

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	18/07/2022 19:22 (SGT)
Reported by	Both
Date of Accident	15/07/2022 19:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	STADIUM DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP4205L
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE JIN DER
NRIC No	S9220444H
Email Address	leejinder1992@gmail.com
Mobile Phone No	(Phone) +65-88111814
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	2.5 WRX
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	2457

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001164699-01

DRIVER

Name of Driver	LEE JIN DER
NRIC No	S9220444H
Date Of Birth	04/06/1992
Occupation	Indoor

Date Of Driving Pass	31/05/2013
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88111814
Alt. Phone Number	-
Email Address	leejinder1992@gmail.com
Address	BLK 739 WOODLANDS CIRCLE #08-389
Address complement	-
Postcode	730739
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - 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	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)	3
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	GIRLFRIEND
Gender	Female

PASSENGER 2

Name	GIRLFRIEND'S DAD
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU3756D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN ROCHELLE
NRIC No	T0047313D
Contact Number	(Phone) +65-84814003
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE JIN DER
Gender	Male
Phone No	(Phone) +65-88111814
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK & UPPER BACK, NUMBNESS ON LEFT BOTTOM BUTT AREA. GIVEN 2 DAYS MC.
Injured person in which vehicle?	SMP4205L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

VEH NO: SMP 4205 L
INSURER: Allianz
DATE OF ACC: 15/7/22 @ 19:40

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 Actual 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 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 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

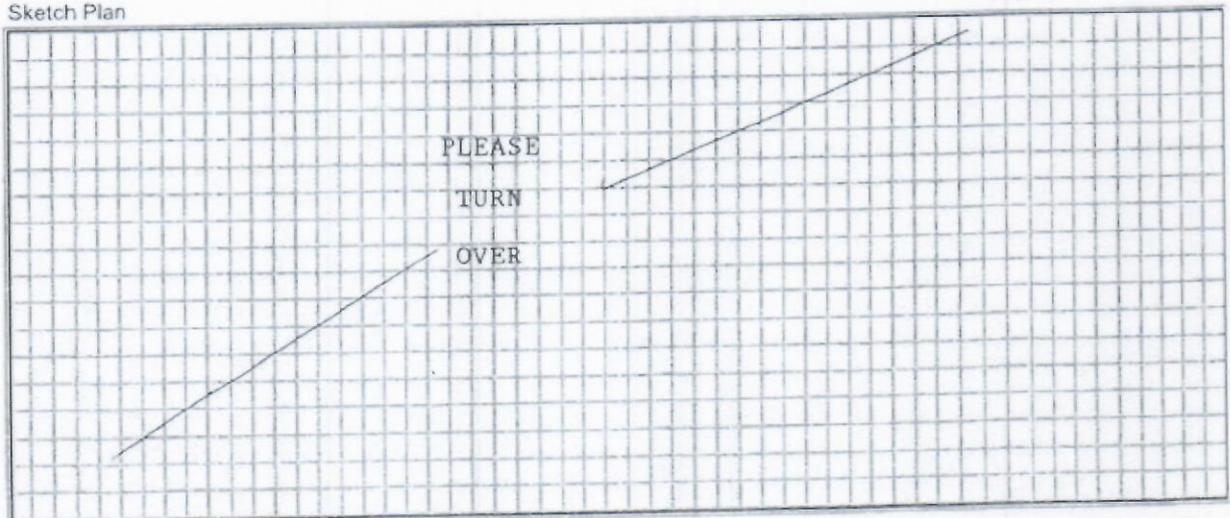
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 18/7/2022
Policyholder's Signature / Date & Time

[Signature] 18/7/2022
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 18/7/22
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) (45)

Sketch Plan

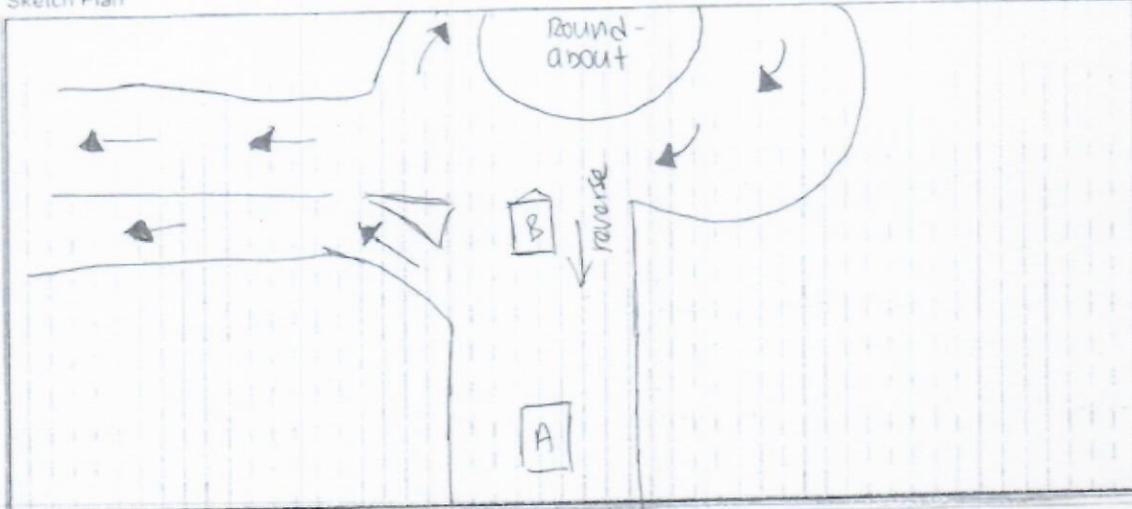


Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only
 () Claim OD/ TP at other workshop (_____)

Sketch Plan



Refer to Police Report No: T/20220716/2010

(A)
 My vehicle : SMP4205L

(B)
 The other party : SJU3756D

Vehicle (B) shifted into reverse gear, accelerated hard and hit directly onto my vehicle (A).

- I believe the lady driver missed the left-turn, which resulted in reckless driving from her position.

Declaration

I/We declare the foregoing particulars are true in every respect.

[Signature] 18 JUL 2022
 Policyholder's Signature / Date & Time

[Signature] 18 JUL 2022
 Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 18/7/22
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)
 (45)


**SINGAPORE
POLICE FORCE**


T/20220716/2010

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 4

Report No. T/20220716/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/07/2022 02:48	Vide Report No.:	Station Diary No.: 13
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LEE JIN DER		Address: APT BLK 739 WOODLANDS CIRCLE #08-389 SINGAPORE 730739	
ID Type / ID No.: NRIC NO / S9220444H		Contact No.: Home/Office: Mobile: 88111814	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 04/06/1992	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: BUSINESS DEVELOPER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/07/2022 19:40	Type of Location: Roundabout
Location: STADIUM DRIVE				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
SJU3756D	Car	VOLKSWAGO N		Pink	No Damage	1
SMP4205L	Car	SUBARU	2.5 WRX	Pink	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP4205L	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2001164699	14/03/2022	13/03/2023



**SINGAPORE
POLICE FORCE**



T/20220715/2010

2 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20220716/2010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Tan Rochelle	ID No.	T0047313D
Related Vehicle	SJU3756D (Car)	Contact No.	84814003
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	LEE JIN DER	ID No.	S9220444H
Related Vehicle	SMP4205L (Car)	Contact No.	88111814
Hospital/Clinic	CENTRAL 24-HR CLINIC (YISHUN)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/07/2022	Date Discharge	16/07/2022
No. of Days granted Medical Leave	02	Degree of Injury	Serious
Passenger			
Name	LIM SHUWEN, FERINNA	ID No.	S8900225G
Related Vehicle	SMP4205L (Car)	Contact No.	97730135
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

Brief Details.

I was driving my vehicle, SMP4205L along the Stadium Drive near to the roundabout when the vehicle, SJU3756D in front of us made an emergency stop, reverse abruptly and hit our car. I then came out of the car and make a check on the damaged. The other driver also came out of her car.

We tried to talk things out and wanted to go for private settlement however after a few minutes of talking, the other parties does not wish to go for the private settlement and asked me to lodge a police report.

My car damaged was plate number cracked, front bumper was chipped off and cracked, the bonnet was



**SINGAPORE
POLICE FORCE**



T/20220716/2010

3 of 4

Report No. T/20220716/2010

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

misaligned. As for the other car, I noticed that there were no damaged. There were no one injured during the incident and there were no police involved. During the incident I did not feel the pain from the accident.

After an hour later, I wanted to drive my car, I then felt the pain at my neck, my upper back and numbness at the left bottom of my butt area. I proceed to get a treatment at the 24hrs Clinic.

I wished to state that I had in-car camera installed and it records all the accident that had happened.



**SINGAPORE
POLICE FORCE**



T/20220716/2010

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

4 of 4
Report No. T/20220716/2010

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: L / SGT 3 KHADIJAH BINTE AB SAMAD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/07/2022 02:48
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168

Woodlands East NPC
No. 3 Woodlands Drive 63
Singapore 737890
Tel: 6767 9999 Fax: 6764 3333

