

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	03/02/2020 14:23
Date Of Accident	01/02/2020 15:30
Exact Location Of Accident	CHOA CHU KANG DR BUSSTOP BESIDE NORTHVALE CONDO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1785X
Insured/Policyholder	
Name Of Registered Owner	SINWA (SINGAPORE) PTE LTD
Co Reg No	1XXXXX254C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68626300

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110165721800
Cover Note Number	

Driver

Name of Driver	LEE POH GEK ELIZABETH
NRIC No	SXXXX547A
Date Of Birth	19/10/1971
Occupation	INDOOR
Date Of Driving Pass	27/09/1996
Driving Experience	23 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98773577
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	107 VERDE VIEW
Postcode	688710
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200201/2121

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK1073B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ADI

NRIC/Passport Number
Contact Number 92313360
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ADI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK1073B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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



A = SMG 1785 X

B = FBK 1073 B.

choa chu kang Dr.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200201/2121

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
NRIC, TIN No.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200201/2121

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 4

Report No. T/20200201/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2020 19:41	Vide Report No.: J/20200201/0118	Station Diary No.: 173
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Informant's Particulars

Name of Informant: LEE POH GEK ELIZABETH			Address: 107 VERDE VIEW SINGAPORE 688710	
ID Type / ID No.: NRIC NO / S7137547A			Contact No.: Home/Office: Mobile: 98773577	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 48	Date of Birth: 19/10/1971	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Executive Assistant			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/02/2020 15:30	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG DRIVE				
Busstop beside Northvale Condo towards YewTee				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBK1073B	Motorcycle	YAMAHA	YZF-R15	Red	Slightly Damaged	0
SMG1785X	Car	KIA	SORENTO 2.2(8AT) CRDI 2WD S/R	Grey	Slightly Damaged	2

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200201/2121

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20200201

CONTINUATION OF REPORT

Name	Adil	ID No.	NIL
Related Vehicle	FBK1073B (Motorcycle)	Contact No.	92313360
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
Driver			
Name	LEE POH GEK ELIZABETH	ID No.	S7137547A
Related Vehicle	SMG1785X (Car)	Contact No.	98773577
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/02/2020 at about 1530hrs, I was driving in V1 (SMG1785X) along Choa Chu Kang Drive towards Yew tee on the right lane.

While I was nearing Northvale Condominium at the bus stop, I Signaled and crossed over to the left lane by over take a car on the left. I affirm at that point of time, i had checked my blind spot via the side mirror and did not see V2 (FBK1073B) via my side mirror.

Immediately after I crossed over onto the left lane, I felt an impact from the rear left of my vehicle, V1.

Via the rear mirror , I witnessed V2 (FBK1073B) to collided head on to the rear left of my vehicle and skidded on the road.

Following, I stopped my vehicle along the road and requested assistant. Traffic police came down to scene and the rider of V2 was conveyed on the spot to hospital conscious. The traffic officer also seized one 16GB Thinkwave Dash Cam Micro sd card from my dash cam.

My vehicle V1 suffered from some paint scratches on the rear left bumper.

I am lodging this report under instruction of the traffic police officer.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20200201/2121

3 of 4

Report No. T/20200201/2121

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200201/2121

4 of 4

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20200201/2121

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:

J /

Sgt 2 SIAU JING YANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/02/2020 19:41

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR HIDAYU BINTE ABDUL
SAMAD

Contact No.: 65476423

Classification Of Case:

Authentication Stamp

NP168

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of SINWA (SINGAPORE) PTE LTD (199409254C)

Date: 30/12/2016

The Following Are The Brief Particulars of :

Registration No.	199409254C
Company Name:	SINWA (SINGAPORE) PTE LTD
Former Name if any	
Incorporation Date.	17/12/1994
Company Type	PRIVATE COMPANY LIMITED BY SHARES
Status	Live Company
Status Date	17/12/1994

Principal Activities

Activities (I)	SHIPPING AGENCIES (FREIGHT) (52222)
Description	SHIP CHANDLERS AND FREIGHT FORWARDERS
Activities (II)	BUILDING AND REPAIRING OF SHIPS, TANKERS AND OTHER OCEAN-GOING VESSELS (INCLUDING CONVERSION OF SHIPS INTO OFF-SHORE STRUCTURES) (30110)
Description	SHIPS REPAIR INCLUDING STEEL WORKS, PIPING AND FABRICATION OF MARINE MODULES

Capital

Issued Share Capital * (AMOUNT)	Number of Shares	Currency	Share Type
200000	200000	SINGAPORE, DOLLARS	ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-Up Capital (AMOUNT)	Number of Shares	Currency	Share Type
200000		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
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Registered Office Address	28 JOO KOON CIRCLE SINGAPORE (629057)
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Business Profile (Company) of SINWA (SINGAPORE) PTE LTD (199409254C)

Date: 30/12/2016

Date of Address	:	
Date of Last AGM	:	30/05/2016
Date of Last AR	:	28/06/2016
Date of A/C Laid at Last AGM	:	31/12/2015
Date of Lodgment of AR, A/C	:	28/06/2016

Audit Firms

NAME

MAZARS LLP

Charges

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)
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Officers/Authorised Representative(s)

Name	ID	Nationality	Source of Address	Date of Appointment
Address		Position Held		
BRUCE WILLIAM RANN	G0460900Q	AUSTRALIAN	ACRA	01/01/2012
28 BURGUNDY CRESCENT BURGUNDY HILL SINGAPORE (658741)		Director		
SIM YONG TENG	S0470793A	SINGAPORE CITIZEN	ACRA	28/01/2016
128 CORONATION ROAD WEST SINGAPORE (269353)		Director		
ANG HOCK BENG	S1651645G	SINGAPORE CITIZEN	OSCARS	19/10/1999
103 PETIR ROAD #20-06 FORESQUE RESIDENCES SINGAPORE (678273)		Director		
TAN LEH HONG	S1262363A	SINGAPORE CITIZEN	ACRA	17/12/1994
65 SUNSET WAY #01-13 FREESIA WOODS SINGAPORE (597090)		Director		
TAN LAY LING	S1541499E	SINGAPORE CITIZEN	ACRA	11/01/2013

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Business Profile (Company) of SINWA (SINGAPORE) PTE LTD (199409254C)

Date: 30/12/2016

Officers/Authorised Representative(s)

Name	ID	Nationality	Source of Address	Date of Appointment
Address		Position Held		
389 KEW CRESCENT SINGAPORE (466284)		Director		
CHEW KOK LIANG	S1164279I	SINGAPORE CITIZEN	ACRA	30/03/2007
36 LEONIE HILL #04-02 SINGAPORE (239230)		Secretary		

Shareholder(s)

Name	ID	Nationality/Place of Incorporation/Origin	Source of Address	Address Changed
Address				
1 SINWA SS PTE. LTD.	197301624R	SINGAPORE	ACRA	
28 JOO KOON CIRCLE SINGAPORE (629057)				
Ordinary(Number)	Currency			
200000	SINGAPORE, DOLLARS			

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

A/C - Accounts

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THAT INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

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Business Profile (Company) of SINWA (SINGAPORE) PTE LTD (199409254C)

Date: 30/12/2016

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA161230070112

DATE : 30/12/2016

This is computer generated. Hence no signature required.

Accident Photo



Accident Photo



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