Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 17/05/2018 17:39

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 Report	17/05/2018 17:25
Date Of Accident	11/05/2018 17:50
Exact Location Of Accident	MCE TUNNEL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
	SLE2624T
Vehicle Registration Number	SLE20241
Insured/Policyholder	LODE DESIGN
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	011
Alternative Phone No	Office-66944919
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	HIRER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995062
Cover Note Number	
Driver	
Name of Driver	LEE WEI WEI SERINA
NRIC No	S7045134D
Date Of Birth	11/12/1970
Occupation	OUTDOOR

16/10/1999

18 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90106639

Fax Number

Contact Number

EMail Address NOEMAIL

Address 44 BENOI ROAD BLOCK B (ENTTRANCE B) ENTRANCE 6 BENOI SECTOR

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle -

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

3

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name: : UNKNOWN

Gender: : Male

Passenger 2 Name: : UNKNOWN

Gender: : Male

Details of Police Action

Was the accident reported to the police?

YES

If Yes,Please state which Police Station

Police Station Name TECK GHEE NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 321 ANG MO KIO STREET 31, POSTCODE: 560321, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4599999 - **FAX NO**: 64574478

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO PHOTOS ATTACHED, THANK YOU.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

verticle iviake/iviouei/co

SJE7925T

Details Of Properties

VEH. B

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGW5922C

Vehicle Make/Model/Colour

Details Of Properties VEH. C

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE WEI WEI SERINA

Approximate Age Injuries Sustain

Injured person in which vehicle? SLE2624T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name CHRIS

Approximate Age Injuries Sustain

Injured person in which vehicle? SLE2624T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 3

Name ALLAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLE2624T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

Accident Sketch Plan

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 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. The 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 lodgment 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (li) 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
- (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
- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Strangel atoms!

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

WIRA RAHMAN

NRIC/FIN No.:

SKETCH PLAN

Mag @ SIE26247 @ SJE2915K @ SGW 5922C	TUNNEL	111		
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT			
Pleuse rafer J	police apost a	10: 7/28	0180572/20	94
		*		
				, , , , , , , , , , , , , , , , , , , ,
	9-			
DECLARATION				
/We desiace the loregoing particula	rs are true in every respect.		(S.P.	10
Roy Ho.	1	,	-	RARAHMAN
Policyholder's Signature *	Briver's Signature (If driver is not the policyhold Date & Time:	erj	Reposting Centre Po Name: NRIC/FIN No.:	ersonnel's Signature





Date of Expiry:

Police Station Of Origin:

Teck Ghee NPP

GRAB DRIVER

321 Ang Mo Kio Street 31 SINGAPORE

560321

Tel No: 1800-4599999

REPORT OF A TRAFFIC ACCIDENT

T/20180512/2094	

Report No. T/20180512/2094

1 of 4

Date/Time Report Made: Vide Report No.: Station Diary No.: 12/05/2018 15:37 26 Informant's Particulars Name of Informant: Address: LEE WEI WEI SERINA APT BLK 565 ANG MO KIO AVENUE 3 #10-3413 SINGAPORE 560565 Contact No.: ID Type / ID No.: NRIC NO / S7045134D Home/Office: Mobile Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: 11/12/1970 Female 47 Driver Race: Language: Institution / School Name: Chinese English Occupation: Driving Licence Information:

Class: 3

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 11/05/2018 17:50	Type of Location Straight Road	
MCE(AYE) TI	JNNEL	2-10-6	25	D10117	
Weather: Road Clear Dry		Road Surface: Dry		Road Speed Limit:	
		Fraffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:	

Vohiolo No	Tues	Make	Model	Color	Condition	No of Deceases
Vehicle No.	туре	wake	iviodei	Color	Condition	No of Passenge
SGW5922C	Car	TOYOTA	VIOS	Silver		0
SJE7925R	Car	TOYOTA	VIOS	Blue		0
SLE2624T	Car	HONDA	VEZEL	White		2



Tel No: 1800-4599999



T/20180512/2094

2 of 4

Report No. T/20180512/2094

Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321

CONTINUATION OF REPORT

Any Pedestrian In	volved: No				
No. of Pedestrian		Use of Pedes	strian	Cross	ing: NA
Driver					
Name	ANG WEE KEONG, BENJAMIN		ID No.		S9145047Z
Related Vehicle	SGW5922C (Car)	C	Contact No.		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	NIL	
	ted Medical Leave NIL	Degree of In		NIL	
Driver					
Name	MUHAMMAD AIMAN BIN MAZLAN		D No.		S9525933B
Related Vehicle	SJE7925R (Car)		Contact No		
Hospital/Clinic	NIL		Class Driving Licence Expiry	9	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis		arge	NIL	
	ted Medical Leave NIL	Degree of In		NIL	
Driver					
Name	LEE WEI WEI SERINA		D No.		S7045134D
Related Vehicle	SLE2624T (Car)		Contact No.		!
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	11/05/2018	Date Discha			5/2018
	nted Medical Leave 03		ree of Injury NIL		

I am currently working as a Grab Driver and was with 2 passengers, Chris Hp: the time of accident. I am driving vehicle SLE2624T.

nd Allan Soong

On 11/05/2018 at about 1750hrs, I was driving along MCE(AYE) towards Fort Road on the second lane. Traffic was slow moving and I noticed vehicle SGW5922C in front of me suddenly stopped. I slowed down and came to a complete stop. Out of a sudden, I felt an impact from the back. Due to the impact, my vehicle jerked forward and hit onto the vehicle in front. After that I felt about 2 to 3 more impacts from the back and thought that it was a chain collision from the back. After the accident, I made a check with my





Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321

3 of 4 Report No. T/20180512/2094

Tel No: 1800-4599999

CONTINUATION OF REPORT

passengers if they are okay and they indicated that they are okay. However, I noticed that Allan was covering his mouth with his hand and there was a cut on his lips. Chris then called for ambulance.

When I came out of my vehicle, I was surprised as there was only one vehicle SJE7925R behind me that was involved in the accident. I then realized that the said vehicle must have hit onto my vehicle several times. The airbag of that said vehicle was deployed. We then exchanged particulars and took some photos whilst waiting for ambulance. Shortly, ambulance came and took over the scene. Me and 2 of my passengers are conveyed by ambulance. I was conveyed to Tan Tock Seng Hospital and was admitted in the observation ward. I was discharged before right before midnight and was given 3 days of MC reference TTSH18109214.

When I was in the hospital, I received a call from Traffic Police IO Mdm Ng, stating that my vehicle is with the Traffic Police. I also received an SMS from her advising me to lodge a traffic accident report at any





Report No. T/20180512/2094

4 of 4

Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321

Tel No: 1800-4599999

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: F / Staff Sgt MUHAMMAD HERMI BIN HAMIDON		Signature Of Informant:			
Signature Of Interpreter: Not applicable		Date/Time: 12/05/2018 15:37			
Officer In Charge Of Case: TP / GIT / Staff Sgt SYED ZAYID MUHAMMAD BIN SYED		Classification Of Case:			
ABDUL WAHID ALHINDUAN Contact No.: 65476394	16 31	SN 085			
Authentication Stamp NP168	Sign Singapore P	rolice Force			

Google Maps MCE



Image capture: Feb 2015 © 2018 Google

Singapore



Street View - Feb 2015

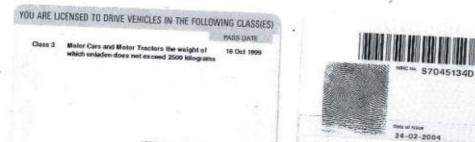








VMG USE ONLY



NP 428A



APT BLK 565 ANS MO KID AVENUE 3 #10-3413 SINGAPORE 560565 NRIC No: S70451340 Date: 24/03/2015 3485731

VMG USE ONLY

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be sumendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date

13 PRIVATE HIRE CAR VL 20/02/2018





