

## 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	07/09/2019 14:43
Date Of Accident	07/09/2019 10:30
Exact Location Of Accident	PIE TUAS EXIT 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH7114M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUMENS AUTO PTE LTD
Co Reg No	201426961K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67146614

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	18-MJ001357-R00
Cover Note Number	

### Driver

Name of Driver	LEE JUN WEN,ALWIN
NRIC No	S8739331C
Date Of Birth	30/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	10/10/2006
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98279745
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 358 BUKIT BATOK ST 31 #04-377
Postcode	650358
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?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN(KIDS) GENDER: : MALE
Passenger 3	NAME: : UNKNOWN(KIDS) GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190907/7009

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF5173B
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Vehicle Make/Model/Colour	AUDI
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKW2575T
Vehicle Make/Model/Colour	PEUGEOT
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	LEE JUN WEN,ALWIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMH7114M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMH7114M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	UNKNOWN(KIDS)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMH7114M
Were seat belts worn?	YES

Was this injured conveyed to hospital by ambulance?	YES
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Address

Postcode

#### DETAILS OF INJURED PERSON 4

Name	UNKNOWN(KIDS)
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Approximate Age

Injuries Sustain	SLIGHT
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Injured person in which vehicle?	SMH7114M
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Were seat belts worn?	YES
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Was this injured conveyed to hospital by ambulance?	YES
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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.
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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.

#### E. 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:  
MTC/PH No.:

# Accident Sketch Plan

## SKETCH PLAN

Vehicle 1: SMH714M  
 Vehicle 2: GSF5728B  
 Vehicle 3: SK102375T

P1E 94115 Exit 12

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


- Refer to police Report -

7/2019 0907/7009

## DECLARATION

(We declare the foregoing particulars are true in every respect.)

  
 Reporting Person's Signature  
 Date & Time:

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

 07/07/19  
 Reporting Person's Signature  
 Name:  
 NBIC/TIR No.:

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190907/7009

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

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Report No. T/20190907/7009

### CONTINUATION OF REPORT

<b>Passenger</b>			
Name	FEMALE ADULT	ID No.	NIL
Related Vehicle	SMH7114M (Car)	Contact No.	NIL
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	Slight
<b>Driver</b>			
Name	LEE JUN WEN, ALWIN	ID No.	S8739331C
Related Vehicle	SMH7114M (Car)	Contact No.	98279745
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 the stated time and date, I was driving my vehicle SMH7114M at PIE towards tuas, Traffic was quite slow, suddenly the vehicle in front jam brake, so i jam brake too, but couldnt stop on time and collided to the vehicle in front of me SJF5173B, I go down of my vehicle and realise I was involve in an chain accident, the 1st vehicle carplate was SKW2575T.  
I have 3 passenger in my vehicle, 1 female adult and 2 kids (one boy one girl) They was conveyed by ambulance to the hospital.

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



## Police Report



**SINGAPORE  
POLICE FORCE**



T00194967/0009

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

1 of 3

Report No: T00194967/0009

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2019 12:33		Vide Report No:		Station Diary No:	
<b>Informant's Particulars</b>					
Name of Informant: LEE JUN WEN, ALWIN			Address: APT BLK 358 BUKIT BATOK STREET 31 #04-377 SINGAPORE 650358		
ID Type / ID No: NRIC NO / S8739931C			Contact No: Home/Office: Mobile: 98279745		
Nationality: SINGAPORE CITIZEN			Email: a9hg21@gmail.com		
Sex: Male	Age: 31	Date of Birth: 30/11/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class:		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drive Drive: No.	Date/Time of Accident: 07/09/2019 10:30	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SJF5173B	Car					0
SKW2575T	Car					0
BMH7114M	Car				Slightly Damaged	3

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T021409017008

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65479000

Page 3  
Report No. T021409017008

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	FEMALE ADULT	ID No.	NIL
Related Vehicle	SMH7114M (Car)	Contact No.	NIL
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	Slight
<b>Driver</b>			
Name	LEE JUN WEN, ALVIN	ID No.	S873531C
Related Vehicle	SMH7114M (Car)	Contact No.	98279745
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 the stated time and date, I was driving my vehicle SMH7114M at PIE towards Sun. Traffic was quite slow, suddenly the vehicle in front jam brake, so I jam brake too, but couldn't stop on time and collided to the vehicle in front of me SJF51736. I go down of my vehicle and realise I was involve in an chain accident, the 1st vehicle complete was SMH025751.  
I have 3 passenger in my vehicle, 1 female adult and 2 kids (one boy one girl) They was conveyed by ambulance to the hospital.

## Police Report



**SINGAPORE  
POLICE FORCE**



TPR 1909077909

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408885  
Tel No: 65479000

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Report No: TPD1909070009

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

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:  
07/09/2019 12:33

Officer In Charge Of Case:  
TP / TPHQ /  
ONG CHEE HIEN  
Contact No.: 65476437

Classification Of Case:

Authentication Stamp  
NP 188