

## 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 .....	23/04/2022 13:05 (SGT)
Date of Accident .....	22/04/2022 18:35 (SGT)
Exact Location of Accident .....	Near MCE, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMZ4273L
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHRISTIAN LUEBBERS
NRIC No .....	GXXXX759X
Email Address .....	CHRISTIAN.LUEBBERS@ME.COM
Mobile Phone No .....	(Phone) +65-98243262
Alternative Phone No .....	(Office) +65-98243262

#### VEHICLE PARTICULARS

Manufacturer .....	Peugeot
Model .....	5008
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 .....	1199

#### INSURANCE COMPANY

Name of Insurance Company .....	AXA Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	VPA/P2434658
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	FARAH AMALINA LUEBBERS
NRIC No .....	SXXXX352A

Date Of Birth .....	04/06/1987
Occupation .....	Indoor
Date Of Driving Pass .....	10/10/2006
Driving experience .....	15 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98243262
Alt. Phone Number .....	-
Email Address .....	CHRISTIAN.LUEBBERS@ME.COM
Address .....	18 SIGLAP LINK, #11-29
Address complement .....	-
Postcode .....	448873
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	SOFIA ILYAS LUEBBERS
Gender .....	Female

#### 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

PLEASE REFER TO POLICE REPORT : T/20220423/7002

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKH3126D
Vehicle Manufacturer .....	Mercedes

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	JI CHAO
NRIC No .....	SXXXX979B
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 .....	SLE7740H
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIN CHUN NAN
NRIC No .....	GXXXX866U
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

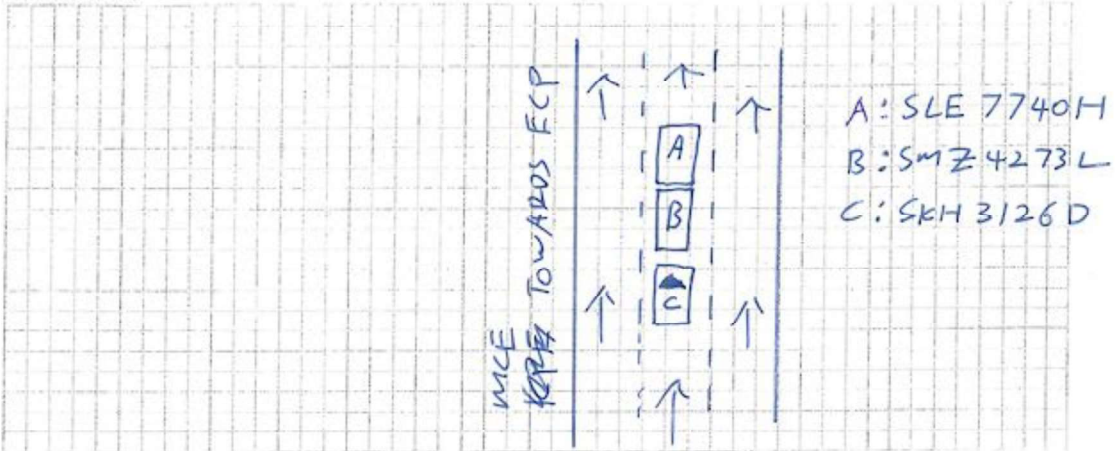
##### INJURED 1

Name of injured person .....	FARAH AMALINA LUEBBERS
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	35
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMZ4273L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	SOFIALLYAS LUEBBERS
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	2
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMZ4273L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT 22/4/22 at about ~~1800~~ 1830 pm at MCE  
TOWARDS ECP. I was travelling in VEH 'B'  
VEH 'A' stop in front of me as Traffic was slow,  
I stop behind VEH 'A' and suddenly VEH 'C'  
SLAM into me. myself and my kid was  
shocked and injured. my kid sister was  
crying.  
PLEASE refer to police report: T/20220423/7002

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:

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



**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)**

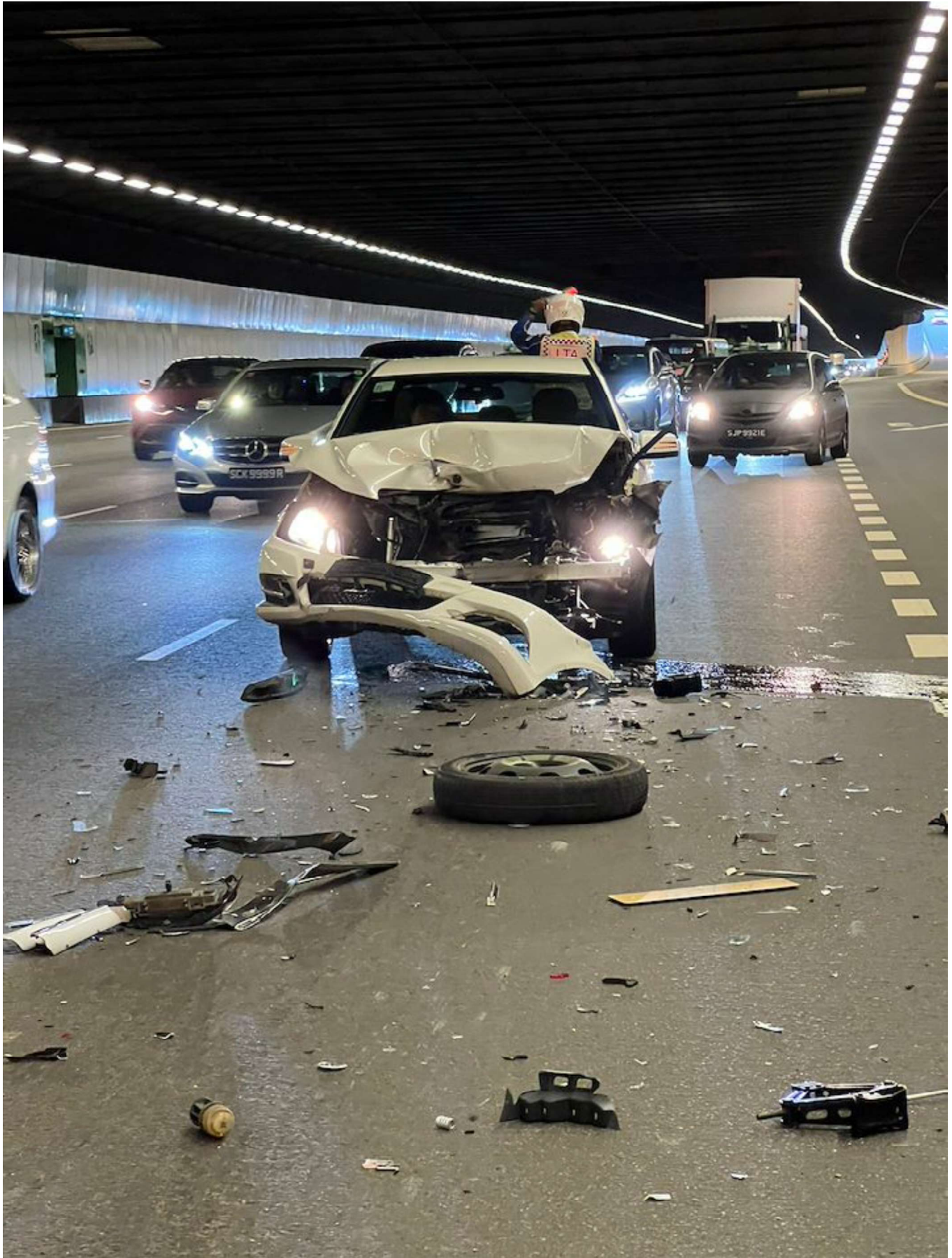
I understand, acknowledge, agree and consent that:

- (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.

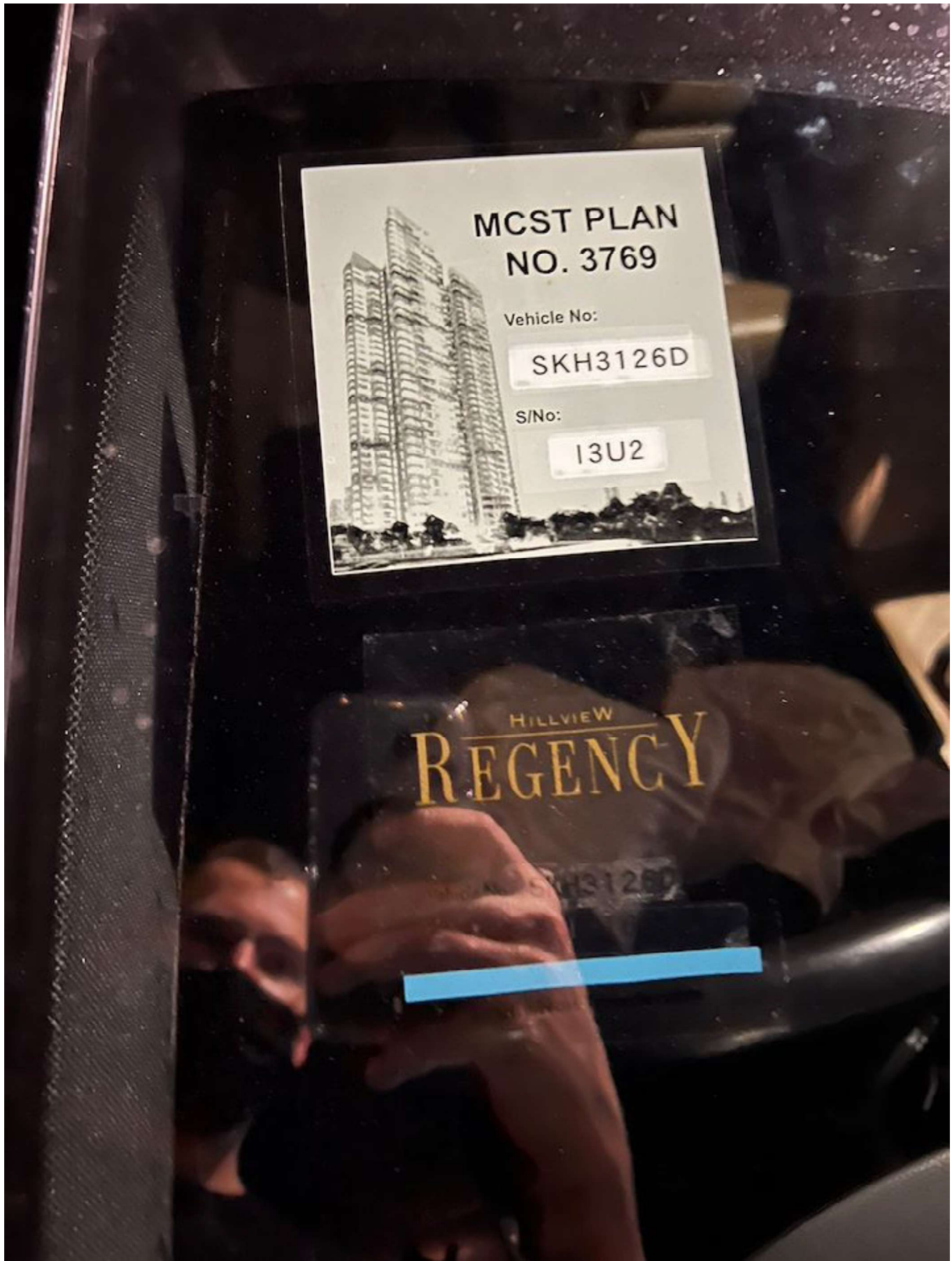
  
 Policyholder's Signature  
 Date & Time:

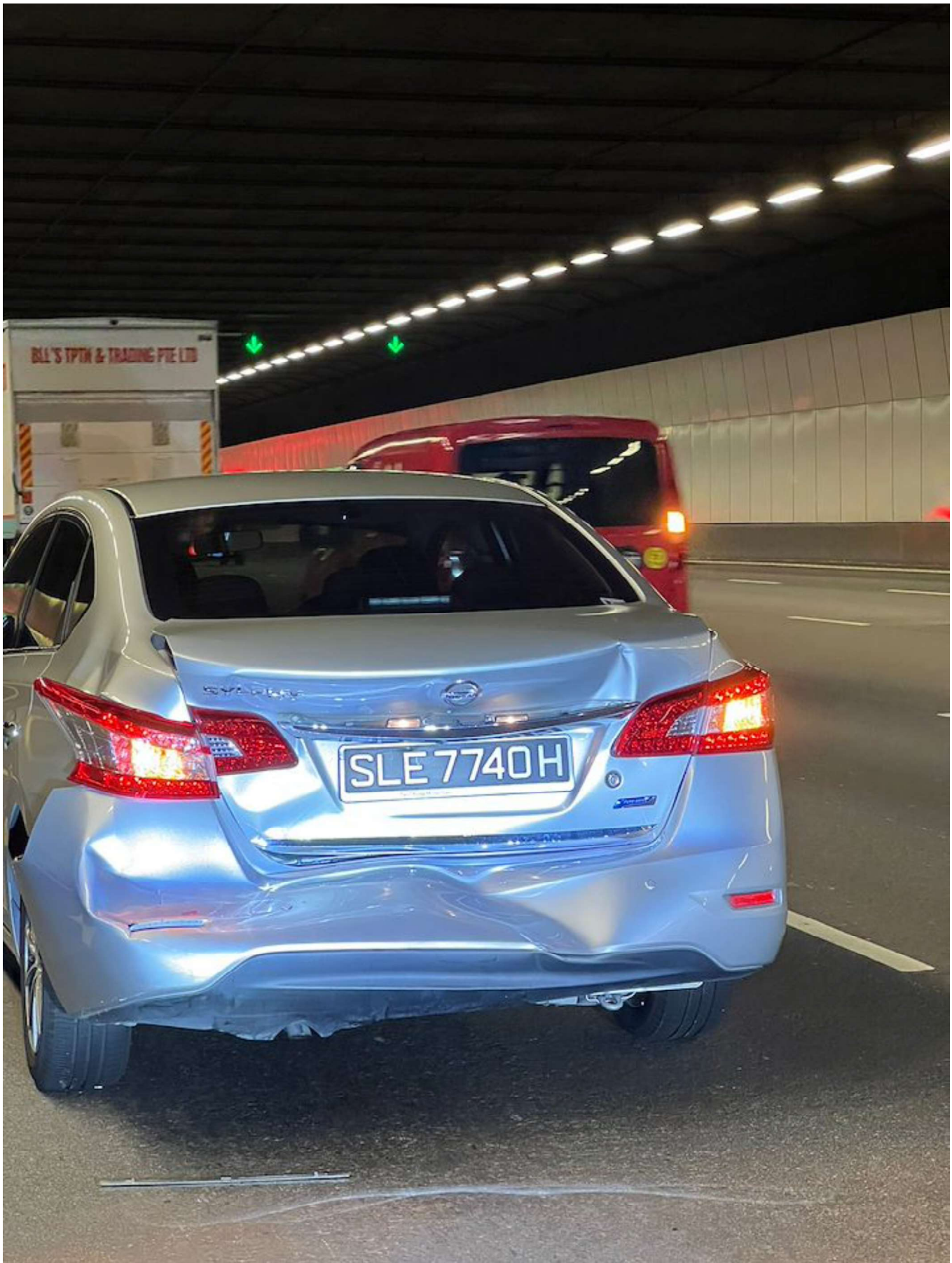
\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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



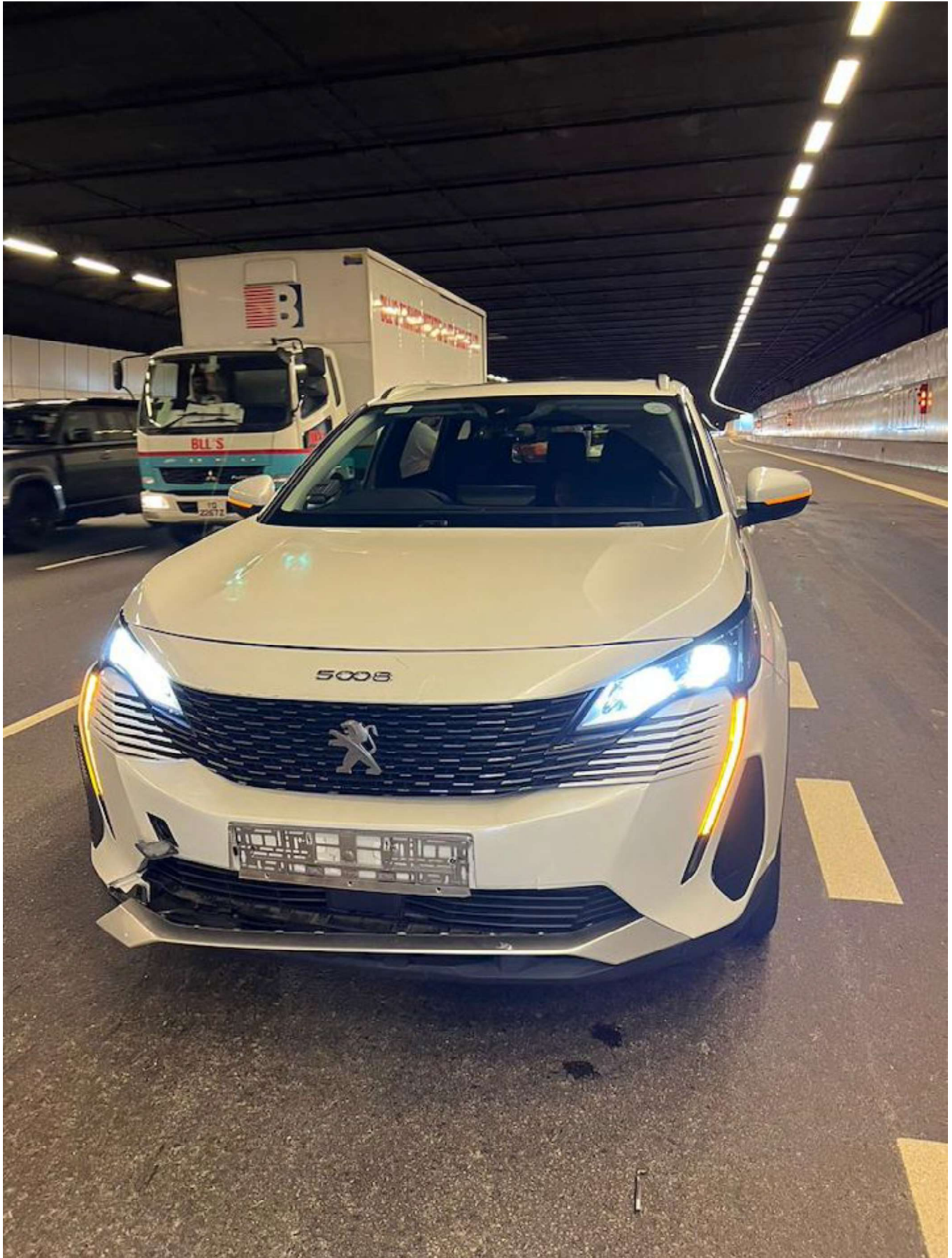








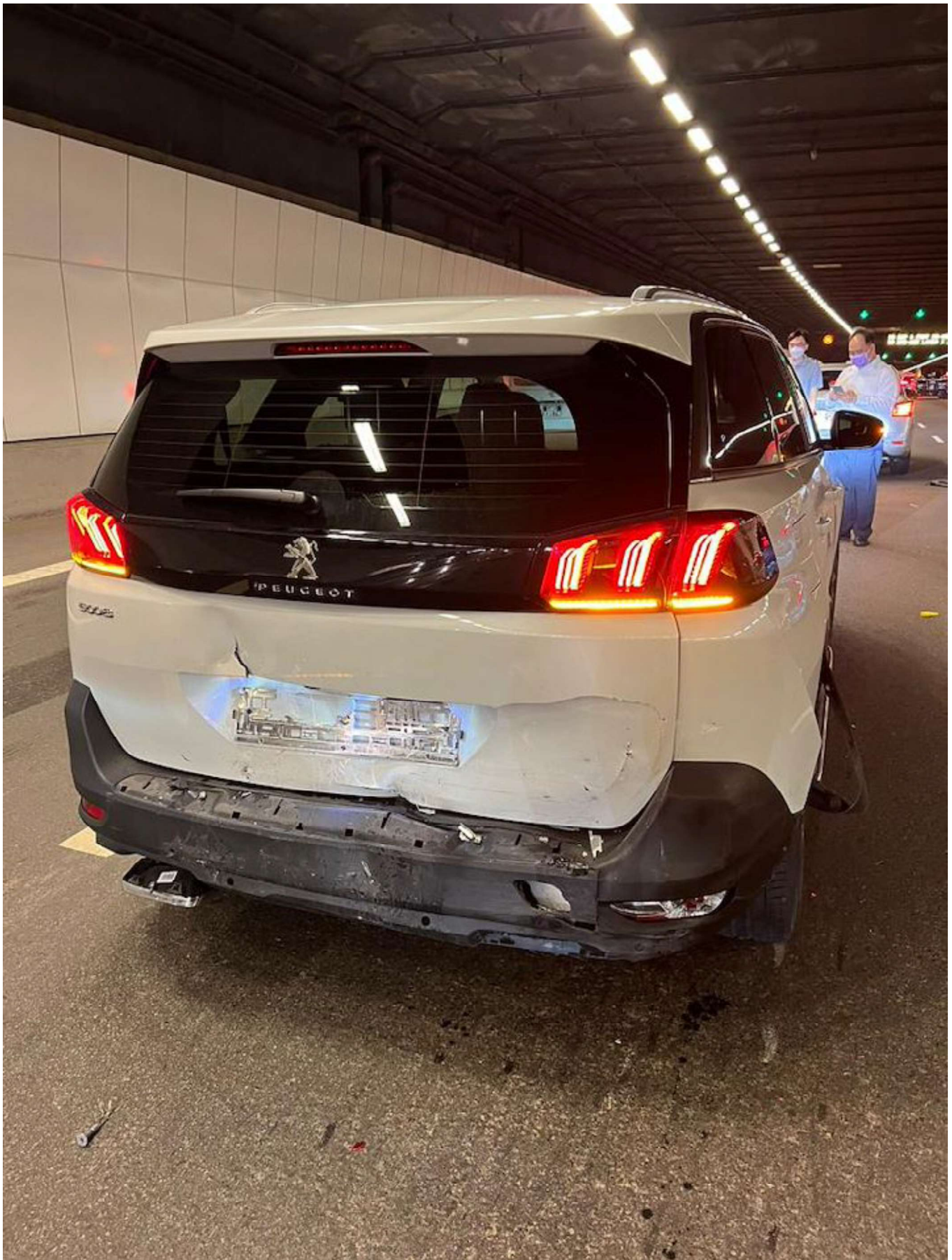




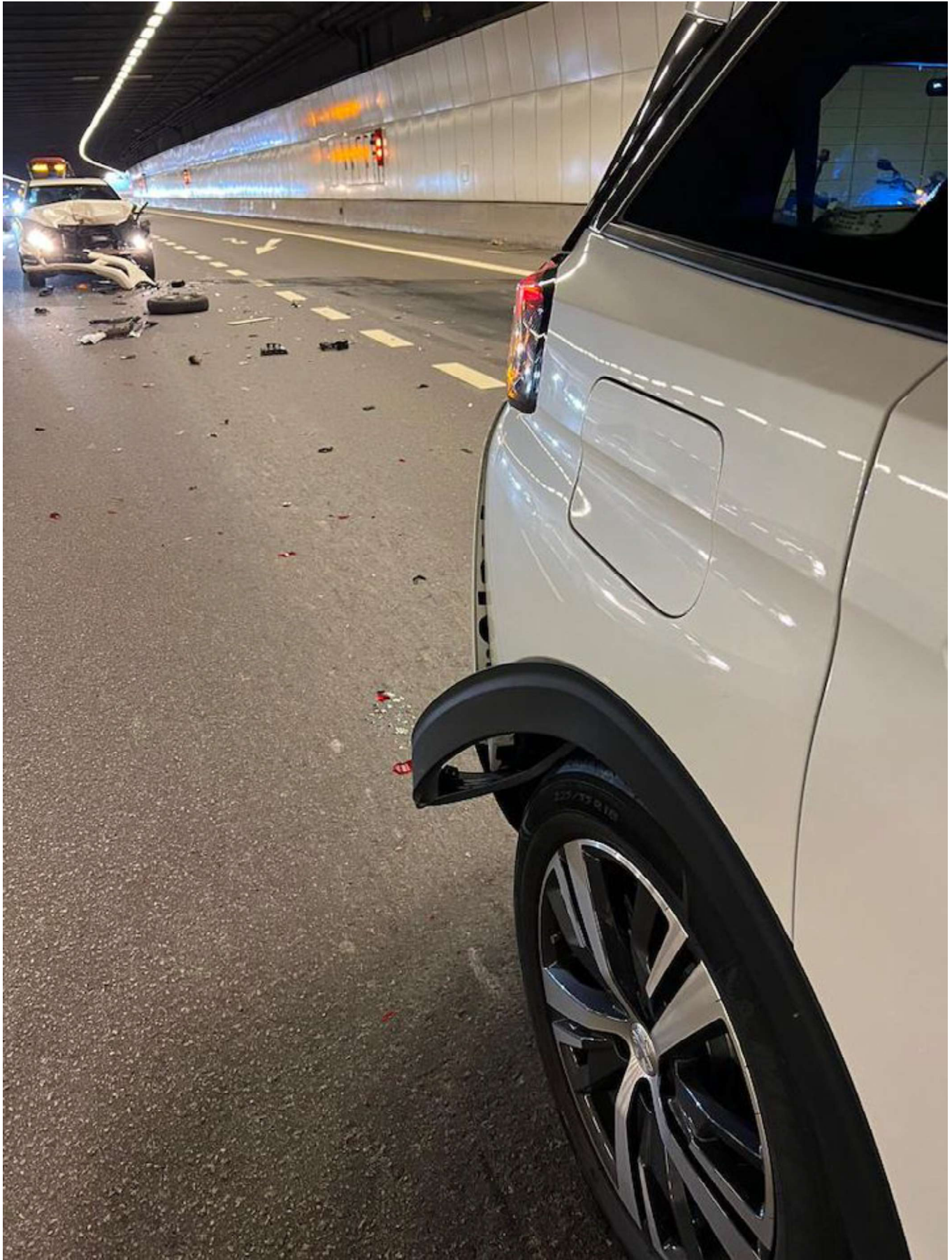










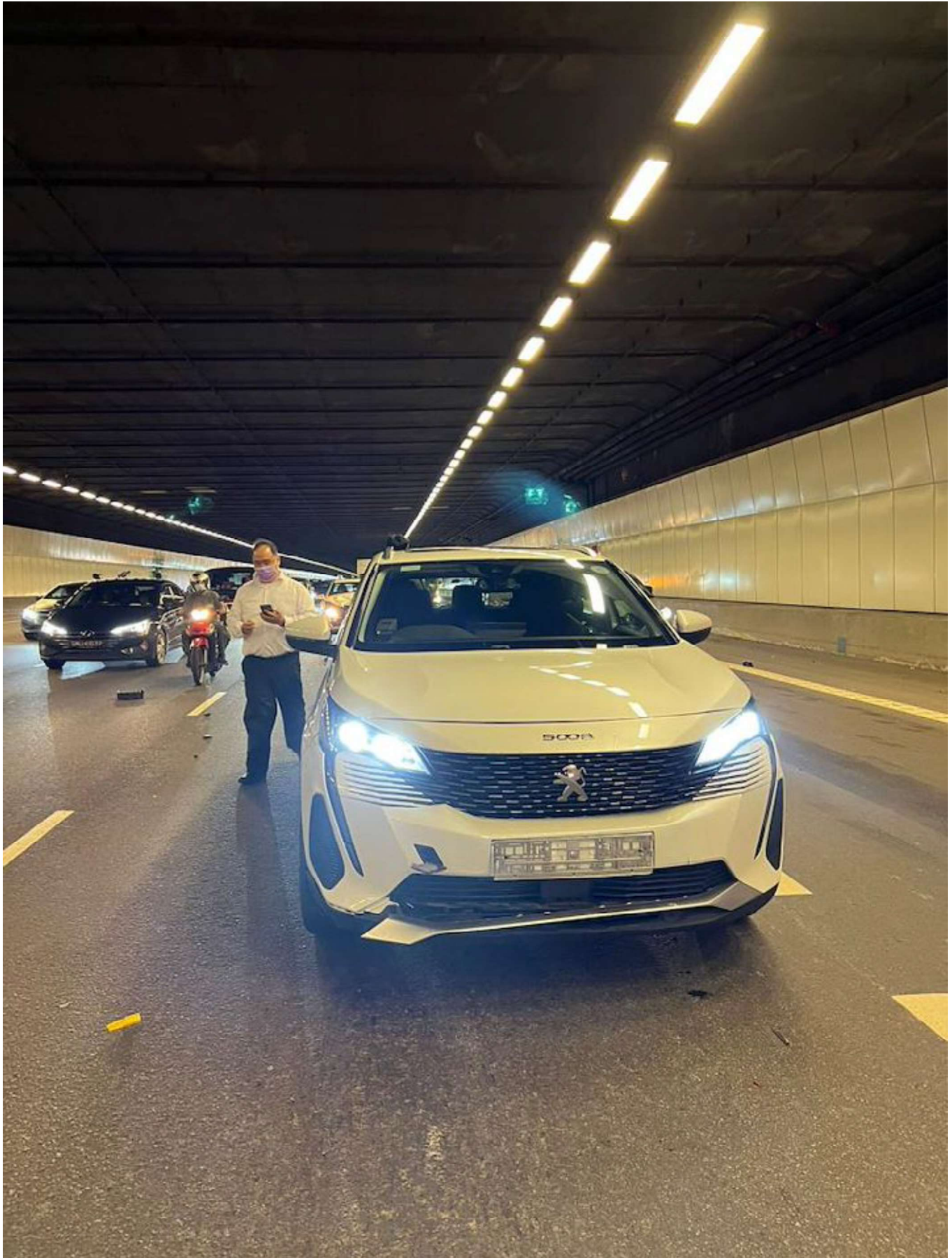


























**SINGAPORE  
POLICE FORCE**



T/20220423/7002

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

5 of 5  
Report No. T/20220423/7002

**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 /  
MOHAMED SUFIAN BIN MOHAMED JUNID  
Contact No.: 65476247

Signature Of Informant:

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

Date/Time:  
23/04/2022 10:47

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20220423/7002

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

2 of 5  
Report No. T/20220423/7002

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JI CHAO	ID No.	S8477979B
Related Vehicle	SKH3126D (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
Driver			
Name	LIN CHUN-NAN	ID No.	G3442866U
Related Vehicle	SLE7740H (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
Driver			
Name	FARAH AMALINA OSMAN	ID No.	S8718352A
Related Vehicle	SMZ4273L (Car)	Contact No.	97678642
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/20220423/7002

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

3 of 5  
Report No. T/20220423/7002

**CONTINUATION OF REPORT**

Passenger			
Name	SOFIA ILYAS LUEBBERS	ID No.	T2008060J
Related Vehicle	SMZ4273L (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	Slight

**Brief Details.**

At 6:32PM on 22 April 2022, I, Farah Amalina Osman [NRIC: S8718352A], was driving the car, SMZ4273L, under my husband's name, Christian Luebbbers [NRIC: S8665279Z], on the way home along MCE towards ECP (Changi) / Fort Road Exit. Our first born daughter, Sofia Ilyas Luebbbers [T2008060J], was sitting in the back with her car seat fastened.

At the stretch of the tunnel just after Central Boulevard entrance, I noticed slow traffic during rush hour and the car in front of me, SLE7740H, stopped and turned his hazard lights on. I promptly braked my car and managed to stop with a considerable distance behind him and also turned my hazard lights on. I looked into the rearview mirror and suddenly saw a white car, SKH3126D, approach me at a very high speed and crashed into the back of my car, leaving me to roll forward and hit the car in front of me. Both incidents are recorded on video from the front and rear cameras of our car.

The driver in the car in front of me acknowledged that he saw me stop my car before the car behind crashed and caused me to be thrown towards him. I won't speculate on what caused the driver in the car behind me to have crashed, but from the video and my experience while driving yesterday evening, I am certain that he had ample time to brake and he must have not been looking at traffic in front of him to avoid the accident.

After I collected myself and checked that my daughter is ok, I called the ambulance as the driver in the car at the back was not moving and did not come out. I did not want to walk towards him because he was more than 10metres away and I did not want to abandon my 2year-old daughter alone in the car with live traffic on the expressway still moving. A few minutes later, the traffic police officer and ambulance arrived at the scene and assisted the situation. This was my first time involved in any car accident and it was terrifying, especially with a young child in the car with me. I wish to seek repairs from the driver of the car behind me and would also request for the car in front of me to seek repairs from the car behind me instead of from me as he was solely at fault in this situation.

I am unable to upload the photos and videos onto this portal due to file size and format, please feel free to contact me to retrieve them if necessary.

Thank you for your assistance.



**SINGAPORE  
POLICE FORCE**

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



T/20220423/7002

4 of 5

Report No. T/20220423/7002

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20220423/7002

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

1 of 5  
Report No. T/20220423/7002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/04/2022 10:47	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: FARAH AMALINA OSMAN			Address: 18 SIGLAP LINK #11-29 SINGAPORE 448873	
ID Type / ID No.: NRIC NO / S8718352A			Contact No.: Home/Office: Mobile: 97678642	
Nationality: SINGAPORE CITIZEN			Email: FRH.AMALINA@GMAIL.COM	
Sex: Female	Age: 34	Date of Birth: 04/06/1987	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/04/2022 18:30	Type of Location: Straight Road
Location:  MARINA COASTAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKH3126D	Car		Mercedes	White		1
SLE7740H	Car		Nissan	Silver		2
SMZ4273L	Car					0