

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 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	26/01/2023 17:04 (SGT)
Reported by	Both
Date of Accident	19/01/2023 17:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE - CHANGI BEFORE PAYA LEBAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7270P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAW LEE POH
NRIC No	S7220013F
Email Address	SANDY_LAW@REDTEC.COM.SG
Mobile Phone No	(Phone) +65-83397773
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc250
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

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

DRIVER

Name of Driver	LAW LEE POH
NRIC No	S7220013F
Date Of Birth	05/06/1972
Occupation	Indoor

Date Of Driving Pass	07/07/1997
Driving experience	25 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83397773
Alt. Phone Number	-
Email Address	SANDY_LAW@REDTEC.COM.SG
Address	143 SEAGULL WALK S486687
Address complement	-
Postcode	-
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	Wet

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)	2
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	NG ZHANG XIANG RAY
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE 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	PA7387T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LIM POH KOK
Contact Number	(Phone) +65-97662150
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	LAW LEE POH
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLP7270P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NG ZHANG XIANG RAY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLP7270P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

A: SLP7270P
B: PA7387T

vJun2022

1

Describe Circumstance of the Accident

AS PER POLICE REPORT

Declaration

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



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)























**SINGAPORE
POLICE FORCE**



T/20230121/2033

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 4
Report No. T/20230121/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2023 12:16	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: LAW LEE POH		Address: 143 SEAGULL WALK SINGAPORE 486687	
ID Type / ID No.: NRIC NO / S7220013F		Contact No.:	Mobile: 83397773
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 50	Date of Birth: 05/06/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: OPERATION MANAGER		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: 19/01/2023 17:10	Type of Location:
Location: PAN-ISLAND EXPRESSWAY				
Weather: Cloudy		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
PA7387T	Van					0
SLP7270P	Car	MERCEDES BENZ	GLC250 4MATIC (R18 LED)	Silver	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP7270P	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2001700499	26/05/2022	25/05/2023



**SINGAPORE
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T/20230121/2033

Police Station Of Origin:
Changi N.P.C
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Report No. T/20230121/2033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM POH KOK	ID No.	S1513470D
Related Vehicle	PA7387T (Van)	Contact No.	97662150
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	LAW LEE POH	ID No.	S7220013F
Related Vehicle	SLP7270P (Car)	Contact No.	83397773
Hospital/Clinic	NORTHEAST (SIMEI) MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/01/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	NG ZHANG XIANG RAY	ID No.	T0436162D
Related Vehicle	SLP7270P (Car)	Contact No.	91032212
Hospital/Clinic	NORTHEAST (SIMEI) MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/01/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 19/01/2023 at about 1710hrs, I was driving my car SLP7270P along PIE towards airport. I was driving on the 1st lane before Paya Lebar exit when I had to stopped due to heavy traffic however a van behind me did not manage to stop in time and hit my car from the rear. At that point of time all of us were not injured. A police car had stopped to assist and advised us for insurance claim.

My vehicle suffered damages at the rear portion, and I was able to continue driving it. We exchange particulars and left.



**SINGAPORE
POLICE FORCE**



T/20230121/2033

Police Station Of Origin:
Changi N.P.C
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Tel No: 1800-5872999

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Report No. T/20230121/2033

CONTINUATION OF REPORT

Later on, both my son and I felt some pain thus we went to seek medical attention. I felt pain on my back and had some abrasion on my right hand while my son felt pain on his back. Both of us received medical leave of 3 days from 19/01/2023 to 21/02/2023. Our medical certificate number are #516218 AND #516219.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20230121/2033

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Report No. T/20230121/2033

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:

G /
SI MUHAMMAD HAFIDZ BIN
ABDUL RAHMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/01/2023 12:16

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550206 / GST Reg. No.: M480017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SK04231Q0017 Vehicle Registration No : SLP 7270P
 Name (as shown in NRIC) : Law Lee Poh NRIC/FIN/Passport No : S7226013F
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 143 Seagull Walk Singapore : 486687
 Contact (Tel) : 83397773 Mobile No. : _____
 Email Address : Sandy-law@redtec.com.sg
 Date of Accident : 19/1/23 Time of Accident : 1710 hrs
 Place of Accident : PIE towards Changi before Paya Lebar Exit
 Insurance Company : Allianz

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Please amend the email address of owner to:

Sandy-law@redtec.com.sg

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Jerry Goh
 NRIC/FIN No.: _____
 Date: 31/1/23

