

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 Submission 01/02/2021 14:53 (SGT)
Date of Accident 30/01/2021 22:40 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM9964L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE WEI LUN
NRIC No SXXXX264Z
Email Address LWLPATRICK@GMAIL.COM
Mobile Phone No (Phone) +65-81808882
Alternative Phone No +65-81808882

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company FWD
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNCV2020-00000387
Cover Note Number -

DRIVER

Name of Driver LEE WEI LUN
NRIC No SXXXX264Z
Date Of Birth 27/02/1986
Occupation Outdoor

Date Of Driving Pass	29/07/2006
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81808882
Alt. Phone Number	+65-81808882
Email Address	LWLPATRICK@GMAIL.COM
Address	BLK 334B ANCHORVALE CRESCENT #06-130
Address complement	-
Postcode	542334
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210131/2077

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	SJF3544C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE WEI LUN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SMM9964L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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.

SM
Policyholder's Signature / Date & Time

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

SM
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

On stated date and time, my vehicle (SMM 9964L) was travelling on AYE exiting to Lower Delta Road. I stopped my vehicle as there were cars on the major road. Vehicle B (SJF 3544C) could not stop in time and collided into the rear of my vehicle.


The rear of my vehicle are damaged badly.

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

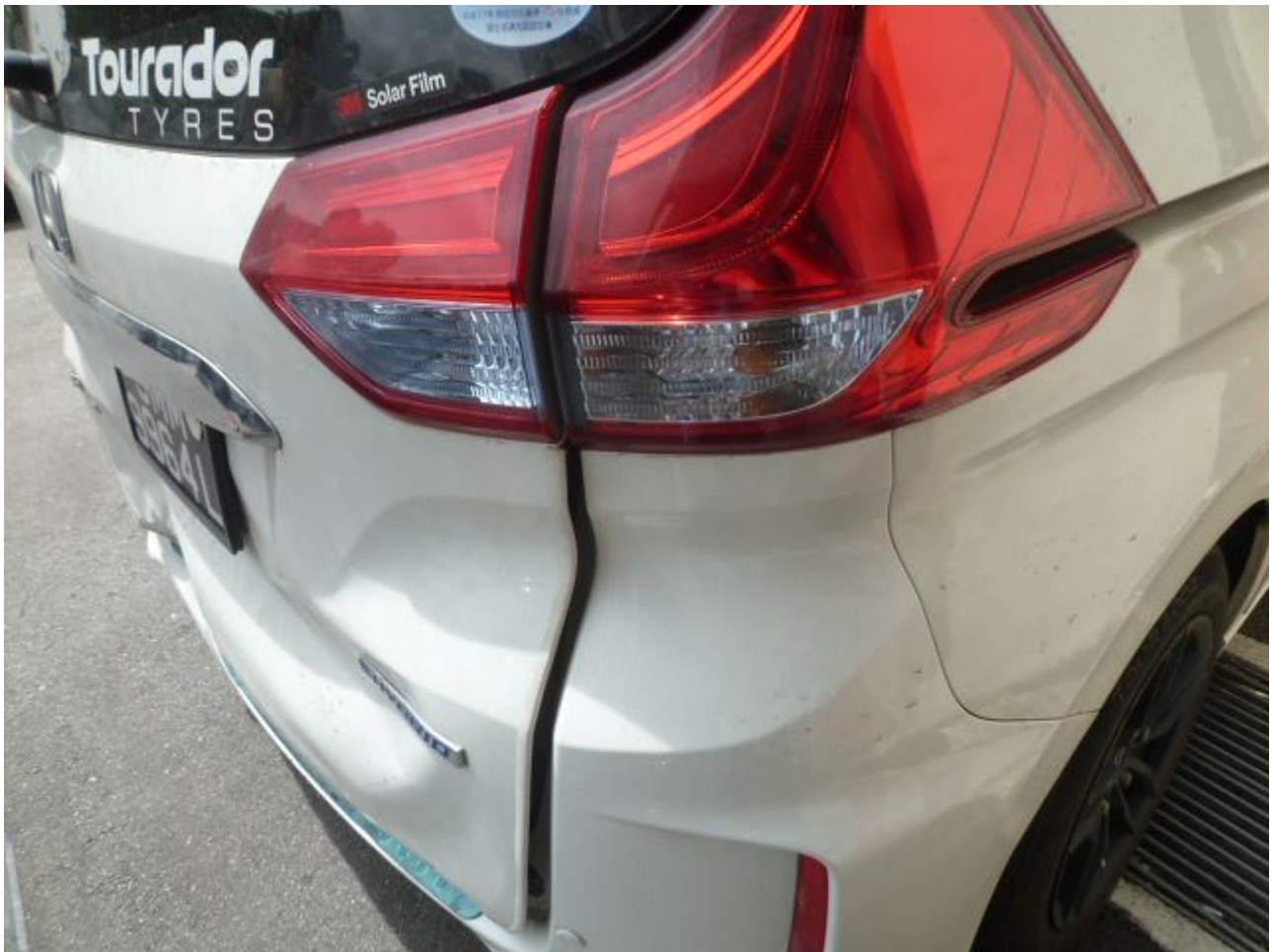
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel






























**SINGAPORE
POLICE FORCE**


T/20210131/2077

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210131/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2021 17:15		Vide Report No.:		Station Diary No.: 101
Informant's Particulars				
Name of Informant: LEE WEI LUN		Address: APT BLK 334B ANCHORVALE CRESCENT #06-130 SINGAPORE 542334		
ID Type / ID No.: NRIC NO / S8606264Z		Contact No.: Home/Office: Mobile: 81808882		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 34	Date of Birth: 27/02/1986	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: PHV DRIVER		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/01/2021 22:40	Type of Location:
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF3544C	Car	SUZUKI		Black	Slightly Damaged	1
SMM9964L	Car	HONDA	FREED HYBRID 1.5G AUTO	White	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date


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Police Station Of Origin:
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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



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Report No. T/20210131/2077

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM9964L	FWD Singapore Pte. Ltd	PNCV2020-00000387	23/07/2020	22/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SJF3544C (Car)	Contact No.	90291364
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 WEI LUN	ID No.	S8606264Z
Related Vehicle	SMM9964L (Car)	Contact No.	81808882
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/01/2021	Date Discharge	30/01/2021
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

On 30/1/2021 at about 10.40pm, I was driving one passenger along the AYE in my white Honda SMM9964L and was making a left turn at Exit 3 towards Lower Delta Road (near Teresa Ville).

I stopped behind the Give Way line as there were incoming traffic from the right. All of a sudden, I felt a bang on the rear of my car.

After the accident, the other driver and I came out of our cars to assess the situation. He also had a passenger in his black Suzuki SJF3544C. Neither of us needed any medical attention at that time.

As a result of the accident, the rear door of my hatchback was dented and was unable to be kept shut. I was unable to see any visible damage on the other car.

No police or ambulance attended to us. After exchanging contact, the other driver asked me to claim against his insurance. Subsequently we went our separate ways.



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

Report No. T/20210131/2077

CONTINUATION OF REPORT

Later on I felt some pain at the back of my neck. I saw my doctor and was given FOUR days of MC.

I'm lodging this report for Traffic Police action.



**SINGAPORE
POLICE FORCE**



T/20210131/2077

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210131/2077

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:
F /
Staff Sgt LUBIS RATNO BIN REDWAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/01/2021 17:15

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168

