

# 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 ..... 09/07/2021 17:39 (SGT)  
Date of Accident ..... 08/07/2021 13:15 (SGT)  
Exact Location of Accident ..... ECP, Singapore  
Additional Location Information ..... TOWARDS CITY BEFORE LAGUNA FLYOVER  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMS4673C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE LING MAY  
NRIC No ..... SXXXX390E  
Email Address ..... mayleehomes@gmail.com  
Mobile Phone No ..... (Phone) +65-91187771  
Alternative Phone No ..... +65-91187771

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... A200  
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 ..... 1332

### INSURANCE COMPANY

Name of Insurance Company ..... FWD Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... PNPV2021-00000977  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE LING MAY  
NRIC No ..... SXXXX390E

Date Of Birth .....	18/10/1984
Occupation .....	Outdoor
Date Of Driving Pass .....	18/01/2006
Driving experience .....	15 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91187771
Alt. Phone Number .....	+65-91187771
Email Address .....	mayleehomes@gmail.com
Address .....	15 FLORA ROAD #01-02
Address complement .....	-
Postcode .....	509734
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle 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 .....	Eunos Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004439999
Alt. Police Station Phone No .....	(Fax) +65-62444376
Police Station Address .....	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210708/2081

#### 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 .....	FBM6182B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle

Name of Driver .....	IZWAN SHAH BIN WIRA
NRIC No .....	SXXXX576F
Contact Number .....	(Phone) +65-91878269
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

# SKETCH PLAN

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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 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.

*Mark* 05/07/2021  
Policyholder's Signature / Date & Time

Sketch Plan

*Mark* 05/07/21  
Driver's Signature (If driver is not the policyholder) / Date & Time

Esc (towards city) before Luganville flyover

*Mark* 09/07/2021  
Witnessed by Reporting Centre Personnel



Vehicle A: SMS 4673C

Vehicle B: FB M6182B

Describe Circumstances of the Accident

REFER TO POLICE REPORT

T/20210708/2081

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]* 25/07/21  
Policyholder's Signature / Date & Time

*[Signature]* 25/07/21  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 25/07/21  
Witnessed by Reporting Centre Personnel







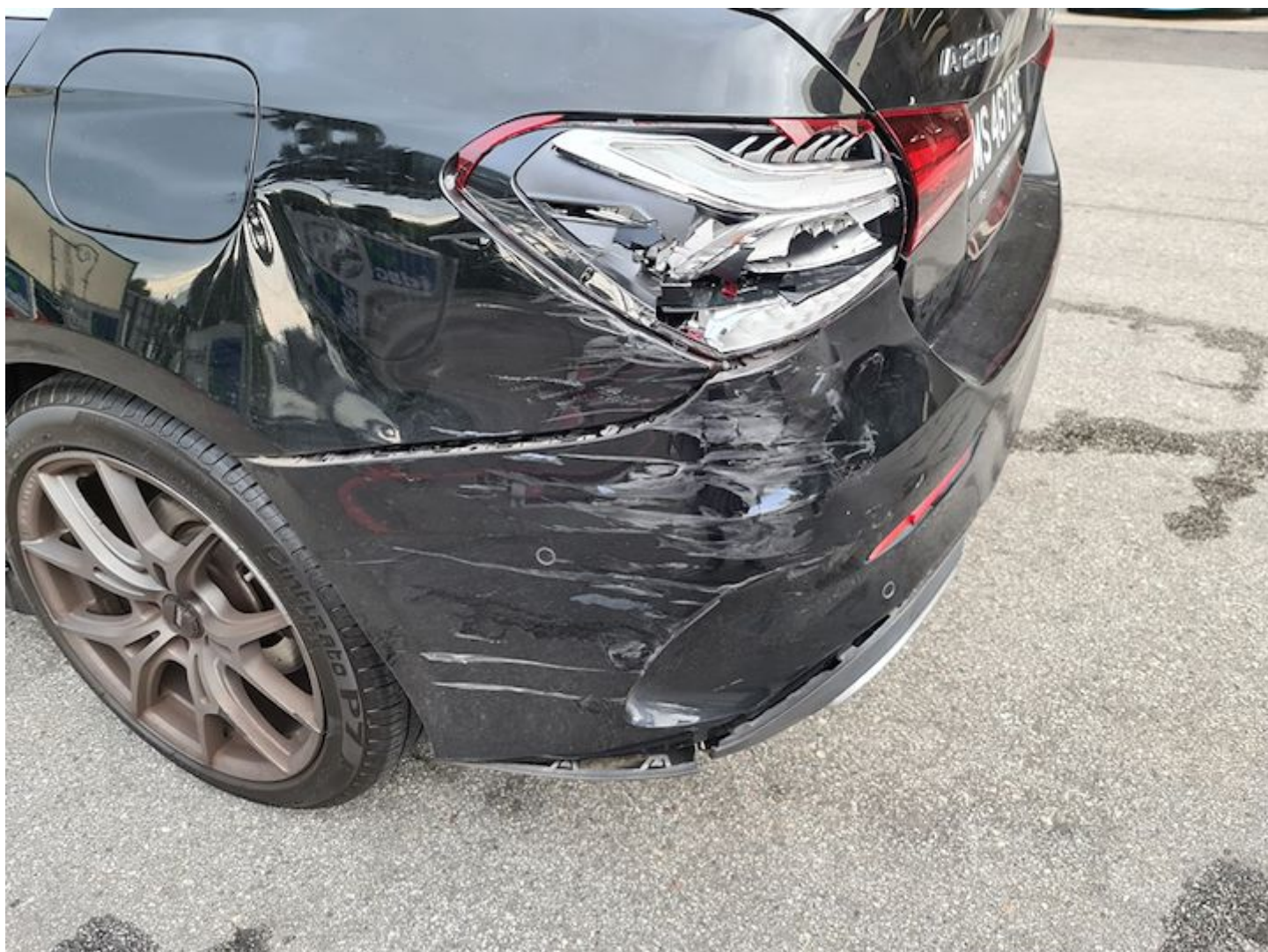




















# SINGAPORE POLICE FORCE



T/20210708/2081

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20210708/2081

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2021 15:44	Vide Report No.: G/20210708/0098	Station Diary No.: 30
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### Informant's Particulars

Name of Informant: LEE LING MAY			Address: 15 FLORA ROAD #01-02 SINGAPORE 509734	
ID Type / ID No.: NRIC NO / S8433390E			Contact No.:	Mobile: 91187771
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Female	Age: 36	Date of Birth: 18/10/1984	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Property Agent			Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/07/2021 13:10	Type of Location: Expressway
Location:  EAST COAST PARKWAY				
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
FBM6182B	Motorcycle					0
SMS4673C	Car	MERCEDES BENZ	A200 AMG LINE AUTO	Black		0
XD5345P (Not Accurate)	Lorry					0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Report No. T/20210708/2081

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS4673C	FWD Singapore Pte. Ltd	PNPV2021-00000977	27/02/2021	26/02/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	IZWAN SHAH BIN WIRA	ID No.	S9114576F
Related Vehicle	FBM6182B (Motorcycle)	Contact No.	91878269
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 LING MAY	ID No.	S8433390E
Related Vehicle	SMS4673C (Car)	Contact No.	91187771
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

### Brief Details.

On 08/07/2021 at around 1.09pm, I was driving my vehicle black Mercedes A200 (SMS4673C) in the first lane along ECP expressway towards MCE opposite Costa Del Sol condominium. While travelling along the said road, there was one lorry (I believe to be XD5345P), which was travelling in Lane 2, went into my lane. As the lorry was quite close to me, I applied the brakes of my vehicle to avoid a collision with its rear.

When my vehicle was slowing down, I felt an impact from the rear of my vehicle. I then stopped my vehicle to make a check. I discovered there was one motorcycle (Veh Number FBM6182B) had brushed against my vehicle rear left side. The motorcycle ended up in the grass patch opposite the road.

There was another lorry which stopped behind our vehicles and assisted to call for Ambulance and manage traffic. I did not manage to take note of the vehicle's details.

Ambulance, Police and LTA Marshal were at scene. I would like to state that I did not suffer any injuries. I



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POLICE FORCE**



T/20210708/2081

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Report No. T/20210708/2081

**CONTINUATION OF REPORT**

did not have any passengers in my car at the point in time. The lorry that came into my lane also did not stop to assist us. The motorcyclist was subsequently conveyed away by ambulance.

I was given a case card vide G/20210708/0098 (TP IO I/C Sufian 6547 6247). No government property was damaged, and no foreign vehicles were involved.





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T/20210708/2081

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Report No. T/20210708/2081

## 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:

G /

SI KHAIRUL IDSHAM BIN ZAKARIA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/07/2021 15:44

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Classification Of Case:

Authentication Stamp

NP168