SC1E249N0004 / Charn's CustomCraft ENTRY DATE & TIME: 23/09/2024 17:17 (SGT) SUBMITTED BY: Lee Chia Ling Sharon VERSION: 1 (23/09/2024 17:17 (SGT))



#### 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 witholding 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 23/09/2024 17:17 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 21/09/2024 19:02 (SGT)
Exact Location of Accident Singapore
Additional Location Information UPP EAST COAST ROAD
Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

**BMW** 

Vehicle Registration Number SMM2629B

Manufacturer

### INSURED/POLICYHOLDER

Is company?

No
Name Of Registered Owner

NRIC No
Email Address

Mobile Phone No

Alternative Phone No

No
LEWIS LEE SIEW MENG
S7307014G
apostles73@hotmail.com
(Phone) +65-98003721

## VEHICLE PARTICULARS

Model X1 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 1499 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

### **INSURANCE COMPANY**

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/01577452

Name of Driver	LEWIS LEE SIEW MENG
NRIC No	S7307014G
Date Of Birth	16/03/1993
Occupation	Indoor
Driving Pass Date	20/06/1995
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	29 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98003721
Alt. Phone Number	-
Email Address	apostles73@hotmail.com
Address	15C YONG SIAK ST, YONG SIAK COURT
Address complement	-
Postcode	168649
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	Collision - Head to Rear
Weather Conditions	Clear
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	Sophia
Gender	Female
	i GiliaiC
PASSENGER 2	
Name	Isaiah
Gender	Male
PASSENGER 3	
Name	isla
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

Was notice of intended Prosecution given?

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

# REFER TO SKETCH AND POLICE REPORT 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	FBN2325C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	FEROZ KHAN SURATTEE
NRIC No	S1804538I
Contact Number	(Phone) +65-87711141
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEHICLE NO: SMM 2629B DATE OF ACCIDENT: 21 9 24

# IMPORTANT NOTICE

- 1. Please report occredly 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.
- 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.
- 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.
- 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' (awyers/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.

Folloyholder's Signature / Dyte & Time

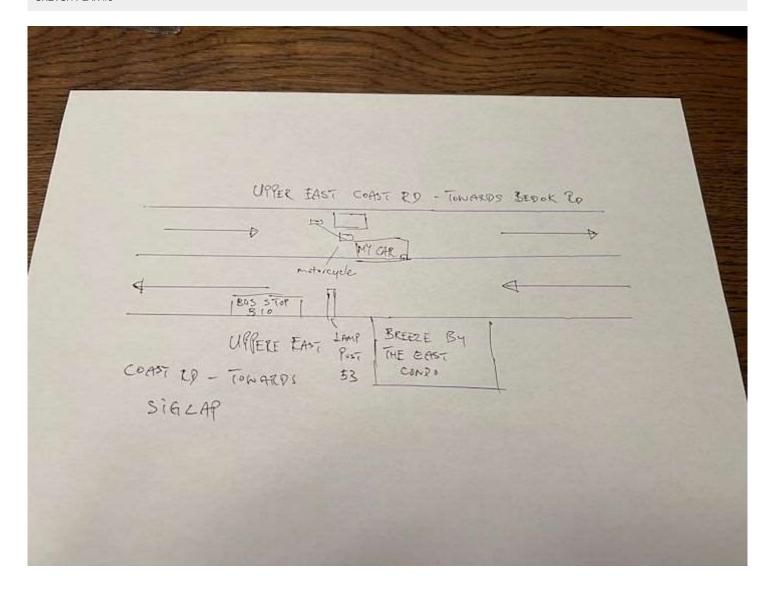
Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Corgrat Po

Sketch Plan IDRAWING - SCENE OF ACCIDENT)

Refer to attached

/EHICLE NO:	ZINM	26248	DA	TE OF ACCIDENT:	21191	<del>-                                    </del>
Describe Circ	cumstance	s of the Accident				
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eclaration We declare the	foregoing p	articulars are true in	every respect.	TIMEFRAME FO	R YOU TO S	I MAY HAVE 14-DAYS SUBMIT AN OWN DUR POLICY, KINDLY OR MORE INFORMATIO
19	2/9/5	2024			1018C	
cyholder's Signa	dure V Date &	Time Actual Driv	er's Signature (if driver l	s not the policyholder)		by Reporting Centre Person NRIC/ ID card)

CHARN'S CUSTOMCRAFT







Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240921/7082

REPORT	OCT A	TOACE	100 0	COLD	医水红毛

	Date/Time Report Made: 21/09/2024 22:56		Vide Report No.:	Station Diary No.:		
Informan	's Particular	S				
Name of Informant: LEWIS LEE SIEW MENG		ENG	Address: 15C YONG SIAK STREET YONG SIAK COURT SINGAPORE 168649			
ID Type / ID No.; NRIC NO / S7307014G		iG	Contact No.: Home/Office: Mobile: 98003721			
Nationality: SINGAPORE CITIZEN		N	Email: APOSTLES73@HOTMAIL	сом		
Sex: Age: Date of Birth: Male 51 26/02/1973		2011 2011 1010 PROPERTY CONTROL	Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: ICT sales and services professional		os professional	Driving Licence Information Class:	Date of Expiry:		

General Information	of the Accident			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/09/2024 19:00	Type of Location: Straight Road
Location: UPPER EAST CO	AST ROAD			
Weather: Clear		Road Surface: Dry		
Traffic Flow: Traffic Control: Two Way Traffic Light - Working		17.500	ffic Volume: nt	
Type of Collision: Between Moving V	ehicles - Head To	Rear		rone conveyed by bulance:

Vehicle No.	Type	Make	Model	Calor	Condition	No of Passenger
SMM2629B	Motor car	BMW	X1 SDRIVE18I LED NAV	Grey		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
SMM2629B	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01577452	24/06/2024	23/06/2025	





Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240921/7082

### CONTINUATION OF REPORT

Details of Person I	Of the Control of the					
Any Pedestrian Inv	volved: No		200-200-	de low_		- Laboret
No. of Pedestrians	Injured: NIL		Use of Ped	destrian	Crossin	g: NA
Driver						
Name	LEWIS LEE SIEW MENG		ID No	R.	S7307014G	
Related Vehicle	SMM2629B (Motor car)			Conta	ct No.	98003721
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date			harge	NIL	
No. of Days grante	ed Medical Leave (MC)	NIL	Degree of	Injury	NIL	

#### Brief Details.

I have car camera footage both front and back.

The traffic accident occurred on 21st September 2024 at approximately 1902hrs. The accident took place at the junction outside 316 Breeze by the East on Upper East Coast Road

Involved Parties:

Driver 1: Lewis Lee Siew Meng, NRIC S7307014G Driver 2: Feroz Khan Surattee, Biker, NRIC S1804538I

Passengers: Lewis Lee Siew Meng's wife and children

Vehicles:

Vehicle 1: BMW X1, License Plate SMM2629B Vehicle 2: Motorbike, License Plate FBN2325C

Description of the Accident: Lewis Lee Siew Meng was traveling straight along Upper East Coast Road towards Bedok Road. He signaled right to turn into Breeze By the East Condominium and came to a complete stop. A motorbike, driven by Feroz Khan Surattee, failed to stop and collided with the rear left bumper of the BMW X1. The motorcyclist fell on the road but did not sustain any injuries. Both parties checked for injuries, and the motorcyclist rode off after taking a rest. The weather was clear with no rain.

Witnesses: Ms. Azima, contact number 93556743

Damage:

Vehicle 1: Rear bumper and rear brake light of the BMW X1 were damaged

Vehicle 2: No noticeable damage to the motorbike Property Damage: No other properties were damaged

Injuries: No injuries were reported, and both parties left the scene

Police Involvement: No police officers came to the scene, and no citations or tickets were issued

Immediate Actions Taken: No immediate actions or measures were taken at the scene

Diagrams and Photos: I have video footage and a diagram for reference.



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

NP168



3 of 3 Report No. T/20240921/7082

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass, No signature is required.
Signature Of Interpreter: Not applicable	Date/Time; 21/09/2024 22:56
Officer In Charge Of Case: TP / AEIT / LEE GUANG HUI Contact No.: 65476414	Classification Of Case: