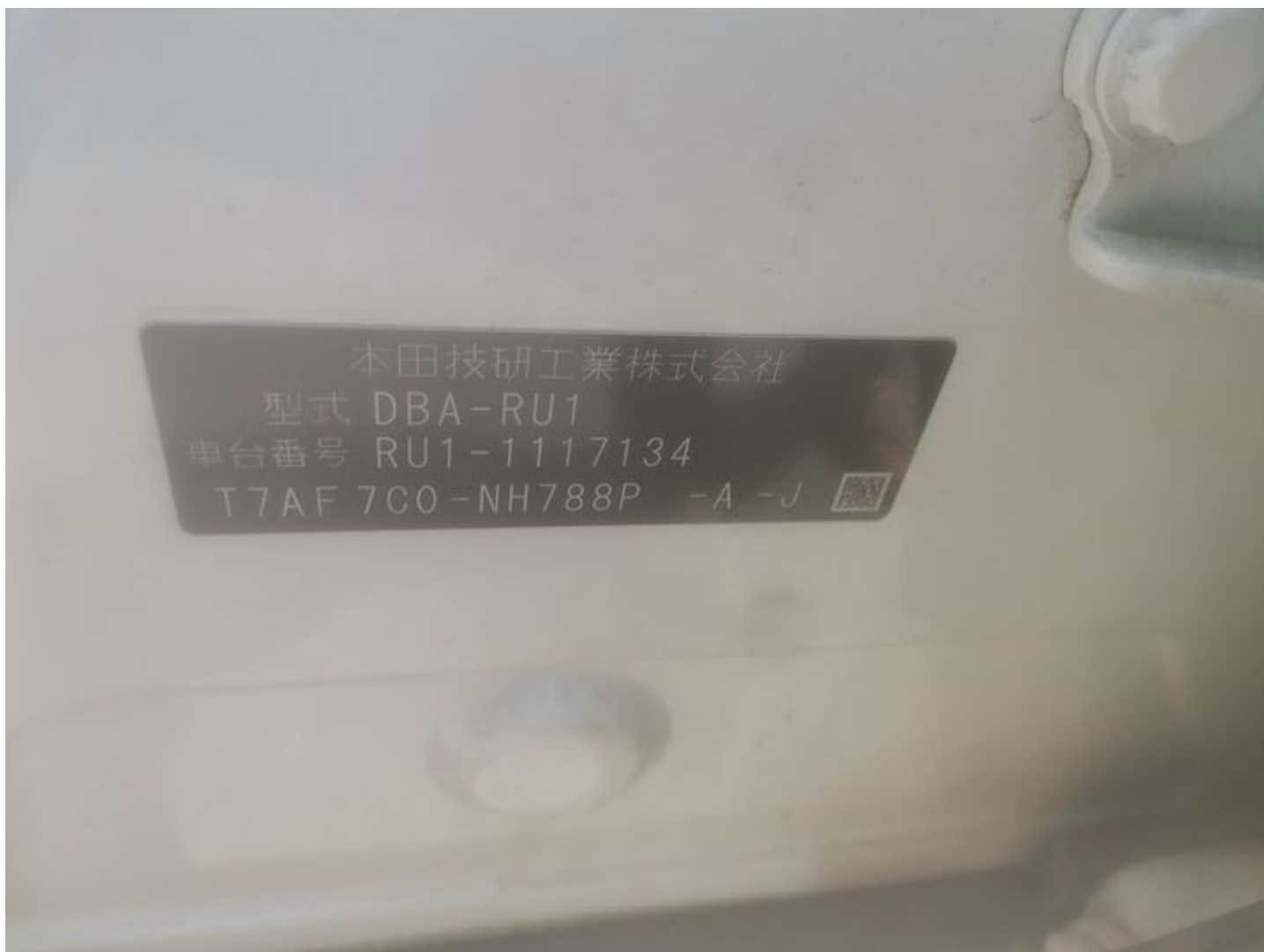














SINGAPORE POLICE FORCE



T/20240912/7010

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

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Report No. T/20240912/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2024 10:13	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LEW SAN LENG		Address: 124B RIVERVALE DRIVE #04-211 SINGAPORE 542124	
ID Type / ID No.: NRIC NO / S7604272A		Contact No.: Home/Office: Mobile: 93738883	
Nationality:		Email: ME99SALES@GMAIL.COM	
Sex: Male	Age: 48	Date of Birth: 06/02/1976	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Premises and facilities maintenance manager		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/09/2024 06:50	Type of Location: Straight Road
Location: SENGKANG EAST DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SKU8488H	Motor car	RENAULT	GRAND SCENIC	White	Slightly Damaged	0
SLM1168H	Motor car	TESLA	MODEL 3	Red		0
SMG3122X	Motor car	HONDA	VEZEL 1.5X CVT	White	Seriously Damaged	2
SMN4120H	Motor car		ESTIMA	Black	Seriously Damaged	2
SMZ513X	Motor car	TOYOTA	PRIUS	Silver	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20240912/7010

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

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Report No. T/20240912/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMG3122X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW00002692400	20/02/2024	20/02/2025

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LEW SAN LENG	ID No.	S7604272A	
Related Vehicle	SMG3122X (Motor car)	Contact No.	93738883	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	11/09/2024	Date Discharge	11/09/2024	
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious	
Passenger				
Name	ZAI'S SPOUSE	ID No.	NIL	
Related Vehicle	SMG3122X (Motor car)	Contact No.	NIL	
Hospital/Clinic	K K WOMEN'S CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	11/09/2024	Date Discharge	NIL	
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Serious	
Passenger				
Name	ZAI	ID No.	NIL	
Related Vehicle	SMG3122X (Motor car)	Contact No.	90681565	
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 (MC)	NIL	Degree of Injury	NIL	



**SINGAPORE
POLICE FORCE**



T/20240912/7010

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

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Report No. T/20240912/7010

CONTINUATION OF REPORT

Brief Details.

AS PER ABOVE DATE & TIME, I WAS DRIVING SMG3122X ALONG TPE TOWARDS PIE (CHANGI) ON THE EXTREME LEFT LANE. SOMEWHERE BEFORE LOR HALUS EXIT, VEHICLES IN FRONT SLOWED DOWN AND STOPPED. AS SUCH, I APPLIED BRAKE AND STOPPED ACCORDINGLY. OUT OF SUDDEN, VEHICLE (SMZ513X) WHICH WAS BEHIND COLLIDED ONTO MY VEHICLE REAR PORTION. DUE TO THE HUGE IMPACT, MY VEHICLE SURGED FORWARD AND COLLIDED ONTO VEHICLE (SMN4120H) WHICH WAS IN FRONT OF ME. I ALIGHTED FROM MY VEHICLE AND DISCOVERED I WAS INVOLVED IN A 5-VEHICLES CHAIN COLLISION ACCIDENT. THERE WERE 2 PASSENGERS (COUPLE) IN MY VEHICLE AT THAT POINT OF TIME AND DUE TO THE IMPACT, MY PASSENGER (FEMALE) WAS INJURED. I WAS INJURED AS WELL DUE TO THE IMPACT, THEREFORE MYSELF & MY PASSENGER (FEMALE) WERE CONVEYED TO SENGKANG GENERAL HOSPITAL FOR MEDICAL TREATMENT. I WAS GIVEN 3 DAYS MC DUE TO HEAD & BACK INJURIES THAT CAUSED FROM THE ACCIDENT.



**SINGAPORE
POLICE FORCE**

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



T/20240912/7010

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Report No. T/20240912/7010

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD GHAZALI BIN ABDUL RAZAK
Contact No.: 65476367

NP168

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

Date/Time:
12/09/2024 10:13

Classification Of Case:

