

SS1Y214J0003 / SME MOTOR PTE LTD
 ENTRY DATE & TIME: 19/04/2021 12:39 (SGT)
 SUBMITTED BY: Chia Pei Ying
 VERSION: 1 (19/04/2021 12:39 (SGT))

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 | 19/04/2021 12:39 (SGT) |
| Date of Accident | 17/04/2021 12:30 (SGT) |
| Exact Location of Accident | W Coast Hwy, Singapore |
| Additional Location Information | TWDS TELOK BLANGAH |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL5792J

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | LAU WOAN HWA MOLLY |
| NRIC No | SXXXX289Z |
| Email Address | jasonkcapl@gmail.com |
| Mobile Phone No | (Phone) +65-97281829 |
| Alternative Phone No | +65-97281829 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Audi |
| Model | Q5 |
| 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 |
| Transmission | Auto |
| CC | 2000 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | Auto & General Insurance (Singapore) Pte. Limited. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | P10510111R00 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------------|
| Name of Driver | LAU WOAN HWA MOLLY |
| NRIC No | SXXXX289Z |

Date Of Birth 13/06/1975
 Occupation Indoor
 Date Of Driving Pass 20/05/1995
 Driving experience 25 YEARS AND 11 MONTHS
 Gender Female
 Mobile Number (Phone) +65-97281829
 Alt. Phone Number +65-97281829
 Email Address jasonkcapl@gmail.com
 Address 6A LINCOLN ROAD #30-15
 Address complement -
 Postcode 308366
 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 Raining
 Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 3
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name TRISTON FANG
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Clementi Neighbourhood Police Post
 Police Station Phone No (Phone) +65-18007759999
 Alt. Police Station Phone No (Fax) +65-67764246
 Police Station Address Blk 427 Clementi Avenue 3 #01-456 Singapore 120427
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210417/2075.

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 XD9782L
 Vehicle Manufacturer -

| | |
|---|--------------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | VEHICLE B |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SLW131S |
| 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 | VEHICLE C |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN #2

Describe Circumstances of the Accident

On 13.04.2021 at approx 12:30pm, I was travelling along West Coast Highway towards North Broomfield & was stationary because the front vehicle had broken down. I was waiting for the police to arrive. From the left side the vehicle started moving to the right lane. I was involved in a 3 vehicle chain collision.

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 Party's Representative



Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

Report No. T/20210417/2075

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 17/04/2021 19:14 | Vide Report No.: D/20210417/0085 | Station Diary No.: 14 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: LAU WOAN HWA MOLLY | | | Address: 6A LINCOLN ROAD #30-15 SINGAPORE 308366 | |
| ID Type / ID No.: NRIC NO / S7520289Z | | | Contact No.: Home/Office: | Mobile: 97281829 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Female | Age: 45 | Date of Birth: 13/06/1975 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: SALES | | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| General Information of the Accident | | | | |
|--|---------------------------------|-----------------------|---|------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 17/04/2021 12:40 | Type of Location: Straight Road |
| Location: WEST COAST HIGHWAY | | | | |
| Lamp Post Number: 94 | | | | |
| Weather: Raining | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: Light | |
| 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 |
|-------------|---------|--------|--------------------------------|---------------|----------------------|-----------------|
| SLL5792J | Car | AUDI | Q5 2.0 TFSI QU (180 BHP) | Black | Seriously Damaged | 1 |
| SLW131S | Car | TOYOTA | HARRIER | Black | Seriously Damaged | 2 |
| XD9782L | Trailer | SCANIA | | Multi-Colored | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLL5792J | AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED | P10510111R00 | 28/02/2021 | 27/02/2022 |

| Details of Person Involved | | | |
|-----------------------------------|---------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | LAU WOAN HWA MOLLY | ID No. | S7520289Z |
| Related Vehicle | SLL5792J (Car) | Contact No. | 97281829 |
| 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 |
| Driver | | | |
| Name | MALE CHINESE DRIVER | ID No. | NIL |
| Related Vehicle | SLW131S (Car) | Contact No. | 98204718 |
| 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 | ZHANG TINGHE | ID No. | G2906097K |
| Related Vehicle | XD9782L (Trailer) | Contact No. | XD9782L |
| 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 |



**SINGAPORE
POLICE FORCE**



T/20210417/2075

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Report No. T/20210417/2075

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

CONTINUATION OF REPORT

Brief Details.

On 17/04/2021 at about 1240hrs, I was driving my black Audi Q5 car, reg no: SLL5792J along West Coast Highway (towards Pandan) together with my 4 years old son. It was raining and the road surface was wet. I was driving along lane 2 and while driving, I saw a black Toyota Harrier car, reg no: SLW131S stopped in the middle of the road. The car was stationary but I am unable to remember if the hazard light was on. I then gradually slowed down my car and when my car was about to stop, I checked on my rear mirror and saw a Scania trailer, reg no: XD9782L was so closed with my car. The said trailer unable to stop and hit onto the rear of car causing my car to surge forward and hit onto the rear of the Toyota Harrier.

After the collision, I was unable to get out of my car as the door was badly damaged and stuck. The trailer's driver came to open my door and the driver of the Toyota Harrier offered me and my son to stay in his car while waiting for the Police and Ambulance to arrive.

The Traffic Police and Ambulance arrived shortly reference to incident: D/20210417/0085. After talking to the Traffic Police and the Paramedic, the driver of the Toyota Harrier together with his wife and daughter were conveyed by the Ambulance to hospital. I managed exchanged contact details with them and also exchanged particulars with the driver of the Trailer. I also managed to take photos of the damages on the cars. Due to the collision, my car was towed away.

Both my son and I did not need any medical assistance earlier however I am going to the Clinic later as I felt pain on my body.

I am lodging this report for my car insurance and Traffic Police necessary actions.



**SINGAPORE
POLICE FORCE**



T/20210417/2075

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20210417/2075

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:

D /

Sr Staff Sgt ABDUL KHABIR BIN MOHAMED
YUSOF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 INTAN WULANDARI BUDDY SANTOSO

Contact No.: 65476256

Signature Of Informant:

Date/Time:

17/04/2021 19:14

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 40

SIGNATURE