# **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 witholding 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 14/03/2022 12:49 (SGT) Date of Accident 13/03/2022 14:25 (SGT) Exact Location of Accident Farrer Rd, Singapore Additional Location Information TURNING RIGHT INTO HOLLANDS ROAD Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMF5838G

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE SEA LIN NRIC No. SXXXX317G Email Address lee.sealin@gmail.com Mobile Phone No (Phone) +65-96253907 Alternative Phone No +65-97465550

#### VEHICLE PARTICULARS

Manufacturer Volkswagen Model Golf 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 1390

#### **INSURANCE COMPANY**

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D21MTPV01015600 Cover Note Number

#### DRIVER

Name of Driver LEE YI NRIC No. TXXXX934D Date Of Birth 14/01/2001 Occupation Indoor Date Of Driving Pass 03/08/2021 Driving experience 7 MONTHS Gender Male Mobile Number (Phone) +65-97465550 Alt. Phone Number Email Address lee.sealin@gmail.com Address 1A PINE GROVE #05-04 #05-04 Address complement Postcode 590001 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Clementi Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008729999 Alt. Police Station Phone No (Fax) +65-68728039 Police Station Address No. Singapore 129858 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220313/2053 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SML3796A

Lexus

Es250

Private car

### CF Accident report SN09223E0004

Vehicle Manufacturer

Vehicle Model

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	<b>-</b>
Insurance Company Name	<b>-</b>
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	<del>-</del>

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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)

l understand, acknowledge, agree and consent that :

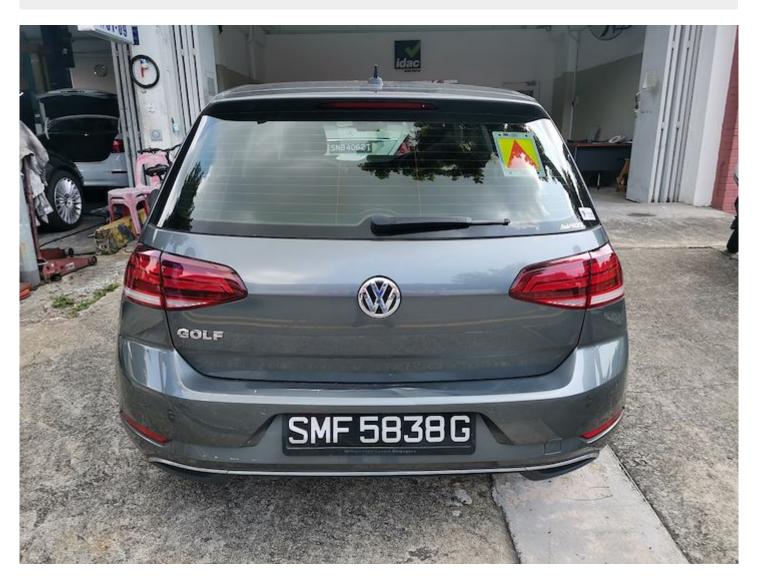
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20220313/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2022 17:01	Vide Report No.:	Station Diary No.: 57
Informant's Particulars	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	
Name of Informant: LEE YI	Address: 1A PINE GROVE #05-0	04 SINGAPORE 590001
ID Type / ID No.: NRIC NO / T0104934D	Contact No.: Home/Office:	Mobile: 97465550

Email: Nationality: leeyi45@gmail.com SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: 14/01/2001 Driver 21 Male Institution / School Name: Language: Race:

English Chinese Driving Licence Information: Occupation:

Date of Expiry: Class: 3 Student

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/03/2022 14:29	Type of Location X-Junction		
Location: FARRER RO	AD	Road Surface:		Road Speed Limit:		
	eather.					
Weather: Clear		Dry				
	e Wav	Dry Traffic Control: Traffic Light - Work	ing	Traffic Volume: Moderate Anyone conveyed by		

Details of V	Type	Make	Model	Color	Condition	No of Passenger
SMF5838G	Car	VOLKSWAGO N	GOLF 1.4 TSI CL	Grey		0
SML3796A	Car	TOYOTA	LEXUS ES250 4DR SEDAN (AUTO) EXECUTIVE	Silver		0





Report No. T/20220313/2053

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Details of Person Any Pedestrian In No. of Pedestrian	volved: No	NATION OF THE PARTY OF THE PART	Use of Ped	estrian	Crossi	ng: NA
Driver		NAME OF STREET	NAME OF TAXABLE PARTY.	ID No.		T0104934D
Name	LEE YI					
				Contact No.		97465550
Related Vehicle	Related Vehicle SMF5838G (Car)					
Europe Control Control Control				Class of Driving		Class: 3 Date of Expiry: NIL
Hospital/Clinic	spital/Clinic NIL					
				Licenc	-	
				Expiry	Date	
			Date Disc	-	NIL	
Date Treatment	NIL		Degree of	f Injury	NIL	
Date Treatment	NIL nted Medical Leave NIL		Date Disc Degree o	narge f Injury		

On 13/03/2022 at about 1425hrs, I was driving my car with the registration plate number, SMF5838G Brief Details. (grey Volkswagon Golf) at along Farrer Road towards Queensway. When I reached the junction of Farrer Road towards Queensway and Holland Road, I stopped at the traffic light when the traffic turned red.

When traffic light turned green, I was about to move off and turn right into Holland Road when suddenly a car with the registration plate number, SML3796A (silver Toyota Lexus) which was behind me hit onto the rear of my car. I did not stop at the junction and continued to turn into Holland before I can stop my car to exchange my particulars with the other driver. However, the said driver of SML3796A did a U-turn at the traffic light and drove off towards Farrer Road towards PIE and away from the accident location.

I stopped at the bus-stop after turning right into Holland Road towards Clementi to check the damages on my car. After making the checks, my car had sustained damages on the rear bumper of my car. I also took several photographs of the damages on my car.

I wished to add that my car is equipped with in-car camera if the investigation officer in-charge of case requires the footages of the accident, he/she can contact me at my handphone, 97465550.





3 of 3 Report No. T/20220313/2053

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999 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 Informant:
Date/Time: 13/03/2022 17:01
Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

## ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SUCSDISFORDY Vehicle Registration No: SM Name (as shown in NRIC): Vefe NRIC/FIN/Passport No: (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate ) Address: \_ Singapore ( Contact (Tel):\_\_\_ Email Address: \_ Time of Accident: Date of Accident: Place of Accident: Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No.: Date:

GIARMC Addendum Form