

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 05/01/2022 18:35 (SGT)
Date of Accident 04/01/2022 15:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information MARINE TERRACE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME5332D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ANG KOCK LEE
NRIC No SXXXX703G
Email Address ANGKOCKLEE@GMAIL.COM
Mobile Phone No (Phone) +65-96884638
Alternative Phone No (Home) +65-96884638

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 0

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA498362/1
Cover Note Number -

DRIVER

Name of Driver KWOK WAI LENG
NRIC No SXXXX608Z

Date Of Birth	08/11/1947
Occupation	Indoor
Date Of Driving Pass	18/03/1965
Driving experience	56 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96884638
Alt. Phone Number	-
Email Address	ANGKOCKLEE@GMAIL.COM
Address	191 TANJONG RHU ROAD #11-01
Address complement	-
Postcode	436927
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ANG KOCK LEE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
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	SMA6329D
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GY7257R
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)	-

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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)**

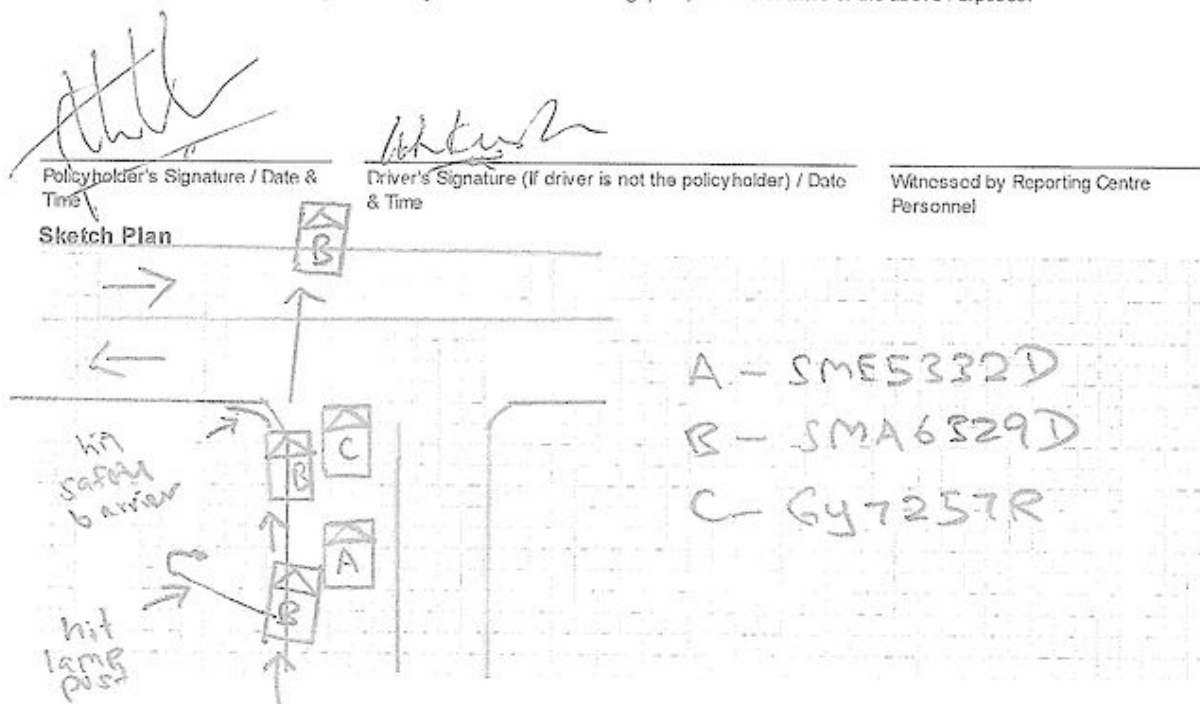
I understand, acknowledge, agree and consent that:

(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.

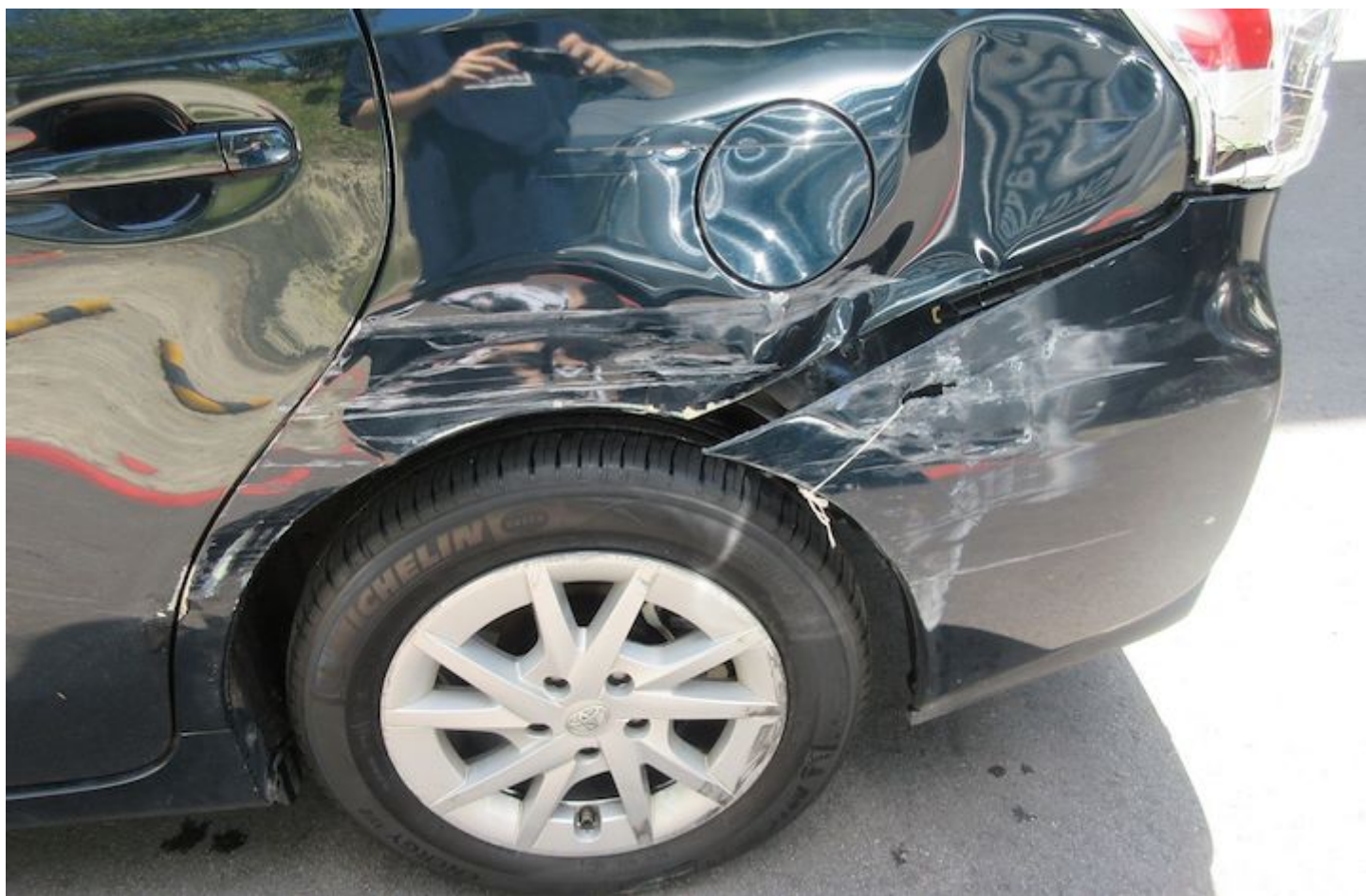


Refer to Police Report. T/20220104/2099.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel

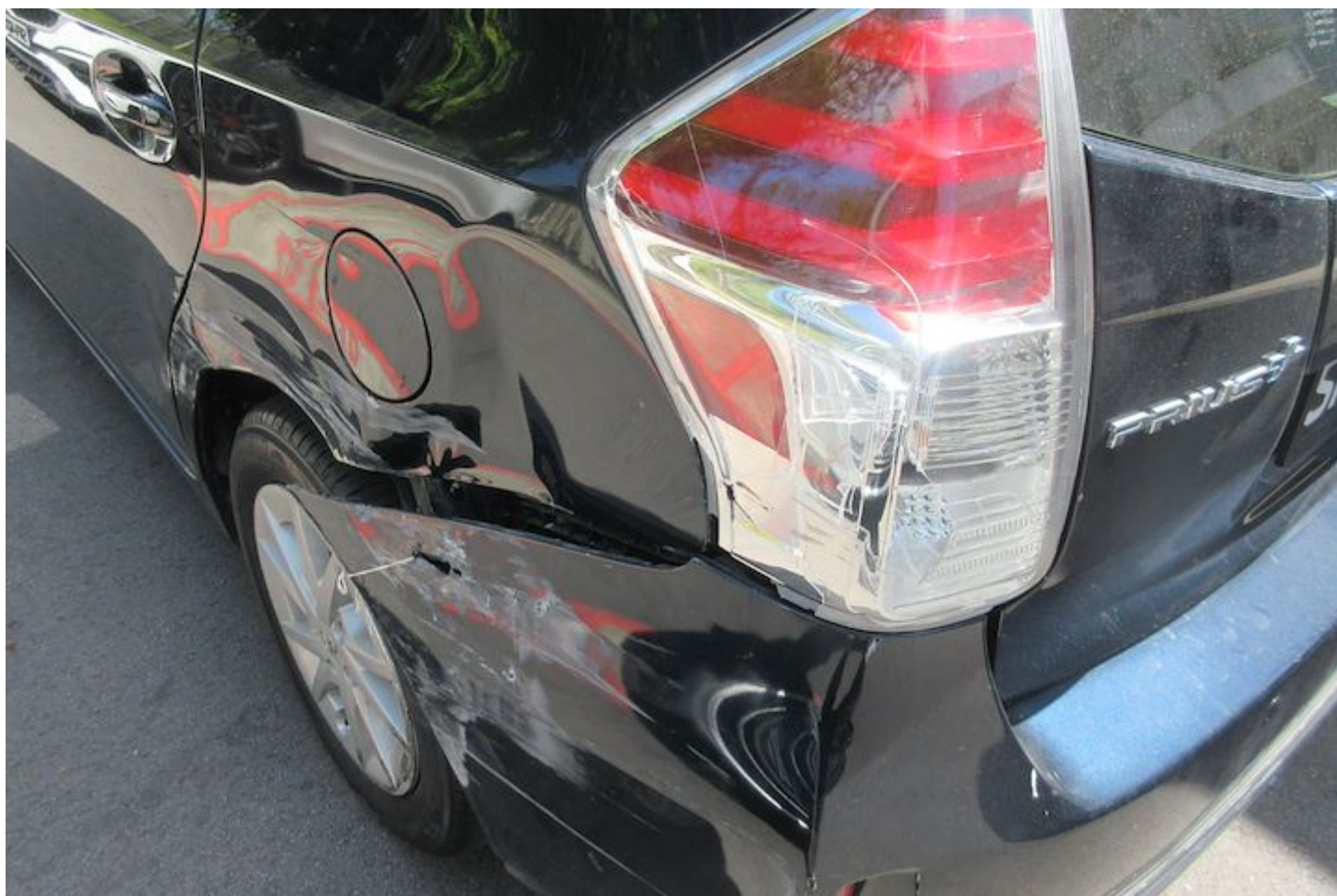


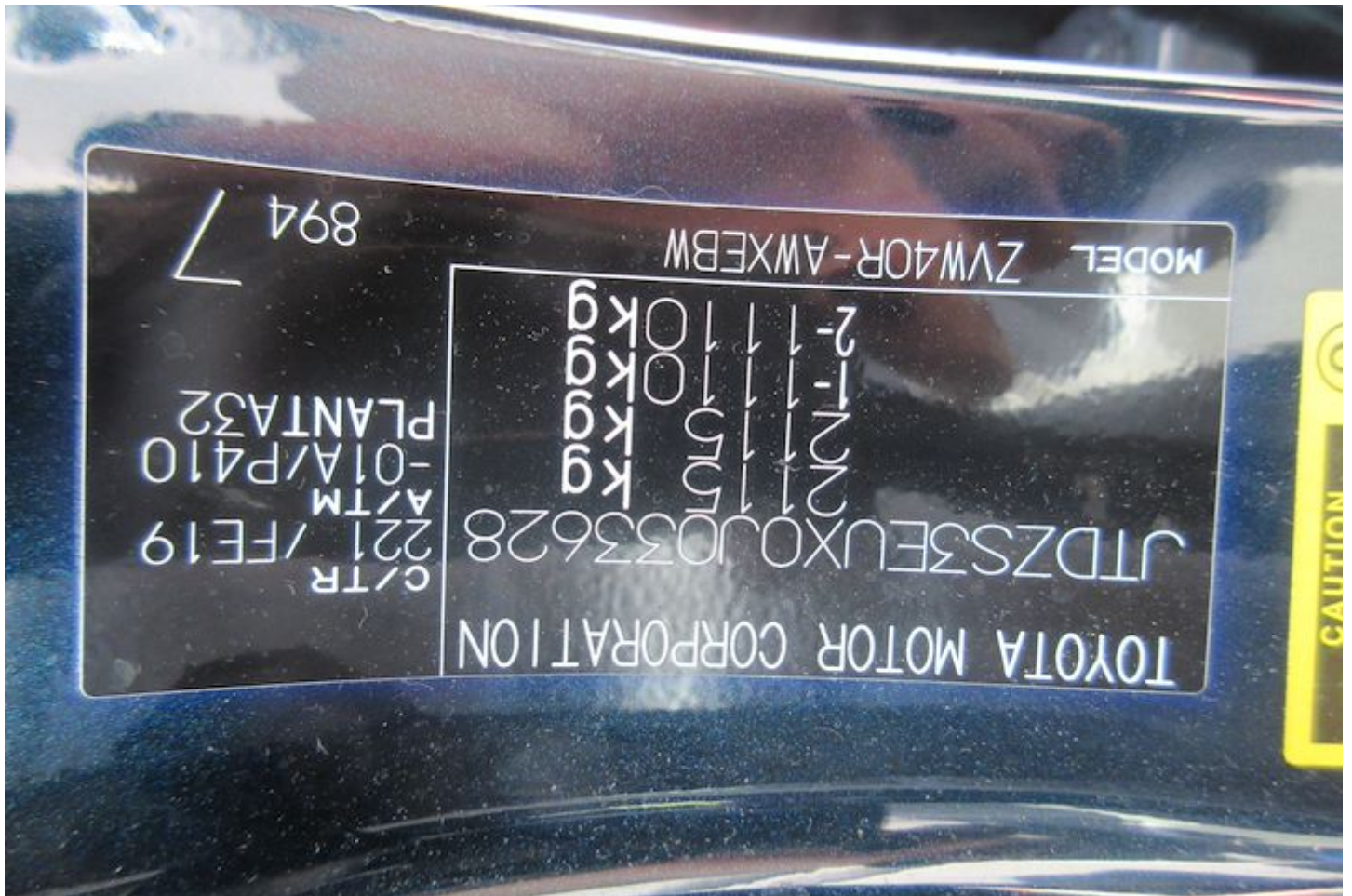








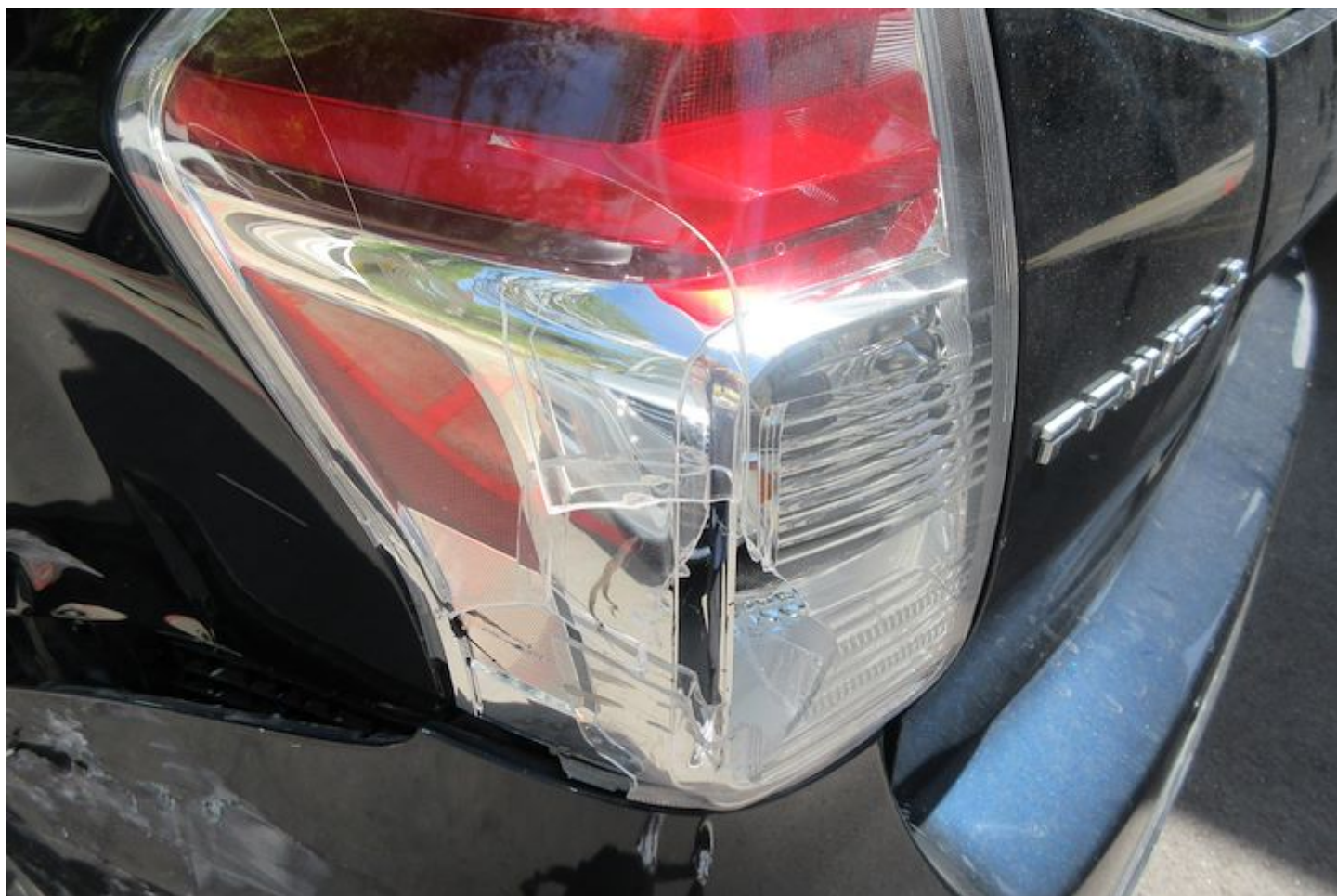






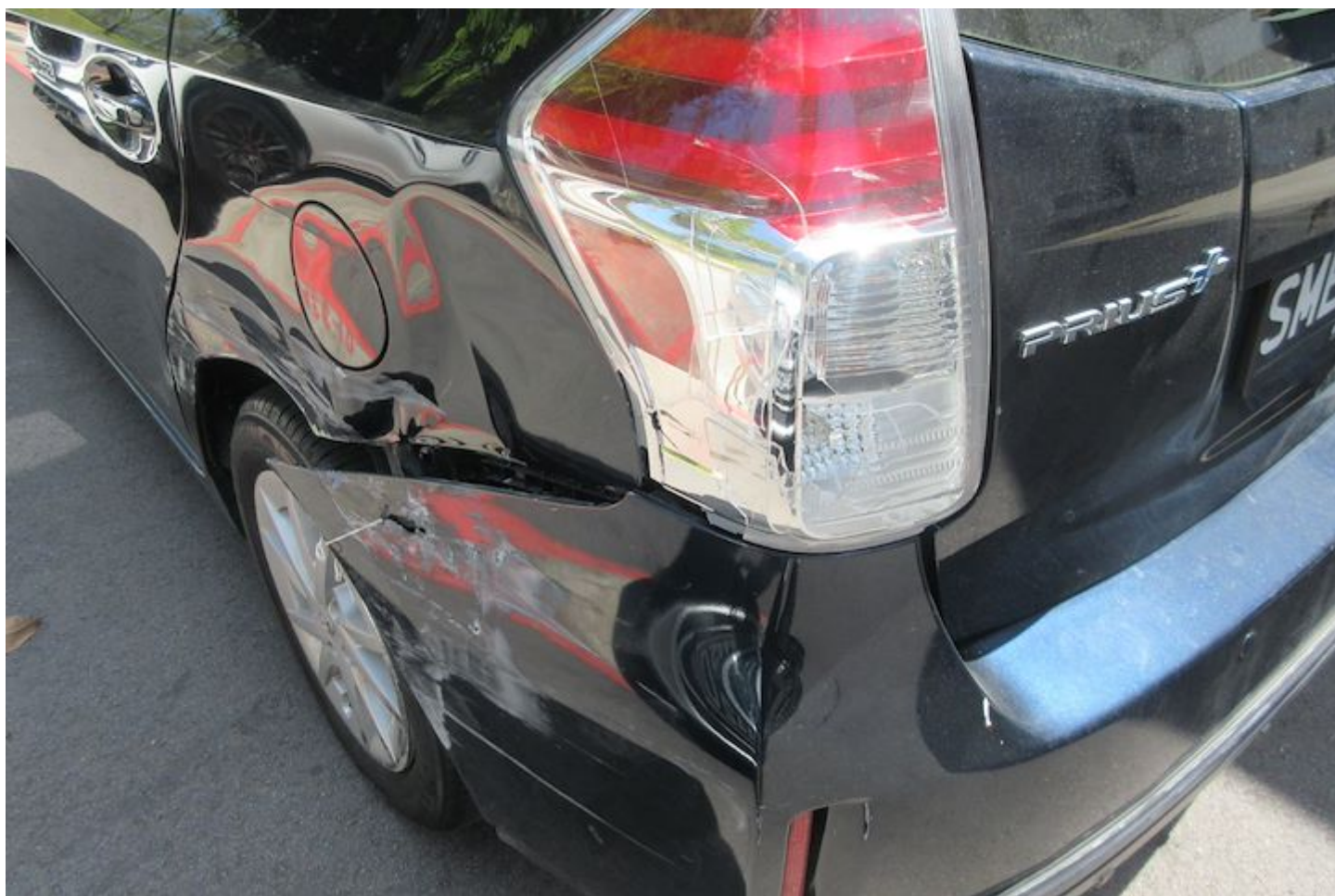




















**SINGAPORE
POLICE FORCE**



T/20220104/2079

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20220104/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2022 17:14		Vide Report No.: G/20220104/0150	Station Diary No.: 40
Informant's Particulars			
Name of Informant: KWOK WAI LENG		Address: 191 TANJONG RHU ROAD #11-01 SINGAPORE 436927	
ID Type / ID No.: NRIC NO / S0240608Z		Contact No.: Home/Office: Mobile: 96733692	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 74	Date of Birth: 08/11/1947	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: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/01/2022 15:10	Type of Location: Car Park	
Location: MARINE TERRACE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing	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
GY7257R	Van	NISSAN		Grey		0
SMA6329D	Car	TOYOTA	Vios	Grey	Seriously Damaged	0
SME5332D	Car	TOYOTA	Prius Plus	Black	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Report No. T/20220104/2079

CONTINUATION OF REPORT

Driver			
Name	LIM ENG SIONG	ID No.	S1108264E
Related Vehicle	GY7257R (Van)	Contact No.	NIL
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	CHEN KHEAT SHENG	ID No.	S2038800E
Related Vehicle	SMA6329D (Car)	Contact No.	NIL
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	KWOK WAI LENG	ID No.	S0240608Z
Related Vehicle	SME5332D (Car)	Contact No.	96733692
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
Passenger			
Name	ANG KOCK LEE	ID No.	S1097703G
Related Vehicle	SME5332D (Car)	Contact No.	96884638
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



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T/20220104/2079

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Report No. T/20220104/2079

CONTINUATION OF REPORT

Brief Details.

On 04/01/2021, at about 1510hrs, I was driving my vehicle SME5332D with my husband as my passenger. I was exiting the carpark near to Blk 55 or Blk 54 Marine Terrace. I passed the carpark gantry and was queuing up behind a van (GY7257R) at the stop line. Both the van and my vehicle were stationary when a vehicle (SMA6329D) collided into the rear left corner of my vehicle and crashed into the left side of my vehicle and also the van in front of us and a few government properties such as the road signs, before crashing to opposite side of the road's railing, in front of the Marine Parade Fire Post located at Blk 15 Marine Terrace. There was a fire engine and police vehicle that happened to be at the location, and they attended to us before traffic police and ambulance came. No one was injured from the accident based on my knowledge and the traffic police provided us with a case card. We were then advised to lodge a police report.



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T/20220104/2079

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Report No. T/20220104/2079

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 / Sgt 2 LIM JUN YONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2022 17:14
Officer In Charge Of Case: TP / GIT / Other MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:
Authentication Stamp NP168 	