

## 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 ..... 16/03/2021 12:46 (SGT)  
Date of Accident ..... 15/03/2021 07:30 (SGT)  
Exact Location of Accident ..... Near PIE, Singapore  
Additional Location Information ..... Along PIE > Tuas (Before KJE Exit 35)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLD8554C

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ETHOZ AUTO LEASING LTD  
Company Reg No ..... 201613943G  
Email Address ..... rakes.anand@ethozgroup.com  
Mobile Phone No ..... (Phone) +65-66547777  
Alternative Phone No ..... (Office) +65-66547777

#### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
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 ..... Sompo  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... D20MTRENT000308  
Cover Note Number ..... 03/11/2020-28/06/2021

#### DRIVER

Name of Driver ..... Lee Pek Tien  
NRIC No ..... S2202788C  
Date Of Birth ..... 29/05/1970  
Occupation ..... Outdoor

Date Of Driving Pass .....	17/06/2008
Driving experience .....	12 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90218896
Alt. Phone Number .....	-
Email Address .....	chrislee.bz@gmail.com
Address .....	744 Bedok Reservoir Road #03-3029
Address complement .....	-
Postcode .....	470744
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Change/cross lane
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? .....	Yes
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 .....	Daphne Ee Kong Lin
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Kindly refer to the sketch plan

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBM3230R
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBM3230R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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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. 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.

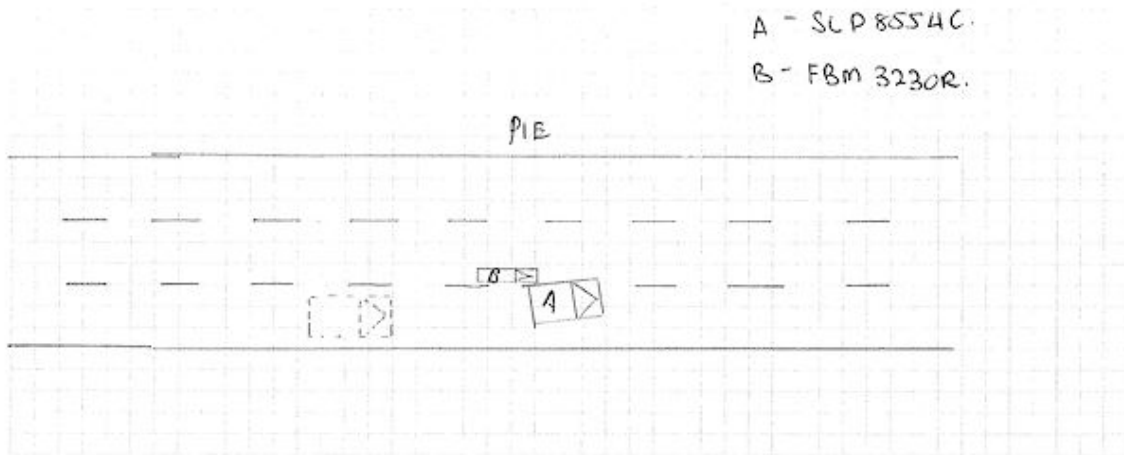


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer the police report.


You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

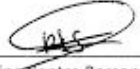
Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

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: Rakesh Kumar Mani  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20210315/2012

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20210315/2012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/03/2021 09:48	Vide Report No.: J/20210315/0033	Station Diary No.: 19
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**Informant's Particulars**

Name of Informant: LEE PEK TIEN	Address: APT BLK 744 BEDOK RESERVOIR ROAD #03-3029 SINGAPORE 470744		
ID Type / ID No.: NRIC NO / S2202788C	Contact No.: Home/Office: Mobile: 90218896		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 50	Date of Birth: 29/05/1970	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: OPERATION	Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/03/2021 07:30	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 1633				
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	Condition	No of Passenger
FBM3230R	Motorcycle				Slightly Damaged	0
SLD8554C	Car				Seriously Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210315/2012

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210315/2012

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEE PEK TIEN		ID No. S2202788C
Related Vehicle	SLD8554C (Car)		Contact No. 90218896
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	DAPHNE EE KONG LIN		ID No. S7641997C
Related Vehicle	SLD8554C (Car)		Contact No. 97850319
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 15/3/21 at around 0730hrs, I was driving my red Mazda car V1)SLD8554C along PIE towards TUAS nearby lamp post 1633. I was driving V1 on the first lane and decided to change to the second lane on my left, I signaled left and checked my left mirror and it was clear and no in-coming vehicle was spotted before I shift to the second lane. In the midst of turning my steering wheel and shifting to the second lane, I saw motorcycle V2)FBM3230R in my left mirror in the second lane behind my car riding in a fast speed. Only the wheels around 1/6 of my vehicle V1 was out of the lane to the second lane, but V2 collided with my V1's back door and left side of the boot. V2's driver and the vehicle tumbled and driver of V2 roll to the left side of the first lane. I braked my V1 and attended to driver of V2, V2 was able to walk and walked to the road shoulder. One passer-by stopped his vehicle and winded down his window and informed us that he called for ambulance, an off-duty police officer also assisted us. Ambulance arrived at 0748hrs to attend to the rider of V2 and Traffic Police arrived at around 0753hrs and issued us a case card.

I wish to state that me and passenger did not suffer from injury. I have in-car camera but was not able to capture how the event took place. I did not take down particulars of rider of V2 as Traffic Police informed me that they will take note of his particulars.



**SINGAPORE  
POLICE FORCE**



T/20210315/2012

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3


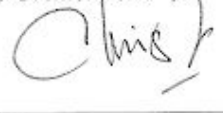
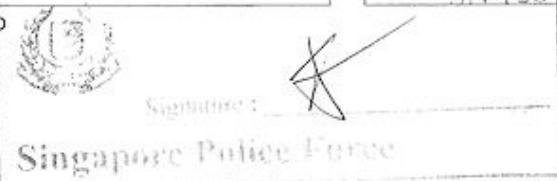
Report No. T/20210315/2012

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 / SC2 ZHANG YUNFAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/03/2021 09:48
Officer In Charge Of Case: TP / GIT / Staff Sgt SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202	Classification Of Case:  SN 126
Authentication Stamp NP168 	



**SINGAPORE POLICE FORCE**  
ACKNOWLEDGEMENT SLIP

Ref: Report No: 9/20210215/0033

I, 22 T320143 LAU HANG KAI  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP HQ  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 1x 32GB SanDisk Ultra microSD Card
- 2
- 3
- 4
- 5
- 6
- 7



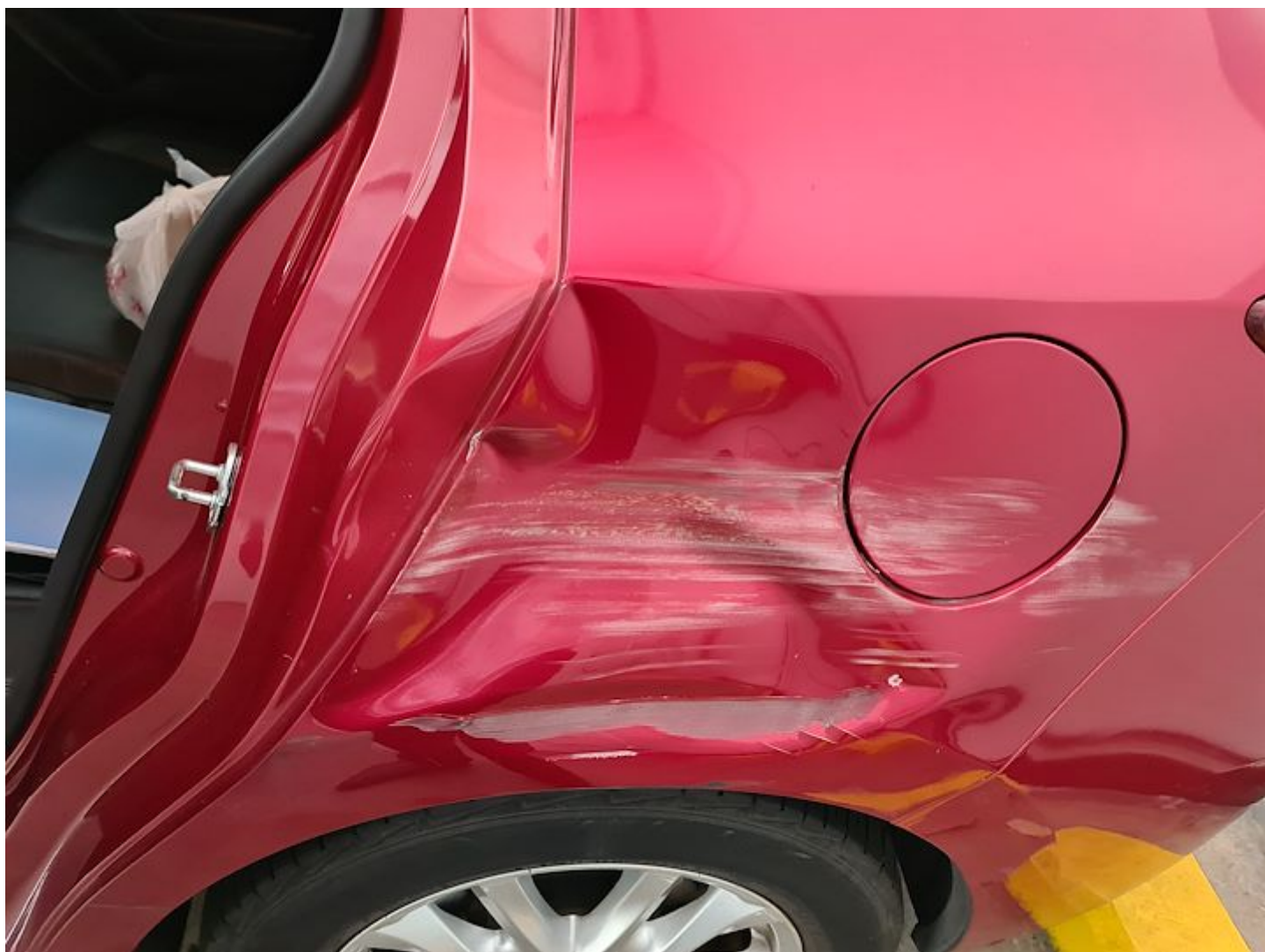
























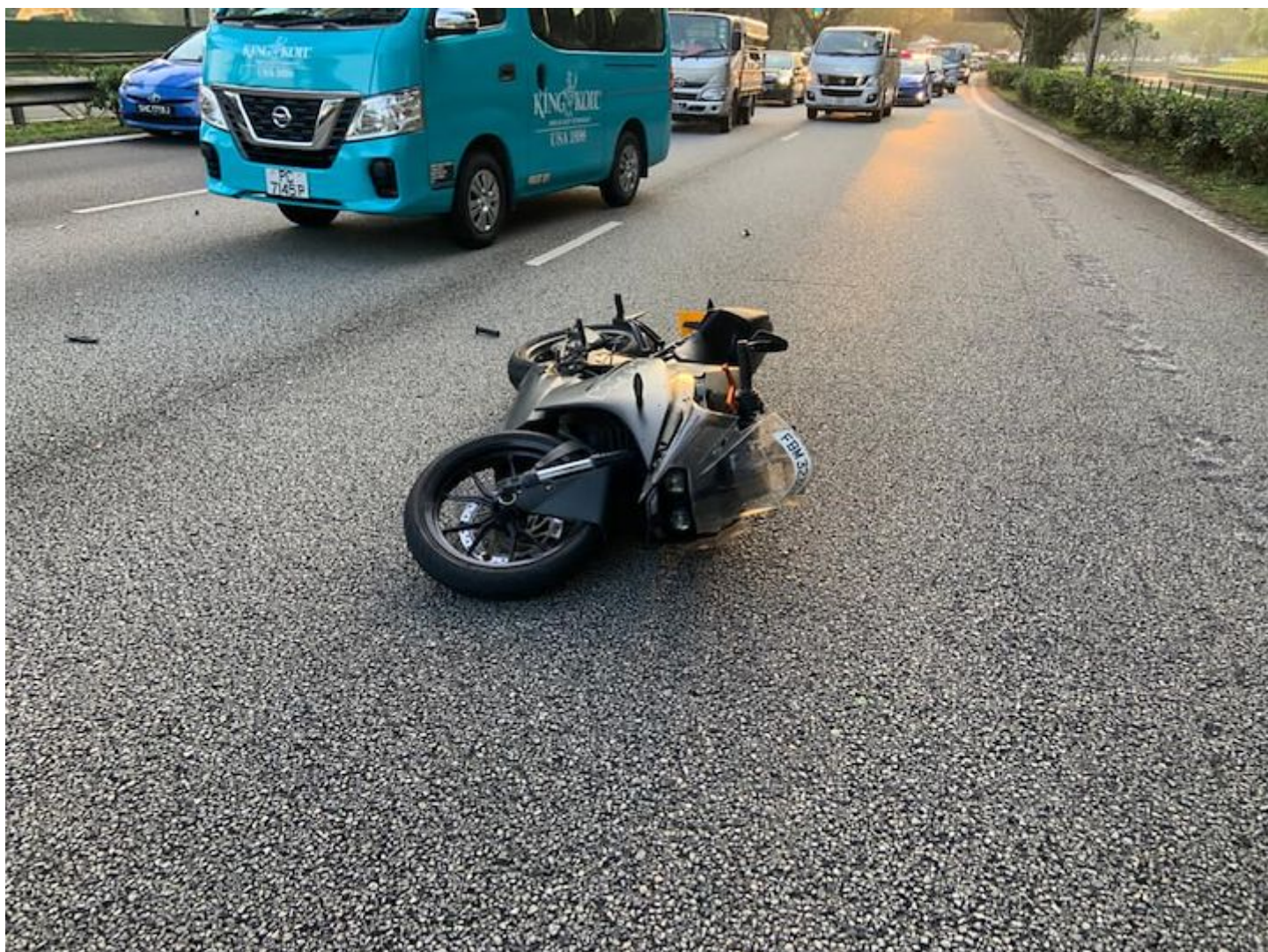






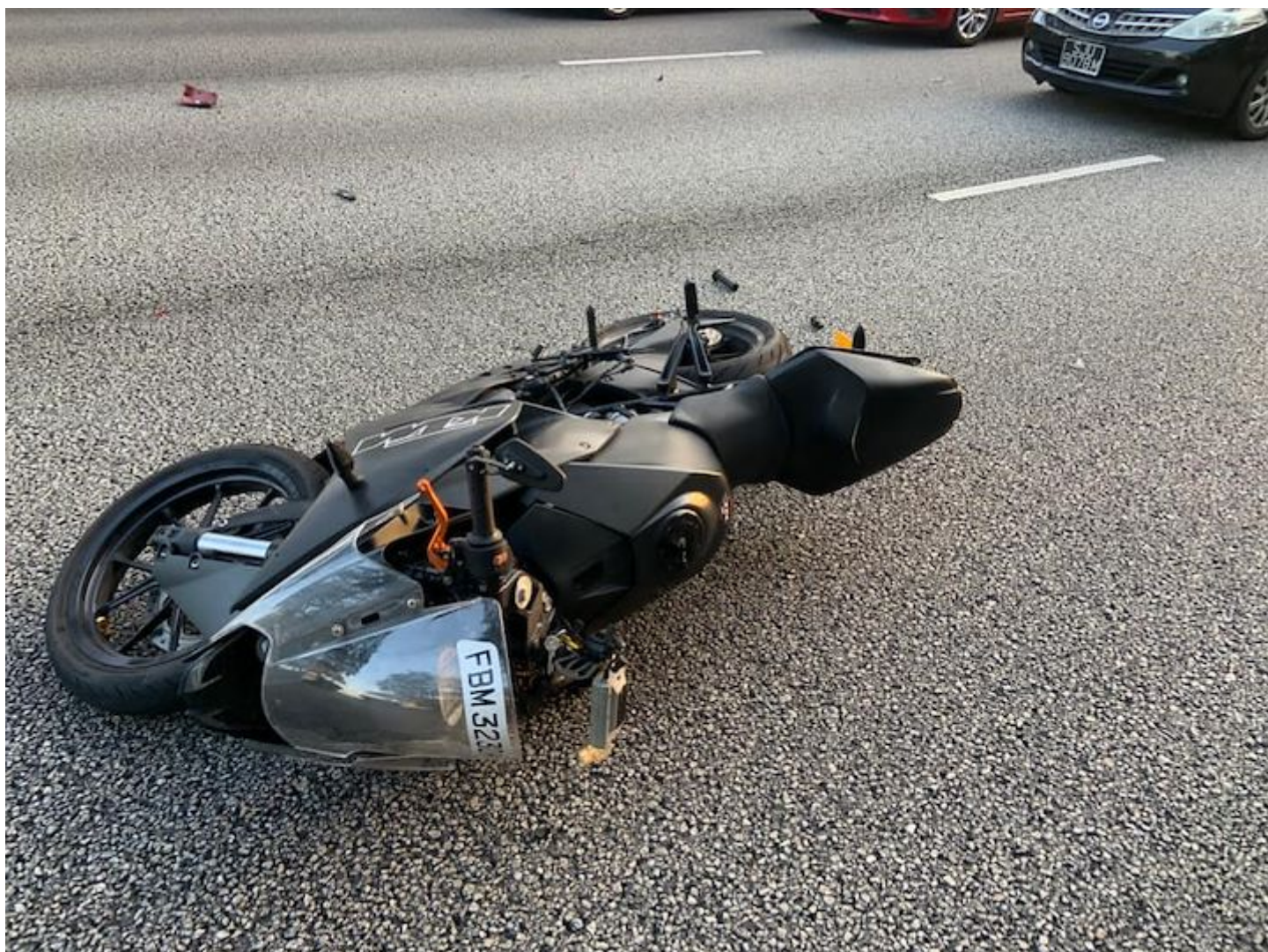


















**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SE00213F000A Vehicle Registration No: SLD8554C  
Name (as shown in NRIC) : ETHOZ AUTO LEASING LTD NRIC/FIN/Passport No : 2XXXXX943G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 15/03/2021 Time of Accident : 07:30  
Place of Accident : Along PIE > Tuas (Before KJE Exit 35)  
Insurance Company: Sompo

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend claim type reporting of 3rd party claim.

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Rakeshwar. Arora  
NRIC/FIN No.:  
Date: