# **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 Actual 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.

- 4. The issue and acceptance of this is form by instrained 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 22/08/2022 19:03 (SGT) Reported by Date of Accident 19/08/2022 18:00 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information AYE-CITY AFT JURONG TOWN HALL Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SLA4085G INSURED/POLICYHOLDER Is company? No Name Of Registered Owner LEE LI XIN NRIC No SXXXX177G Email Address mingyang2327@gmail.com Mobile Phone No (Phone) +65-93840491 Alternative Phone No VEHICLE PARTICULARS Manufacturer Nissan Model Teana 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 2488

# **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00055492201

#### DRIVER

Name of Driver LEE MING YANG NRIC No SXXXX364D Date Of Birth 23/08/1999 Occupation Indoor

Date Of Driving Pass 26/02/2018 Driving experience 4 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-93840491 Alt. Phone Number Email Address mingyang2327@gmail.com Address BLK 543 WOODLANDS DR 16 Address complement #05-09 Postcode 730543 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Sibling 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 Was anybody injured in the Accident? Yes 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **TEO XIN YEE** 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20220819/7051 ATTACHMENT(S)

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	SHD7288A
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	SLU1769G
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)	-

# **INJURED PERSONS DETAILS**

#### INJURED 1

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

#### SKETCH PLAN

### IMPORTANT NOTICE

- 4. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2 This Form must be completed by the Policyholder and/or the Actual Driver
- Information provided must be as trushful and accurate as possible. Any wilfur 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 Traffic Police Department for investigation.
- 6 This report will be forwarded by the insurers to 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 incurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- © 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 presented 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')

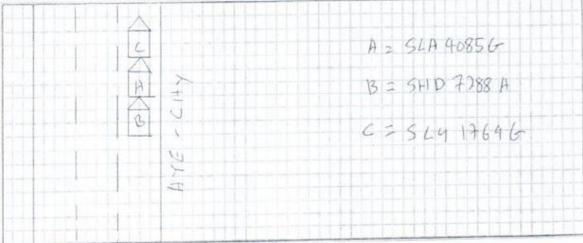
- (b) all insurers; who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are pernytted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the 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.

Diverse Signature of cover is not the policyholder) / Date

Moress by Reporting Centre Personnel

Sketch Plan



Circumstance of the Accident			
pager to police Re	121+		
7/20220819	17051		
1.4			
ation late the foregoing particulars are the in every respect.			
Pixin In		olym	22/08/22
ger's Signature / Coto & Time Crimer's Signatily of driver is not the	e policyholdery i Date	Witnessed by Reporting Con (Name as in NRICAD corp.)	



2 of 4 Report No. T/20220819/7051

#### CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLU1769G	Car				Seriously Damaged	

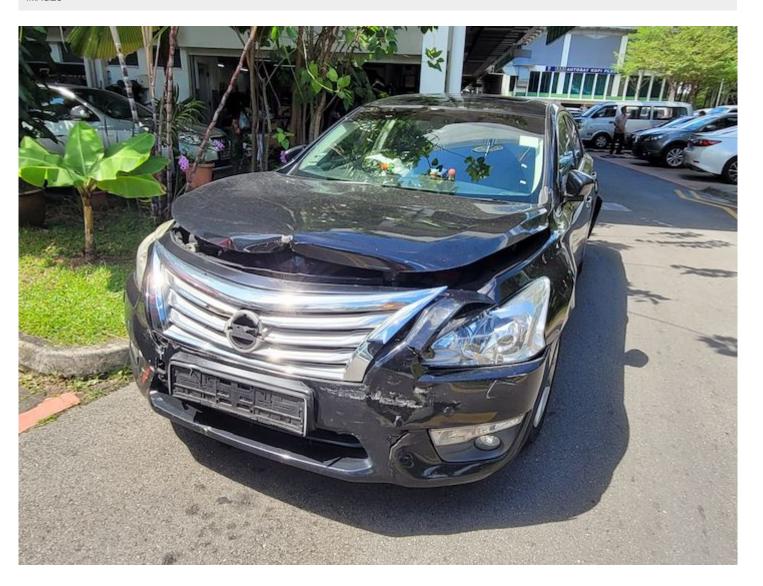
Details of Perso		West Wall	THE PROPERTY		alla a	
Any Pedestrian Ir			Use of Pe	doctria	n Crnes	ing: NA
No. of Pedestrian	is injured. NIL	CANADO AND	OSEGIFE	uestria	1 01033	ing. NA
Passenger	TEO XIN YEE	No. of Concession, Name of Street, or other Persons, Name of Street, or ot		TID No	The same of	S9924794J
Name	TEO XIIN TEE			ID INC		333247343
Related Vehicle	SLA4085G (Car)			Contact No.		96580296
Hospital/Clinic	NIL			Class Drivin Licen Expir	ng ice &	Class: NIL Date of Expiry: NIL
Date	19/08/2022 Date				19/08	3/2022
No. of Days gran	ted Medical Leave	03	Degree o	of	Sligh	t
Driver		THE PERSON NAMED IN				SHOW SHEED WAS
Name	LEE MING YANG			ID No	).	S9926364D
Related Vehicle	SLA4085G (Car)			Contact No.		93840491
Hospital/Clinic	NIL			Class Drivin Licen Expir	ng nce &	Class: NIL Date of Expiry: NIL
Date	19/08/2022		Date			3/2022
No. of Days gran	ted Medical Leave	03	Degree o	of.	Sligh	t

### Brief Details.

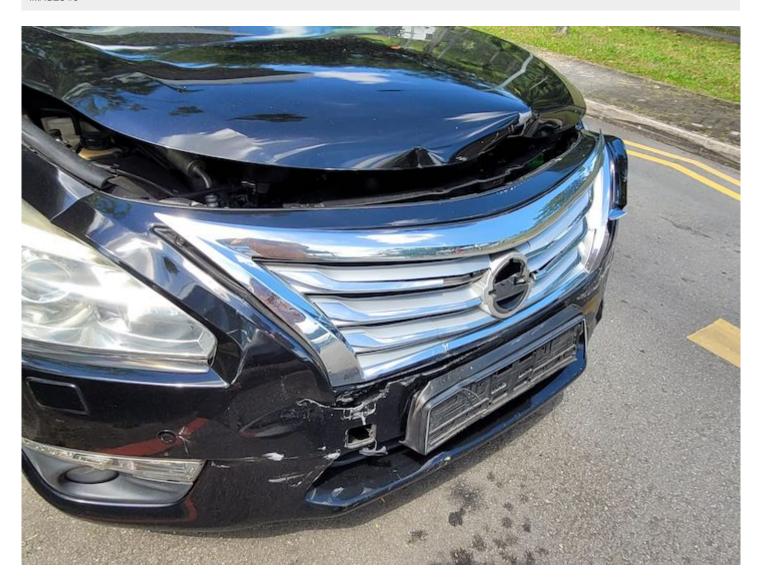
I was traveling along AYE towards City, I drove pass Jurong Town Hall Exit, I slow down and stop due to the front car has stopped, suddenly a Taxi ( SHD7288A ) did not manage to stop and collided onto the rear of my car, the impact pushes my car forward and collided onto the front car ( SLU1769G ).

I'm involved in an 3 car chain collision accident.

I have a passenger Teo Xin Yee ( S9924794J ) in my car during the accident, we both feel uncomfortable at our neck and body area after the accident, we visited Unihealth 24-hr clinic and were both given 3 days MC.

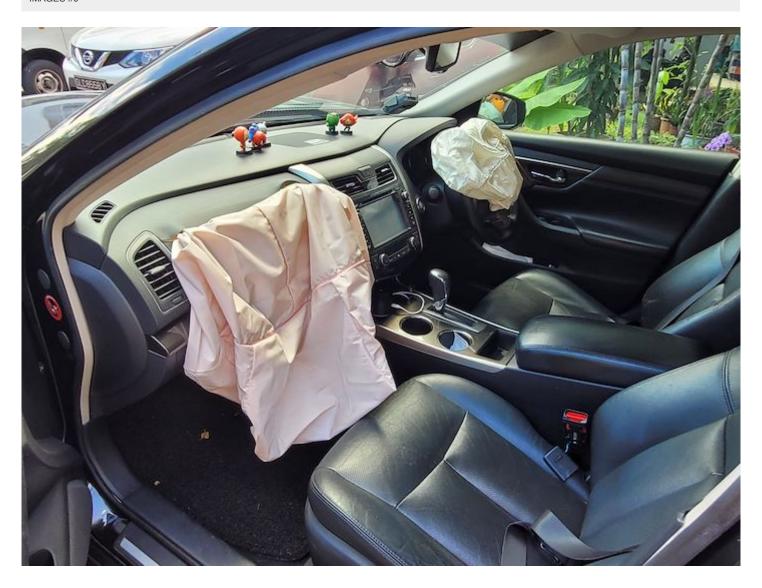








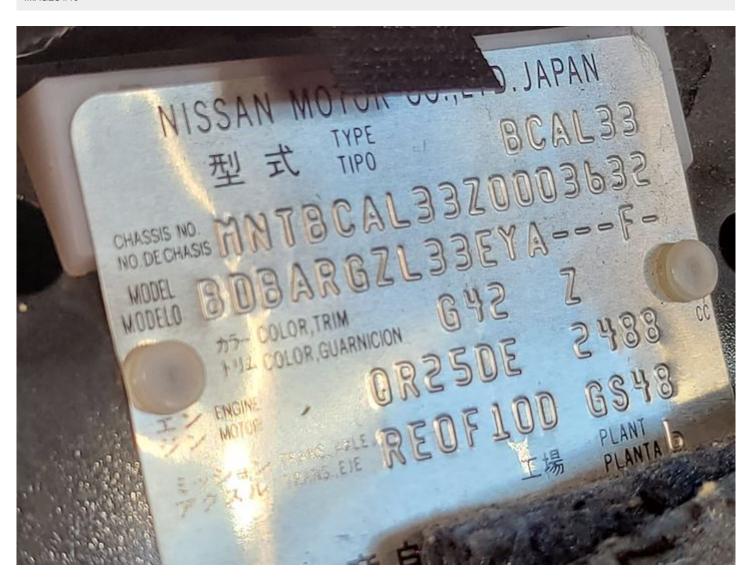


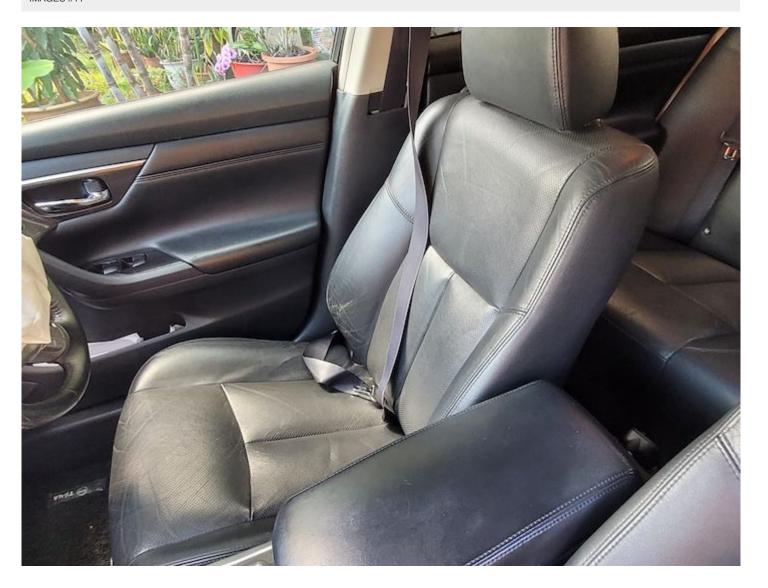
















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20220819/7051

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2022 21:00		lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
Name of Informant: LEE MING YANG ID Type / ID No.: NRIC NO / S9926364D			Address: 543 WOODLANDS DRIVE 16 #05-09 SINGAPORE 730543		
		54D	Contact No.: Home/Office: Mobile: 93840491		
National SINGAP	ity: ORE CITIZ	EN	Email: mingyang2327@gmail.com		
Sex: Male	Age: 22	Date of Birth: 23/08/1999	Type of Informant: . Driver		
Race: Chinese			Language: English	Institution / School Name:	
	Occupation: Student		Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2022 18:00	Type of Location Straight Road
Location: AYER RAJAH	H EXPRESSWAY			
		D J C. Mana		Road Speed Limit:
A1 25 22 25 25 25 25 25 25 25 25 25 25 25		Road Surface: Dry		Road Speed Limit:
Weather; Clear Traffic Flow: One Way				Road Speed Limit: Traffic Volume: Heavy

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD7288A	Car				Seriously Damaged	0
SLA4085G	Car				Seriously Damaged	1



2 of 4 Report No. T/20220819/7051

#### CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLU1769G	Car				Seriously Damaged	

Details of Perso	n Involved	Michigan Michigan	Carl Winter	X 7500	CALLAN	ET PRINCIPLE	
Any Pedestrian Ir	volved: No						
No. of Pedestrian	s Injured: NIL		Use of Pe	se of Pedestrian Crossing: NA			
Passenger	THE PROPERTY OF	Media			Harris H		
Name	TEO XIN YEE			ID No	).	S9924794J	
Related Vehicle	SLA4085G (Car)			Contact No.		96580296	
Hospital/Clinic	NIL			Class Drivin Licen Expir	ig ce &	Class: NIL Date of Expiry: NIL	
Date	19/08/2022	was a second	Date		19/08	3/2022	
No. of Days gran	ted Medical Leave	03	Degree o	f	Sligh		
Driver		The Real Property lies				SA SEAS PERIODS	
Name	LEE MING YANG			ID No	).	S9926364D	
Related Vehicle	SLA4085G (Car)			Conta	act No.	93840491	
Hospital/Clinic	NIL			Class Drivin Licen Expir	ng ice &	Class: NIL Date of Expiry: NIL	
Date	19/08/2022		Date		19/08	3/2022	
No. of Days gran	ted Medical Leave	03	Degree o	f.	Sligh	1	

### Brief Details.

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3 of 4 Report No. T/20220819/7051

CONTINUATION OF REPORT





Informant is not able to provide sketch

4 of 4 Report No. T/20220819/7051

CONTINUATION OF REPORT

Sketch	Plan		
OWERRI	1 ton		

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
19/08/2022 21:00

Classification Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476151

NP168