

## 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 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. 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	27/05/2019 11:44
Date Of Accident	25/05/2019 17:00
Exact Location Of Accident	NEWTON FLYOVER TWDS ROCHOR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA6288A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THOMAS
NRIC No	S1819551H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91469860
Alternative Phone No	OFFICE-91469860

### Vehicle Particulars

Manufacturer	BMW
Model	-
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00005585
Cover Note Number	-

### Driver

Name of Driver	LEH CHWEE PING
NRIC No	S1819551H
Date Of Birth	27/08/1967
Occupation	INDOOR
Date Of Driving Pass	06/07/1987
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91469860
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 30 MARINE CRES #15-167
Postcode	440030
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 300 MARINE PARADE ROAD , <b>POSTCODE:</b> 449296 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4428999 - <b>FAX NO:</b> 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SLM7209J
Vehicle Make/Model/Colour	
Details Of Properties	
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	LEH CHWEE PING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLA6288A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Accident Sketch Plan

## SKETCH PLAN

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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) 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.
- (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.

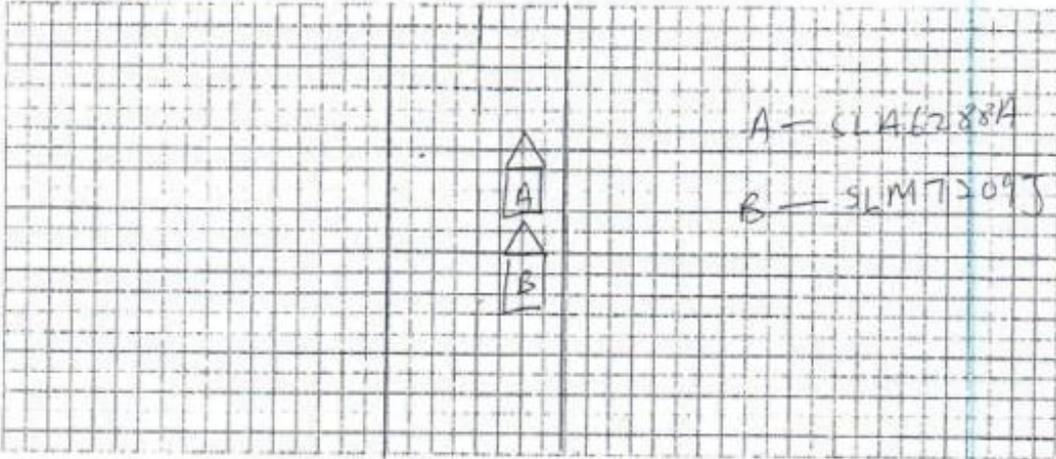
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time. I was driving my  
vehicle A along Dunearn Road. Suddenly vehicle B hit  
on my rear portion.

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:

Reporting Centre Personnel's Signature  
Name:  
NIC/FIN No.:



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190526/2057

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20190526/2057

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA6288A	FWD Singapore Pte. Ltd	PNPV2019-00005585	23/03/2019	22/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LEH CHWEE PING		ID No.	S1819551H
Related Vehicle	SLA6288A (Car)		Contact No.	91469860
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/05/2019		Date Discharge	26/05/2019
No. of Days granted Medical Leave	07		Degree of Injury	NIL
Driver				
Name	Kara		ID No.	NIL
Related Vehicle	SLM7209J (Car)		Contact No.	81189101
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	NIL		Degree of Injury	NIL

**Brief Details.**

On 25/05/2019, at about 1700hrs, I was driving along Newton Flyover towards Rochor.

At that point of time, the traffic at the said location was quite heavy. Hence, the traffic was very slow. While I driving, I noticed that the car in front of my stop, and I followed. As my car had come to a complete stop. I felt a knocking impact from the rear of my car. I then see the rear mirror of my car, and saw the driver at the back of my car was apologising to me.

I then went down of my car, and realised that my car was knocked by another car (SLM7209J). There are 2 dents at the rear bumper of my car. While the front bumper of the car behind my car was slightly dented. We then took photos of the said incident and left the scene.

When I went back home, I realised that the back of my neck was in pain, I then took pain killer and went to sleep.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190526/2057

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300 Marine Parade Road SINGAPORE  
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Tel No: 1800-4428999

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Report No. T/20190526/2057

CONTINUATION OF REPORT

Earlier today I went to consult the doctor and was given a 7 days of medical leaves.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190526/2057

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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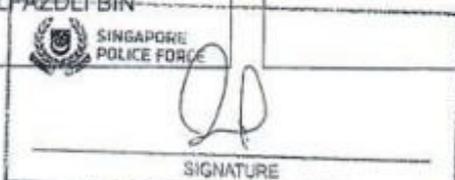
Report No. T/20190526/2057

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 report number as reference.

Signature Of Officer Recording The Report: G / Staff Sgt KWOK WEI JIE, DANIEL 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/05/2019 15:22
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP158 	

DRIVING DOC

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1819551H



LEH CHWEE PING  
呂水平  
Race: CHINESE  
Date of Birth: 27-09-1967 Sex: M  
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1819551H  
Name: LEH CHWEE PING  
Birth Date: 27 Aug 1967  
Issue Date: 15 Apr 2004

0011903558

3002518



S1819551H



Nearest Group: Class of Motor  
A+ 12-01-2008

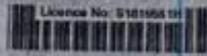
APT BLK 30 MARINE CRESCENT #15-107  
SINGAPORE 440030  
NPIC No: S1819551H Date: 22-09-2005 No: 8255903

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

Class of	Pass Date
Motor Cars and Motor Tractors the weight of which (including does not exceed 2500 kilograms	06 Jul 1967

NP 428A

Licence No: S1819551H



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

