

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 04/02/2021 09:11 (SGT)
Date of Accident 03/02/2021 08:15 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS5699J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RISSA LIM POH CHIO
NRIC No SXXXX192D
Email Address ASHLEY9567@YAHOO.COM
Mobile Phone No (Phone) +65-96203828
Alternative Phone No +65-96203828

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 29134097 AT2
Cover Note Number -

DRIVER

Name of Driver LEE LIU YI
NRIC No SXXXX308D
Date Of Birth 01/03/1992
Occupation Indoor

Date Of Driving Pass	25/08/2011
Driving experience	9 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91525441
Alt. Phone Number	-
Email Address	ASHLEY9567@YAHOO.COM
Address	37A LORONG TANGGAM
Address complement	-
Postcode	798738
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210203/7007

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	FBR8016J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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) -

SKETCH PLANIMPORTANT NOTICE

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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.

Policyholder's Signature / Date & Time

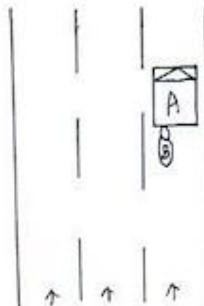
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

SLE towards BKE at Upper Thomson Flyover

Vehicle A : SLS0699J
Vehicle B : FBR8016J



Describe Circumstances of the Accident

Refer to Police Report NO: T/20210203/7007

Declaration

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/20210203/7007

1 of 3

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

Report No. T/20210203/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2021 11:07		Vide Report No.: L/20210203/0069		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE LIU YI			Address: 37A LORONG TANGGAM SINGAPORE 798738		
ID Type / ID No.: NRIC NO / S9207308D			Contact No.: Home/Office: Mobile: 91525441		
Nationality: SINGAPORE CITIZEN			Email: THEHIPPOISFAT@GMAIL.COM		
Sex: Female	Age: 28	Date of Birth: 01/03/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Market research analyst			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/02/2021 08:15	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR8016J	Motorcycle					0
SLS5699J	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20210203/7007

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

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Report No. T/20210203/7007

CONTINUATION OF REPORT

Rider			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FBR8016J (Motorcycle)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	LEE LIU YI		ID No. S9207308D
Related Vehicle	SLS5699J (Car)		Contact No. 91525441
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 3/2/2021 AROUND 0815HRS. I WAS DRIVING VEHICLE BEARING NUMBER PLATE (SLS5699J) TRAVELLING STRAIGHT AT SLE TOWARDS BKE ON UPPER THOMSON FLYOVER. AS THE VEHICLE INFRONT OF ME SLOWED DOWN AND CAME TO A STOP, I FOLLOWED SUIT. SUDDENLY, I FELT AN IMPACT FROM THE REAR PORTION OF MY VEHICLE, I ALIGHTED AND REALISED VEHICLE BEARING NUMBER PLATE (FBR8016J) COLLIDED ONTO THE REAR PORTION OF MY VEHICLE CAUSING DAMAGES.

**SINGAPORE
POLICE FORCE**

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



T/20210203/7007

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Report No. T/20210203/7007

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
FARHAN SARMI BIN KAMSARI
Contact No.: 97428559

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/02/2021 11:07

Classification Of Case: