SF0F233H0003 / FALCON-AIR AUTO SERVICES PTE LTD [575721] ENTRY DATE & TIME: 18/03/2023 11:41 (SGT) SUBMITTED BY: Jacqueline Ng VERSION: 1 (18/03/2023 11:41 (SGT))

# 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.

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 18/03/2023 11:41 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 17/03/2023 09:20 (SGT) Exact Location of Accident Singapore Additional Location Information AYE Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

3000

Vehicle Registration Number SGL7106L

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

CHIA WEE LIANG NRIC No S7322679A

Email Address WL.CHIA@YAHOO.COM Mobile Phone No (Phone) +65-96986360

Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer Audi Model Α6

Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to your vehicle?

Yes Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.

Policy Number / Cover Note Number SP2002756873-01

## DRIVER

Name of Driver SIM WEE LEE NRIC No S7433917D Date Of Birth 19/10/1974

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	08/12/2003 19 YEARS AND 3 MONTHS Female (Phone) +65-93381636 - WL.CHIA@YAHOO.COM 15C BALMORAL ROAD #02-14 - 259818 No Spouse No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	- -
FOREIGN VEHICLE 1	
Vehicle Registration Number Vehicle Category  PASSENGER 1	JSK6470 Motorcycle
Name Gender	SITI Female
PASSENGER 2  Name  Gender	SIM KA TENG Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No

# REFER SKETCH PLAN

# REPAIR AT OWNER'S WORKSHOP

## ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

## SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. The 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.
- 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 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")/

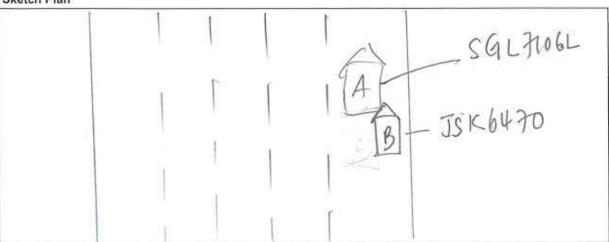
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Describe Circumstances of the Accident
18

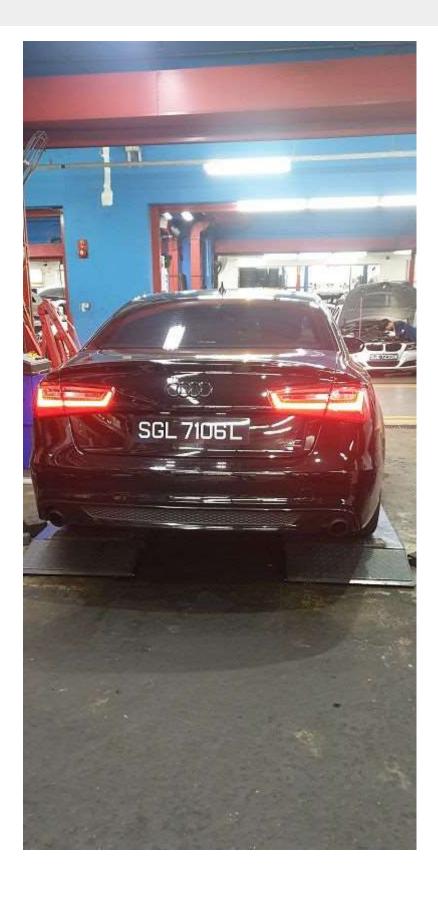
## Declaration

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





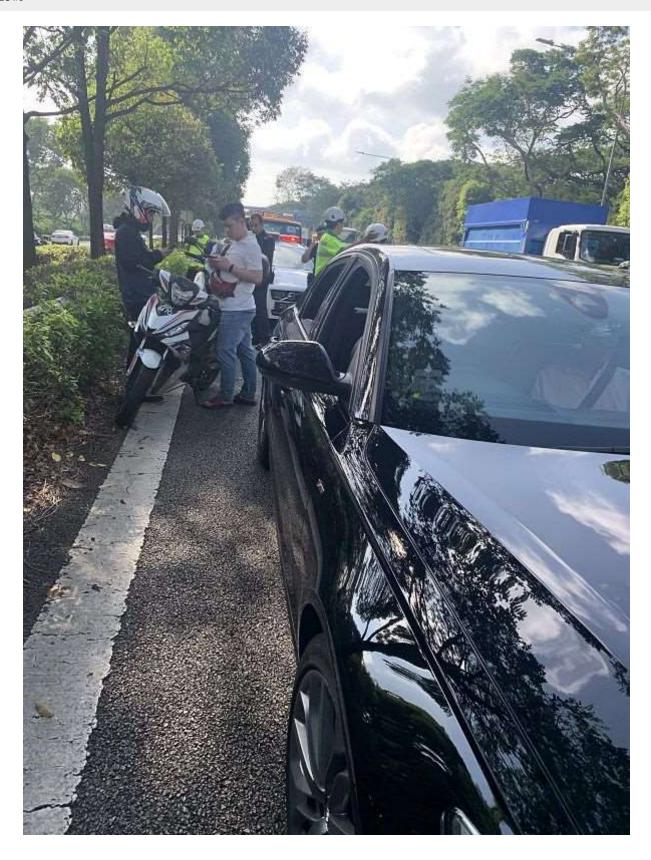


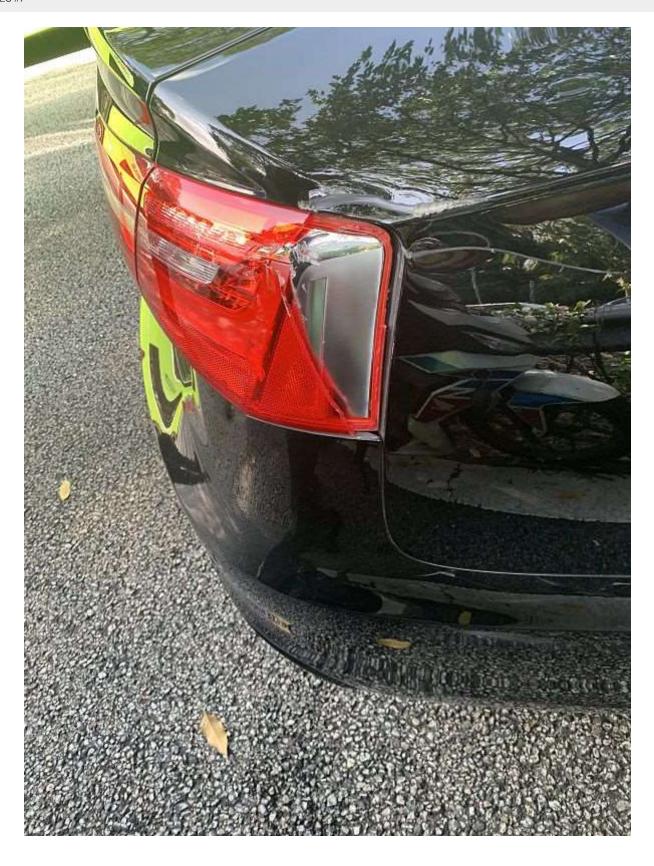














T/20230317/7020

Report No. T/20230317/7020

1 of 4

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time 17/03/202	e Report M 23 12:35	Made:	Vide Report No.: D/20230317/0036	Station Diary No.
Informan	t's Particu	ulars		
Name of I SIM WEE	nformant: LEE		Address: 15C BALMORAL ROAD #02-	14 SINGAPORE 259818
ID Type / NRIC NO	ID No.: / S74339	17D	Contact No.: Home/Office:	Mobile: 93381636
Nationalit SINGAPO	y: DRE CITIZ	EN	Email: valeriesim367@gmail.com	
Sex: Female	Age: 48	Date of Birth: 19/10/1974	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation	on:		Driving Licence Information: Class: 3	Date of Expiry:

General Infor	mation of the Accident			
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 17/03/2023 09:20	Type of Location: Straight Road
Location:  AYER RAJAH  Weather: Clear	H EXPRESSWAY	Road Surface:		Road Speed Limit:
Traffic Flow: Dual Carriage	e Way	Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis		Rear		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Conditio	No of
JSK 6470	Motorcycle			White	Slightly Damaged	0
SGL7106L	Car	AUDI	A6	Black	Slightly Damaged	2



T/20230317/7020

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20230317/7020

## CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGL7106L	ALLIANZ GLOBAL CORPORATE & SPECIALTY AG SINGAPORE	AIS/2022/0000391/ 000001	31/08/2022	30/08/2023

Details of Perso	AND ADDRESS OF THE PARTY OF THE	CARGO I	State of the latest of the lat	0.00	1970 ha	
Any Pedestrian Ir	A CONTRACTOR OF THE PROPERTY O					
No. of Pedestrian	s Injured: NIL		Use of Ped	destrian	Cross	ing: NA
Driver					Hill .	
Name	SIM WEE LEE			ID No.		S7433917D
Related Vehicle	SGL7106L (Car)			Contact No.		93381636
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Passenger				272200	(10 mm)	
Name	SITI			ID No.	01	XXX081R
Related Vehicle	SGL7106L (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL		
	ted Medical Leave	NIL	Degree of	1333		
Passenger				636500	TO SERVICE STATE	
Name	SIM KA TENG			ID No.		S0699459H
Related Vehicle	SGL7106L (Car)			Contact No.		93381636
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
	nted Medical Leave NIL Degree			1.1500/		



T/20230317/7020

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20230317/7020

#### CONTINUATION OF REPORT

#### Brief Details.

- 1. The time was around 9:20am earlier this morning Fri 17 Mar 2023.
- 2. I was driving my car on AYE in the direction of Tuas before exit 9.
- Due to a road accident being indicated on the signboard, the traffic was very slow or on even stationary at times.
- 4. I was on the second lane, from the right, of AYE.
- 5.While my car was creeping forward on the second lane, a motorcycle JSK6470 hit my car from behind onto the right rear-light and also the right side of my car.
- 6. The motorcyclist admitted that it was his fault, he was lane cutting and he didn't see my car.
- A police officer was present. His name is Cavin. I told him what happened.
- The police officer was present when the Malaysian biker admitted that it was his fault because he was lane cutting without properly checking.
- As mentioned, the traffic was slow, the speed of my car was slow, because of the traffic-accident indicated on the road sign. The Malaysian biker basically did not check properly, and knocked onto my car.
- 10. My car, the right hand side, and rear right hand side; all damaged.
- Many cars were on the road and traffic was heavy. So the biker was lane changing without checking properly.
- 12. Because the traffic was slow, yet the biked knocked onto my car, and there were many cars on the road, all slow. This was somewhat outrageous that the motorcycle knocked onto my car given the slow traffic conditions. The reason is straight forward: he did not check properly and he admitted this when police officer Cavin was present.



T/20/20/217/70/20

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20230317/7020

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:
17/03/2023 12:35

Officer In Charge Of Case:
TP / TPIB /

Classification Of Case:

This report is lodged at Bukit Timah NPC Kiosk 1 NP168

MUHAMMAD NOOR BIN ABDUL RAHMAN

Contact No.: 65476219