# **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 08/11/2022 16:57 (SGT) Reported by Date of Accident 07/11/2022 19:30 (SGT) Exact Location of Accident Singapore Additional Location Information **BKE TOWARDS PIE** Country/State of Loss Singapore

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

Lexus

Vehicle Registration Number SNA4993L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE CHEOW MENG NRIC No SXXXX871H Email Address BILLY LEE 77@HOTMAIL.COM Mobile Phone No (Phone) +65-98433512 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Es250 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 2487

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220107253

DRIVER

Name of Driver LEE CHEOW MENG NRIC No SXXXX871H Date Of Birth 18/05/1978 Occupation Outdoor

Date Of Driving Pass 22/08/2002 Driving experience 20 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-98433512 Alt. Phone Number Email Address BILLY\_LEE\_77@HOTMAIL.COM Address 50 WOODLANDS DRIVE 16 #03-03 Address complement Postcode 737901 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 Chain Collision Weather Conditions Raining Road Surface Wet 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 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 PLEASE REFER TO ATTACHED REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SLR8648S** 

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)	_

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SKU3699Z
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)	-

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

SLH1639S
-
-
-
-
Private car
-
-
-
-
-
-
-
-
-

# **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number	SLF4637M
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	LEE CHEOW MENG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNA4993L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forw arded 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholders Signature / Date &

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

Witnessed by Reporting Centre Personnel

8/11/2022

Sketch Plan

- be	was travelling along BKE toward PIE, as the vehicle infront of me slow down, i gan to slow down too. Suddenly i felt a huge impact from the rear portion of my
- be	was travelling along BKE toward PIE, as the vehicle infront of me slow down, i
	was travelling along but the sear point of the real point of gan to slow down too. Suddenly i felt a huge impact from the real point of hicle and that impact cause my vehicle to collide onto the vehicle infront of hicle and that impact cause my vehicle B had collided to the rear portion of my a state that vehicle B had collided to the rear portion of my chicle, i wish to state that this is a 5 vehicle chain collision
_	
_	
_	
-	

### 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

Witnessed by Reporting Centre Personnel

8/11/2022











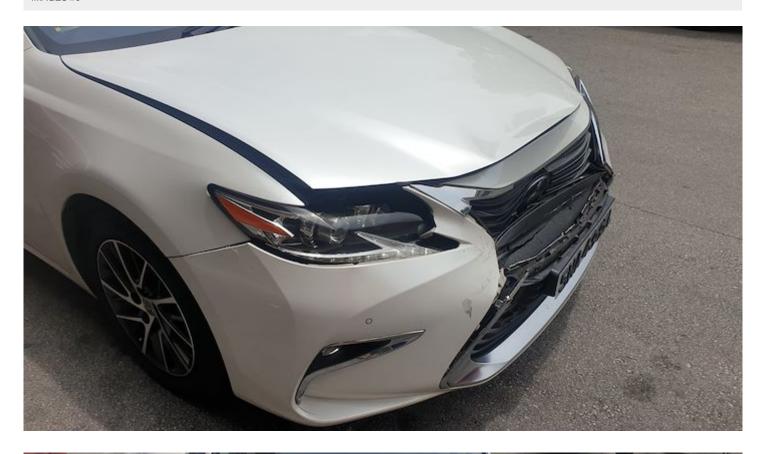




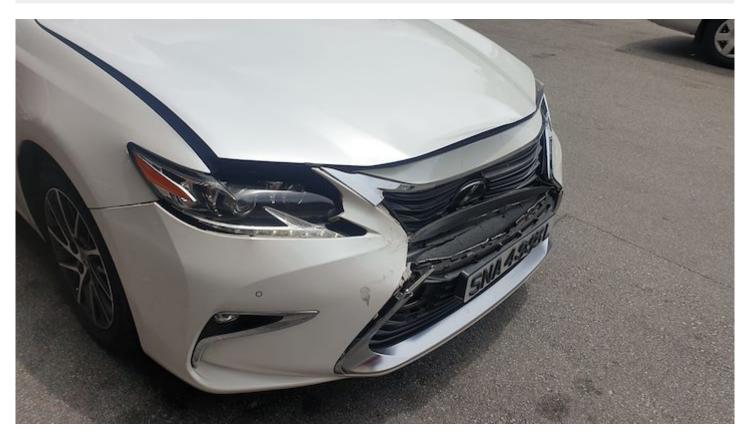




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20221108/7032

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2022 12:45		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		
	Informant: EOW MEN		Address: 50 WOODLANDS DRI	VE 16 #03-03 SINGAPORE 737901
ID Type NRIC NO	/ ID No.: D / S78138	71H	Contact No.: Home/Office:	Mobile: 98433512
National SINGAP	ity: ORE CITIZ	EN	Email: billy_lee_77@hotmail.e	com
Sex: Male	Age: 44	Date of Birth: 18/05/1978	Type of Informant:	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Sales Consultant		Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2022 19:30	Type of Location Straight Road
Location:  BKE TOWAR  Weather:	DS PIE	Road Surface:		
			,	Road Speed Limit:
Raining		Wet		A
Raining Traffic Flow: One Way				Road Speed Limit: Fraffic Volume: Heavy

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKU3699Z	Car	Wate	Woder	Color	Condido	0
SLF4637M	Car					0
SLH1639S	Car					0
SLR8648S	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221108/7032

#### CONTINUATION OF REPORT

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SNA4993L	Car	TOYOTA	LEXUS ES250 LUXURY A/T S/R	White		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA4993L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220107253	06/10/2022	16/09/2023

<b>Details of Perso</b>	on Involved			Salar Sa	
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL	Pedestrian Crossing: NA			
Driver		West -			
Name	LEE CHEOW MENG			ID No.	S7813871H
Related Vehicle	SNA4993L (Car)			Contact No	98433512
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL Date		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Slig	ht

#### Brief Details.

I was travelling along BKE towards PIE, as the vehicle infront of me slow down, I began to slow down as well. Suddenly, i felt an huge impact from the rear portion of my vehicle and the impact caused my vehicle to collided onto the vehicle infront of me. Afterward, i realised that vehicle B has collided to the rear portion of my vehicle. I wish to state that it is a 5 vehicles chain collsion.

After the incident, i felt unwell and consult a doctor and was given 3 days MC.

1st Car - SLF4637M

2nd Car - SNA4993L

3rd Car - SLR8648S

4th Car - SKU3699Z

5th Car - SLH1639S





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

3 of 3 Report No. T/20221108/7032

## CONTINUATION OF REPORT

Sketch Plan	
Informant is not able to provide	sketch

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: 08/11/2022 12:45
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
NP168	