

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 10/07/2021 14:03 (SGT)
Date of Accident 07/07/2021 11:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information QUEENSWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML6366M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEOW TSE MENG
NRIC No S7244045E
Email Address ZMENG@STARPUB.COM.SG
Mobile Phone No (Phone) +65-90914456
Alternative Phone No +65-90914456

VEHICLE PARTICULARS

Manufacturer BMW
Model X2
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1998

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver DING WEI
NRIC No S8267379B

Date Of Birth	20/09/1982
Occupation	Indoor
Date Of Driving Pass	01/08/2008
Driving experience	12 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90914456
Alt. Phone Number	-
Email Address	ZMENG@STARPUB.COM.SG
Address	BLK 216 DEPOT ROAD
Address complement	#02-70
Postcode	109702
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Motorcyclist
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 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	Commonwealth Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004749999
Alt. Police Station Phone No	(Fax) +65-64715297
Police Station Address	Blk 111 Commonwealth Crescent (Annex) #01-288A Singapore 140111
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBS2290S
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	MR LEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS2290S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT 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





**SINGAPORE
POLICE FORCE**



T/20210707/2059

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

1 of 3

Report No. T/20210707/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2021 15:05	Vide Report No.: D/20210707/0050	Station Diary No.: 10
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Informant's Particulars				
Name of Informant: DING WEI			Address: APT BLK 216 DEPOT ROAD #02-70 SINGAPORE 109702	
ID Type / ID No.: NRIC NO / S8267379B			Contact No.: Home/Office: Mobile: 90914456	
Nationality: CHINESE			Email:	
Sex: Female	Age: 38	Date of Birth: 20/09/1982	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Housewife			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: 07/07/2021 11:15	Type of Location: Straight Road
Location: QUEENSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBS2290S	Motorcycle				Slightly Damaged	0
SML6366M	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210707/2059

2 of 3

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No. T/20210707/2059

CONTINUATION OF REPORT

Brief Details.

On 07/07/2021 at about 1115hrs, I was in my vehicle SML6366M travelling on the second lane of a three lane road along Queensway, I then signal right as I wanted to change lane to the third lane. I completed my lane changing after I affirmed that the traffic was clear, I then take a look on my right side mirror again, I saw a motorist was sitting on the road. I then stopped my vehicle and I saw the small petrol door was opened, I then approached the motorist together with a driver who was right behind him. We then help him up and moved his motorcycle FBS2290S to the side as it took up 2 lanes of the road, driver's wife then called for the ambulance, they came down and conveyed the motorist to the hospital.

I wished to state that I did not saw the motorist when I was doing my lane changing and I did not hear any noise or felt any impact from the collision. I wished to state my right rear passenger door suffered a slight dent and the motorcycle side mirror was broken and suffered scratches on it body due to the collision and I did not suffered from any injury or feeling unwell after the accident. I also wished to state that I had gave my in car camera SD card over to the traffic police.



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T/20210707/2059

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288A SINGAPORE 140111
Tel No: 1800-4749999

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Report No. T/20210707/2059

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 /
Sgt 3 LIU FENGZHAN, GERRY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/07/2021 15:05

Officer In Charge Of Case:
TP / GIT /
Staff Sgt NIUR ADELINA BINTE MOHAMMAD

Classification Of Case:

<p>SINGAPORE POLICE FORCE</p> <p>Authentication Stamp NP168</p>	<p>Signature</p>	<p>Signature</p>
	<p>Signature</p>	<p>Signature</p>













