

VEHICLE NO: SLP7270P

MAKE & MODEL: Merc GLC 250

AUTOMATIC / MANUAL

DATE OF ACCIDENT	19 / 01 / 2023	CC 2000
TIME OF ACCIDENT	5.10	AM / PM
LOCATION OF ACCIDENT	PIE towards Changi before paya lebar exit.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Law Lee Poh	
EMAIL	Sandy-Law@redtec.com.sg	Office MOBILE 8339 7773
NRIC	S7220013F	
CLAIM TYPE	GP / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO	
INSURANCE CO.	Allianz	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	SP2001700499-01	
NAME OF DRIVER	AS ABOVE / IF NO.	
NRIC	S7220013F	
DATE OF BIRTH	05 / 06 / 1972	
ANY PASSENGER	YES / NO : 01	
NAME OF PASSENGER	Ng Zhang Xiang Ray	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	07 / 07 / 1997	
GENDER	Male / Female	
CONTACT NO.	Mobile 83397773 Office Home	
EMAIL	Sandy-Law@redtec.com.sg	
ADDRESS	143 Seagull Walk Singapore 486687	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER	
RELATIONSHIP	Employee / If No.	
WEATHER CONDITION	Clear / Raining / Other	
ROAD SURFACE	Dry / Wet / Other	
ANY INJURIES	No / If yes, Who? polish +	
CONTACT NO.	car plate x2.	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	PA 7387 T Any Passenger - unknown -	
NAME	Lim poh KOK	
CONTACT NO.	97662150	
VEHICLE C NO.	Any Passenger	
VEHICLE D NO.	Any Passenger	
VEHICLE E NO.	Any Passenger	
VEHICLE F NO.	Any Passenger	
ANY WITNESS	Any Passenger	
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:	Lee Brothers Automotive Pte. Ltd	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

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.

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

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

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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	
Informant's Particulars					
Name of Informant: LAW LEE POH			Address: 143 SEAGULL WALK SINGAPORE 486687		
ID Type / ID No.: NRIC NO / S7220013F			Contact No.: Home/Office: 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



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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.



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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.



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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: