

## 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 .....	19/01/2021 14:28 (SGT)
Date of Accident .....	09/01/2021 01:50 (SGT)
Exact Location of Accident .....	ECP, Singapore
Additional Location Information .....	ECP > CITY (BF BEDOK EXIT)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMW551B
-----------------------------------	---------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN TENG MIN
NRIC No .....	S7034793H
Email Address .....	hengggweiii@gmail.com
Mobile Phone No .....	(Phone) +65-82885772
Alternative Phone No .....	(Home) +65-82885772

#### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	535i
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	3000

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SP2000135171-01
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	lee heng wei
NRIC No .....	S9717040A

Date Of Birth .....	22/05/1997
Occupation .....	Indoor
Date Of Driving Pass .....	03/11/2015
Driving experience .....	5 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90699363
Alt. Phone Number .....	-
Email Address .....	hengggweiii@gmail.com
Address .....	14
Address complement .....	BEDOK SOUTH AVE 2, #22-578
Postcode .....	460014
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 .....	Collided into Property
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SHERMAINE KOH ENG QI
Gender .....	Female

#### PASSENGER 2

Name .....	GLADYS LEONG
Gender .....	Female

#### PASSENGER 3

Name .....	CHONG JIN KAI
Gender .....	Male

#### 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

AS PER SKETCH PLAN AND POLICE REPORT ATTACH.

P/S HAVE DONE A PRIVATE SETTLEMENT WITH SKG1924K.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKG1924K
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 .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	SHERMAINE KOH EN QI
Gender .....	Female
Phone No .....	(Phone) +65-82887874
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMW551B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

##### INJURED 2

Name of injured person .....	GLADYS LEONG
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMW551B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

##### INJURED 3

Name of injured person .....	CHONG JIN KAI
Gender .....	Male
Phone No .....	(Phone) +65-81028342
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMW551B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

WITNESS DETAILS

WITNESS 1

Name .....	BAKAR BIN JAAFAR
Phone .....	(Phone) +65-90827462
Email .....	-

**SKETCH PLAN****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. 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: 19/11/2021

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





**SINGAPORE  
POLICE FORCE**



T/20210111/7055

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

1 of 4

Report No. T/20210111/7055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/01/2021 23:34	Vide Report No.: G/20210109/0065	Station Diary No.:
--	-------------------------------------	--------------------

**Informant's Particulars**

Name of Informant: LEE HENG WEI			Address: 14 BEDOK SOUTH AVENUE 2 #22-578 SINGAPORE 460014		
ID Type / ID No.: NRIC NO / S9717040A			Contact No.: Home/Office: Mobile: 90699363		
Nationality: SINGAPORE CITIZEN			Email: HENGGGWEIII@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 22/05/1997	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: National Service Full Time			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/01/2021 01:50	Type of Location: Straight Road
Location:  ECP towards Rochor, After bedok exit				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKG1924K	Car	MITSUBISHI	lancer ex	Grey	No Damage	1
SMW551B	Car	BMW	535i	Brown	Seriously Damaged	3

**Details of Vehicle Insurance**

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





**SINGAPORE  
POLICE FORCE**



T/20210111/7055

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

2 of 4  
Report No. T/20210111/7055

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW551B	allianz insurance singapore pte ltd	sp2000135171	24/12/2020	23/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SKG1924K (Car)	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	NIL
<b>Passenger</b>			
Name	SHERMAINE KOH EN QI	ID No.	NIL
Related Vehicle	SMW551B (Car)	Contact No.	82887874
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/01/2021	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
<b>Passenger</b>			
Name	GLADYS LEONG	ID No.	NIL
Related Vehicle	SMW551B (Car)	Contact No.	NIL
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/01/2021	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight





**SINGAPORE  
POLICE FORCE**



T/20210111/7055

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

3 of 4  
Report No. T/20210111/7055

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEE HENG WEI		ID No. S9717040A
Related Vehicle	SMW551B (Car)		Contact No. 90699363
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,2A,2.3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Passenger</b>			
Name	CHONG JIN KAI		ID No. NIL
Related Vehicle	SMW551B (Car)		Contact No. 81028342
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	09/01/2021	Date	09/01/2021
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

On 9/1/2021 at about 1.50am, I am the driver of BMW 535i (SMW551B), I had 3 passengers with me, Shermaine Koh En Qi, Chong Jin Kai, Gladys Leong. I was travelling along lane 1 towards the city area. I realised that there were puddle of water collected along lane 1. For safety purposes, I decided to change to lane 2 to avoid any slips. When I changed the lane, there was a vehicle ahead and I tapped my brakes to match the front vehicle. However, I lost control of the vehicle and it started to swerve to the most left lane. I tried to control and swerve back in lane in order to avoid collision with the drainage. Instead, I was being swerved from the most left lane to the most right lane. I ended up hitting the divider and my car landed in between the divider. My passenger were injured and they were conveyed to CGH hospital via ambulance.

In addition, I would like to declare that I have changed my tyres to a brand new on 26/12/2020 at AL Tyres at Ubi.



**SINGAPORE  
POLICE FORCE**

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



T/20210111/7055

4 of 4

Report No. T/20210111/7055

**CONTINUATION OF REPORT**

Sketch 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 / TPiB /  
JOFILIANO BIN MOHAMED ALI  
Contact No.: 65476960

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:  
11/01/2021 23:34

Classification Of Case: