

# 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 ..... 30/05/2022 19:57 (SGT)  
Date of Accident ..... 29/05/2022 14:10 (SGT)  
Exact Location of Accident ..... Serangoon Ave 2, Singapore  
Additional Location Information ..... TOWARDS BUANGKOK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKW3524J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE SOON LEE  
NRIC No ..... SXXXX669J  
Email Address ..... jonathanlwz@gmail.com  
Mobile Phone No ..... (Phone) +65-96926910  
Alternative Phone No ..... +65-92378037

### 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 ..... 1498

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070156777-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE WEI ZHI JONATHAN  
NRIC No ..... SXXXX968B

Date Of Birth .....	10/05/1994
Occupation .....	Indoor
Date Of Driving Pass .....	01/09/2015
Driving experience .....	6 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92378037
Alt. Phone Number .....	-
Email Address .....	jonathanlwz@gmail.com
Address .....	2 PERUMAL ROAD #08-01
Address complement .....	-
Postcode .....	218773
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 .....	Collision - Major/Minor Rd
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	IMOGEN ANG HUI LUI
Gender .....	Female

#### PASSENGER 2

Name .....	CHAN JIA EN
Gender .....	Female

#### PASSENGER 3

Name .....	LEE SHAO-XIONG
Gender .....	Male

#### PASSENGER 4

Name .....	SHERYL LIM WEN XI
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/20220529/7062

## ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH TRAFFIC POLICE
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SFP1915Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SEOW CHEE HWEE
NRIC No .....	SXXXX353E
Contact Number .....	(Phone) +65-91073075
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	Auto & General Insurance (Singapore) Pte. Limited.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person .....	LEE WEI ZHI JONATHAN
Gender .....	Male
Phone No .....	(Phone) +65-92378037
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SKW3524J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## INJURED 2

Name of injured person .....	IMOGEN ANG HUI LUI
Gender .....	Female
Phone No .....	(Phone) +65-84985452
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SKW3524J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## INJURED 3

Name of injured person .....	CHAN JIA EN
Gender .....	Female
Phone No .....	(Phone) +65-97979613
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-

Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SKW3524J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No
INJURED 4	
Name of injured person .....	LEE SHAO-XIANG
Gender .....	Male
Phone No .....	(Phone) +65-91459243
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SKW3524J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 5	
Name of injured person .....	SHERYL LIM WENXI
Gender .....	Female
Phone No .....	(Phone) +65-90031751
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SKW3524J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

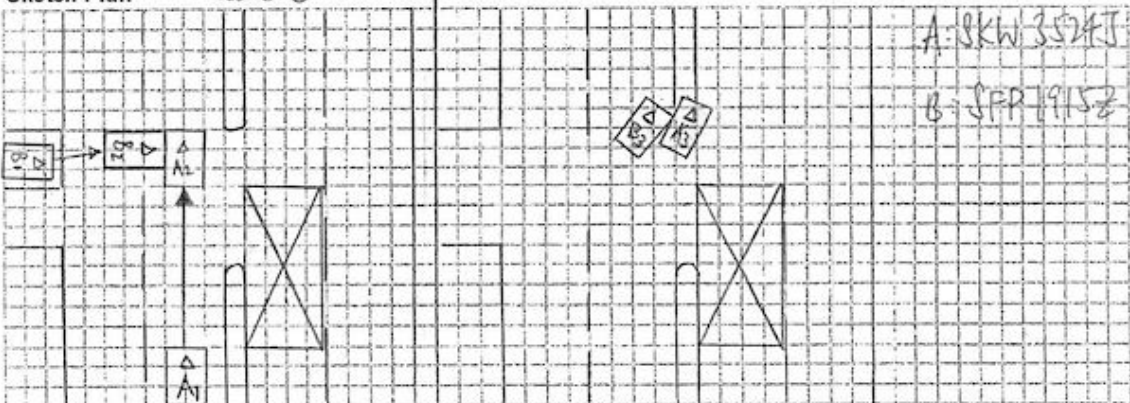
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN WITH 2 TOWARDS BUKIT KOK

**Describe Circumstances of the Accident**

Please refer to the police report (T/20220529/7062).

**Declaration**

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















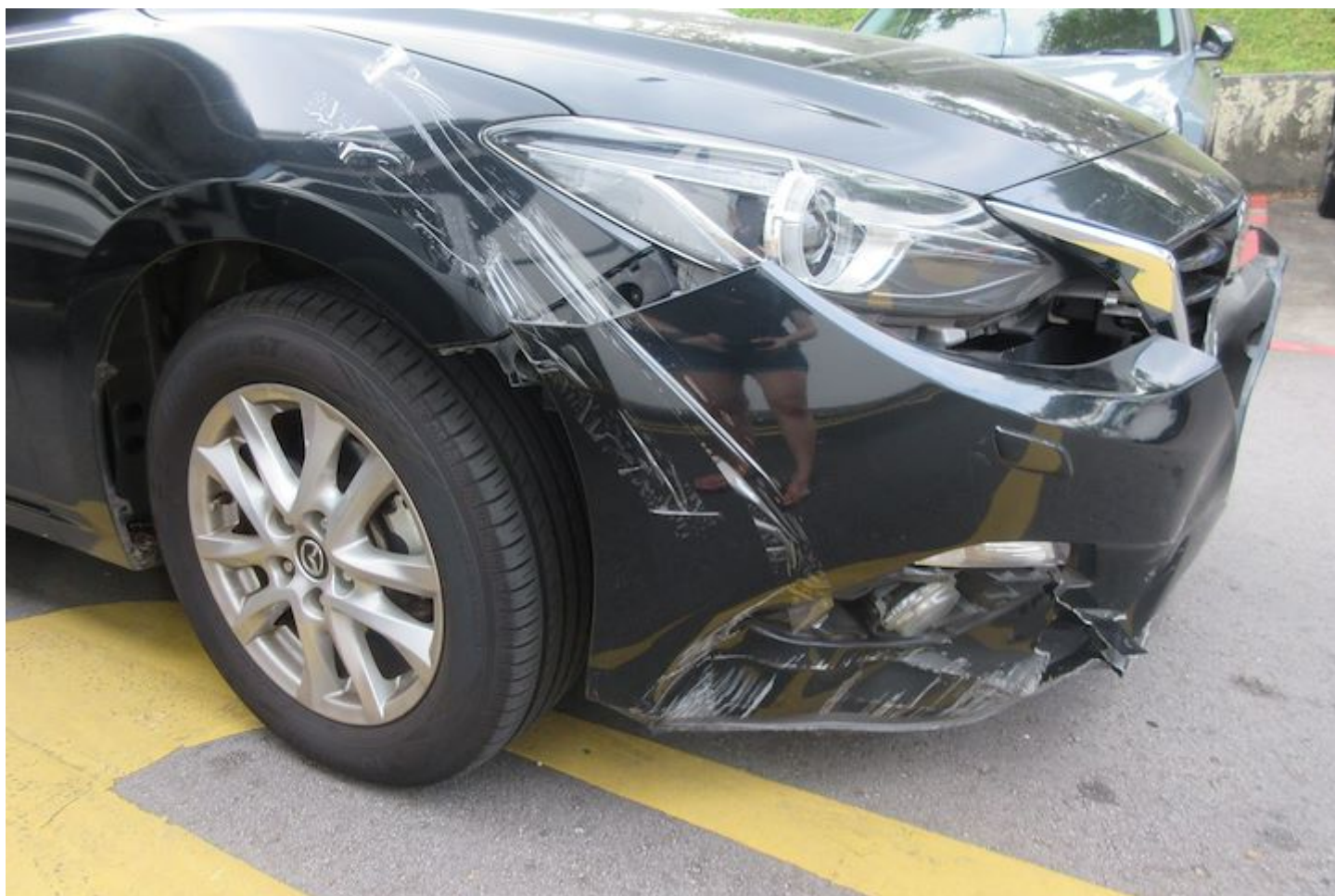




























**SINGAPORE  
POLICE FORCE**

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



T/20220529/7062

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Report No. T/20220529/7062

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/05/2022 17:48		Vide Report No.: F/20220529/0117		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LEE WEI ZHI JONATHAN			Address: 2 PERUMAL ROAD #08-01 SINGAPORE 218773		
ID Type / ID No.: NRIC NO / S9416968B			Contact No.: Home/Office: Mobile: 92378037		
Nationality: SINGAPORE CITIZEN			Email: JONATHANLWZ@GMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 10/05/1994	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/05/2022 14:10	Type of Location: Straight Road
Location:  SERANGOON AVENUE 2				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFP1915Z	Car	HONDA		Black	Seriously Damaged	1
SKW3524J	Car	MAZDA	Mazda 3	Black	Seriously Damaged	4



**SINGAPORE  
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Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



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Report No. T/20220529/7062

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEOW CHEE HWEE	ID No.	S7531353E
Related Vehicle	SFP1915Z (Car)	Contact No.	91073075
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	IMOGEN ANG HUI LUI	ID No.	S9813110H
Related Vehicle	SKW3524J (Car)	Contact No.	84985452
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	CHAN JIA EN	ID No.	S9437214C
Related Vehicle	SKW3524J (Car)	Contact No.	97979613
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE  
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Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220529/7062

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Report No. T/20220529/7062

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	LEE SHAO-XIONG		ID No. S9420082B
Related Vehicle	SKW3524J (Car)		Contact No. 91459243
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,3A Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	LEE WEI ZHI JONATHAN		ID No. S9416968B
Related Vehicle	SKW3524J (Car)		Contact No. 92378037
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Passenger</b>			
Name	SHERYL LIM WEN XI		ID No. S9506292Z
Related Vehicle	SKW3524J (Car)		Contact No. 90031751
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,3A Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

I was driving on the rightmost lane (SKW3524J) on a dual carriage way straight road along Serangoon Avenue 2, headed from NEX to Buangkok where I had the right of way. Another car (SFP1915Z) emerged from the carpark entrance between Block 301 and 304 Serangoon Avenue 2, intending to turn right into the opposite lane. I hit the jam breaks but the car was unable to stop in time. The front-right of his car crashed into the front-left of my car. My car was pushed to the right where it mounted the middle road divider. The yellow-white pole was pushed down and uprooted from the impact of the collision.

I called 999 immediately and informed that I was involved in a serious accident. I was asked whether there was any injury, which I reported there was none. The operator advised me that this is considered a non-serious accident and the traffic police will not be investigating.



**SINGAPORE  
POLICE FORCE**



T/20220529/7062

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

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Report No. T/20220529/7062

**CONTINUATION OF REPORT**

and I should inform my car insurance.

Myself and the other driver (Dennis Seow Chee Hwee) made calls to our respective insurances. The other driver acknowledged that the car collision was his fault as he was coming from the minor lane and failed to see our car on the straight road. We arranged for tow trucks to come and tow our cars away. His tow truck arrived first and towed away his car.

Afterward, a passing police car stopped to ask us about the accident. We were informed that the traffic police has to be involved due to damage to government property. This was not brought to our attention by the first operator we called right after the accident happened. A traffic police officer arrived soon after to take our SD cards and take photos of the scene (report number F/20220529/0117). After all the details were collected, the tow truck was allowed to tow my car away.

Evidence taken by me of the scene includes a verbal recorded statement from the other driver, pictures of both parties' driving license, pictures of the accident scene and car damage, as well as video evidence from the car dash cam from both cars which the SD card was given to the traffic police. The police officer also noted that there was a traffic cctv present near the scene at the carpark exit (at the sheltered walkway between Blk 301 and 304).

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



T/20220529/7062

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Report No. T/20220529/7062

**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 /  
MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

NP168

Signature Of Informant:

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

Date/Time:  
29/05/2022 17:48

Classification Of Case: