

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 07/12/2021 18:15 (SGT)
Date of Accident 06/12/2021 11:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information SIMON RD SERVICE RD CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD9309M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LI JIA YI
NRIC No S8678885C
Email Address LIJIAYI8676@GMAIL.COM
Mobile Phone No (Phone) +65-97931358
Alternative Phone No (Home) +65-97931358

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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 1500

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV2019-00009562-02
Cover Note Number -

DRIVER

Name of Driver LI JIA YI

Date Of Birth	06/07/1986
Occupation	Indoor
Date Of Driving Pass	06/07/1986
Driving experience	35 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97931358
Alt. Phone Number	(Home) +65-97931358
Email Address	LIJIAYI8676@GMAIL.COM
Address	43 LIMBOK TERRACE
Address complement	-
Postcode	545195
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

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 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	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

REFER TO ATTACHED

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	GBK4459C
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 -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJK2374M
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) -

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd via email / fax.

SKETCH PLAN

IMPORTANT NOTICE

Signature: _____

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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

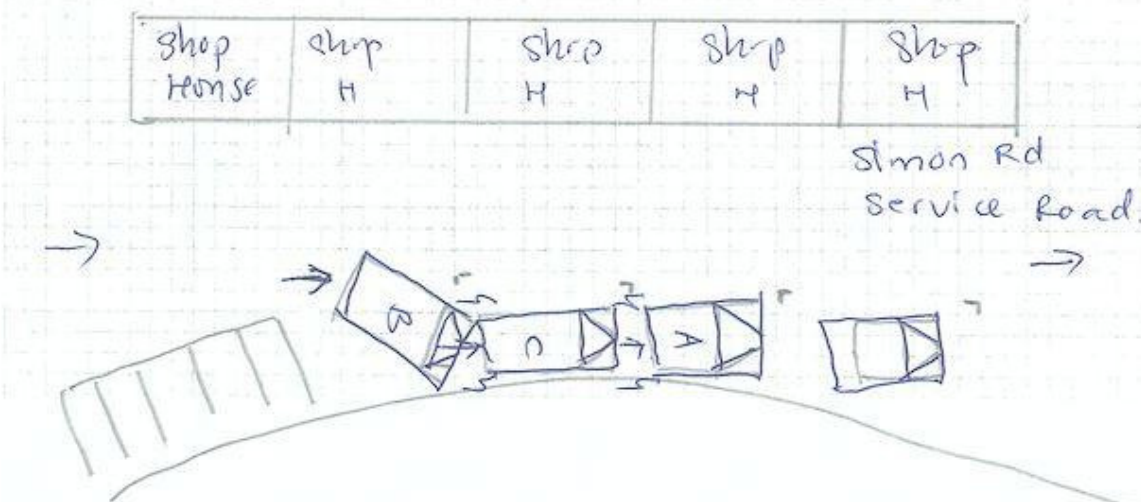
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Date: 6th December 2021
 Time: about 11.15am
 Location: Simon Road / Service Rd Carpark.

On the date and time, I had parked my car along Simon Rd Service Rd Carpark. When suddenly I hear a long bang from the car park and I saw a Van GBK 459C had loss control and hit onto a parking car (SPK 2374M) and the impact push the car moved forward and hit onto my stationary car.

A - SLD9309M
 B - GBK459C
 C - SPK2374M

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



Witnessed by Reporting Centre Personnel





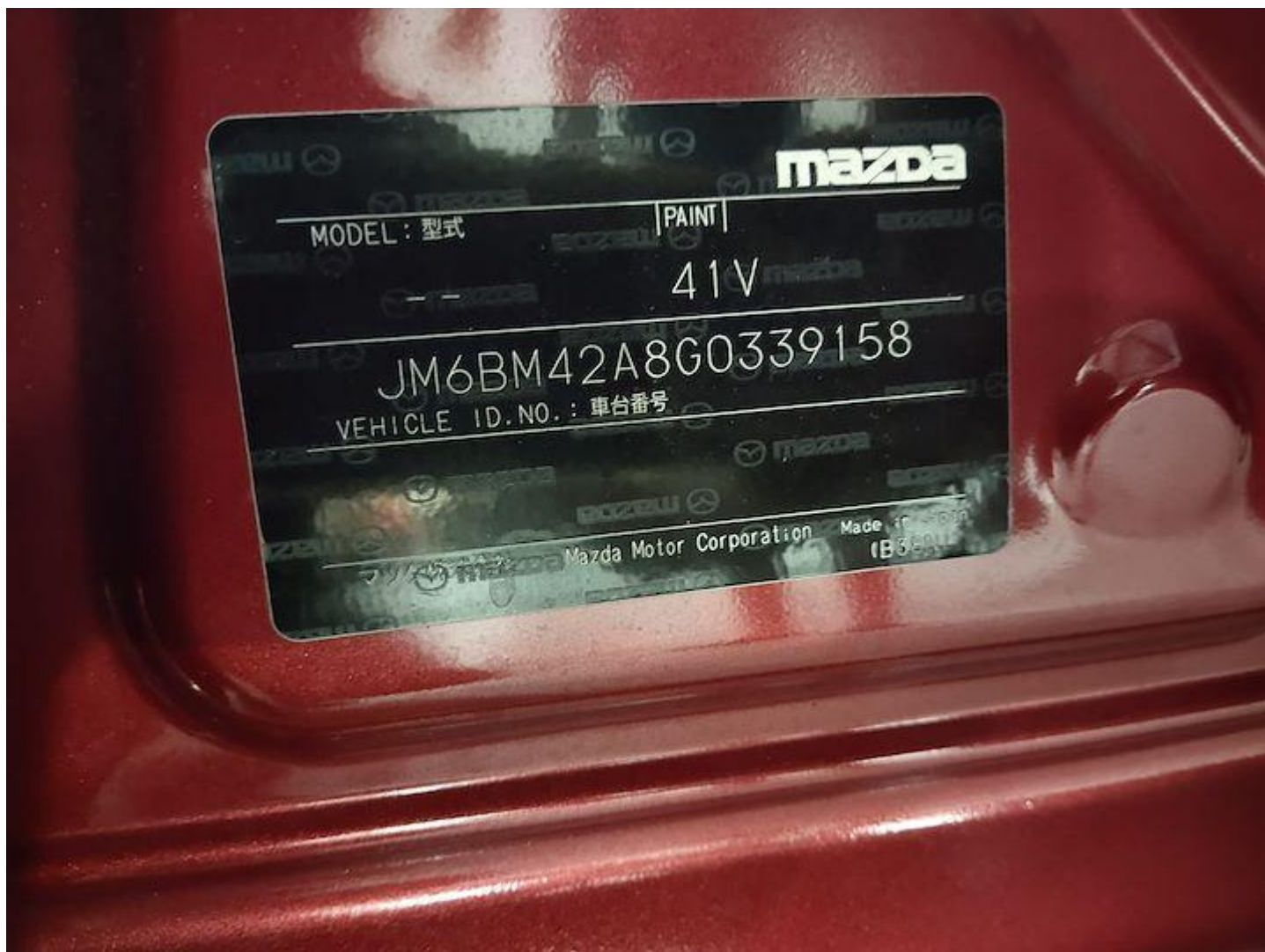


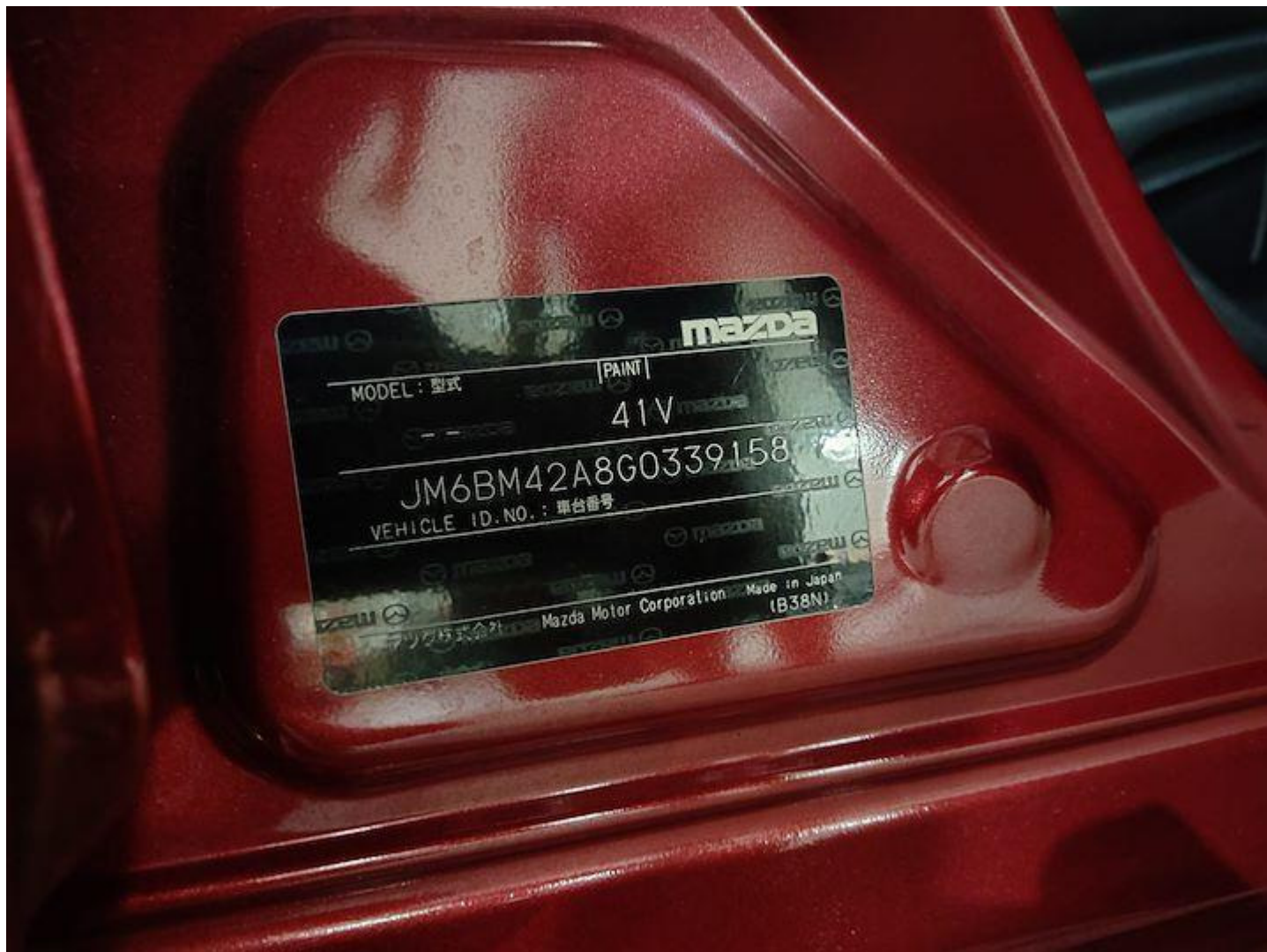














**SINGAPORE
POLICE FORCE**



T/20211206/7049

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

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Report No. T/20211206/7049

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD9309M	FWD Singapore Pte. Ltd	PNPV2019-00009562-02	30/06/2021	29/06/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LEE HONG LUAN		ID No.	S1731177H
Related Vehicle	GBK4459C (Van)		Contact No.	93858413
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	TAN SOON KEE		ID No.	S1508371I
Related Vehicle	SJX2374M (Car)		Contact No.	90096667
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	LI JIAYI		ID No.	S8678885C
Related Vehicle	SLD9309M (Car)		Contact No.	97931358
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



**SINGAPORE
POLICE FORCE**



T/20211206/7049

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

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Report No. T/20211206/7049

CONTINUATION OF REPORT

Brief Details.

On the 6/12/2021 around 10am I parked my parallel parking lot along Simon Road.

On the same day at 1215pm, I came out from coffee shop and realized that one van (GBK4459C) had collided into a sedan(SJX2374M), and the impact had caused the sedan to move forward and collided my car which was parked in front of the sedan.

The back of my vehicle was damaged, I did not witness the accident.

My in-car camera was not activated. There was a traffic police at the scene. The traffic police had given me a case card and instructed me to lodge a police report.



**SINGAPORE
POLICE FORCE**

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



T/20211206/7049

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Report No. T/20211206/7049

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 /
ABDUL RAHIM BIN SALIM
Contact No.: 65476437

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
06/12/2021 22:39

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20211206/7049

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

1 of 4
Report No. T/20211206/7049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2021 22:39		Vide Report No.: F/20211206/0094		Station Diary No.:	
Informant's Particulars					
Name of Informant: LI JIAYI			Address: 43 LIMBOK TERRACE SINGAPORE 545195		
ID Type / ID No.: NRIC NO / S8678885C			Contact No.: Home/Office: Mobile: 97931358		
Nationality: SINGAPORE CITIZEN			Email: lijiaiyi8676@GMAIL.COM		
Sex: Female	Age: 35	Date of Birth: 06/07/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Baker (general)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2021 12:15	Type of Location: Straight Road
Location: Simon road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Chain accident				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK4459C	Van	TOYOTA	HIACE VAN TURBO	Silver		0
SJX2374M	Car	TOYOTA	Vios	Silver	Seriously Damaged	0
SLD9309M	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	Red		0