SS2X234C000C / SME MOTOR PTE LTD ENTRY DATE & TIME: 12/04/2023 14:53 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (12/04/2023 14:53 (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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

12/04/2023 14:53 (SGT) Both Policyholder and Actual Driver 11/04/2023 21:30 (SGT) Sophia Rd, Singapore BEFORE NIVEN ROAD BESIDE PEACE CENTRE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJR4382H

INSURED/POLICYHOLDER

is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No No

REES LEE S1526767D

GLENJAY833LEE@GMAIL.COM

(Phone) +65-97621300

VEHICLE PARTICULARS

Manufacturer Model

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?

Vehicle Category Transmission

CC

Toyota **ALTIS**

Private hire

No - Claiming third party

Private car Auto 1600

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Income Insurance Limited 5107910015-03

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

REES LEE S1526767D 02/03/1962 Outdoor

Date Of Driving Pass

Driving experience

Gender Mobile Numb

Mobile Number Alt. Phone Number

Alt. Phone Number Email 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

vehicle registration radiiber of other vehicle owned by t

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

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?

Soliciting/offering accident claims assistance?
Translator's name
Translator's ID

Translator's phone number

Translator's email
Original language used in the statement

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender

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?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230412/7022.

ATTACHMENT(S)

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

Yes No

14/07/1988

34 YEARS AND 9 MONTHS

Male

(Phone) +65-97621300

(1 110110)

GLENJAY833LEE@GMAIL.COM

47 HINHEDE WALK #07-01

O HINDEDE A

587977 Yes

-

No

_

Collision - Change/cross lane

Clear Dry

No

2

Yes No

Yes 3

No

_

-

UNKNOWN Male

UNKNOWN Female

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN7017R

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 VEHICLE B

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

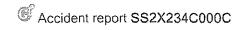
Injured person in which vehicle?

Were seat belts worn?

Ves

Was this injured conveyed to hospital by ambulance?

No



SKETCH PLAN

IMPORTANT NOTICE

- I. Please topost confectly the details of the acceptance space up the pages piecess.
- 2. The Form check to completed by the Policyholder and/or the Authorised Driver
- 3. If fore above purposed read the as truthful and accurate as possible. Any we full inscription and search policies positive particles in any effective place, are also necessary as regulate policy leability.
- The local School partial contribution for missipping common as a control section of partial dependence of the engineers of the engineers.
- 4. Any false reporting may be referred to the Police for investigation.
- to report will be think arms on the majors of the Gala Records ACM ageneral Scatte established by the Galacia measure.
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- Consent under the Personal Data Protection Act IPDPA;
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 - lift carrying out and/or dealing with my architections or mapping to any enduring agine.
 - (iv) administrating my claims that adding the moving of correspondence intoton ests, invoces incontrol includes to me, which involve discretize of certain persons data about me to pring about delivery of the same as well as on the lawford core at environment/mail packages), and/or.
 - (v) tempionic with anoticible law in administrance processing, manner begins adding with my claims topacetively the "Purposes";
 - b) All monthly who have involved versities as a virgin this such at and the heartern loss versitive from any fare permitted. To trained have also loss easier across any fare see a intermedian for virgin process the longer harpones, and
 - (t) any Pursonal interpret on may feet to any long by any of the answers unafor 684 to the introduction party nervice projectors at openity and there have a view from thems, which may be expended of Singapore, for one permits at the visiter Paradees.
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I hereby authorise SME Motor Pte Ltd to send my Accident report to my workshop via email / fax Signature

SKETCH PLAN		ı
	PEACE CENTR	2.6
- национальной состоя в сенто в - « по предме		The second of th
		(A) SJR 4382H (B) SLN 7017R
DESCRIBE CIRCUMSTANCES (OF THE ACCIDENT	
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	T/20230412/70	22
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	blicy. Please check your policy for mo	e for you to submit an Own Damage Claim under re information
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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 Lof 3 Report No. T-20230412:7022

	ate/Time Report Made: 2/04/2023 13:18			Vide Report No.:			St	ation Diary No.
Informant's	Particul	ars						
Name of Info	rmant:	CONTROL AND CONTROL OF AN ARRANGE AND ARRA	Addres			.0.0	~ PA# F	David Co and Co
REES LEE		A		LK #07-01 SII	VGAP	OKE 5	8/9//	
ID Type / ID No NRIC NO / S1526767D		Contact No.: Home/Office. Mobile:				: 9762\$300		
Nationality:			Email:	O1510G.		moone.	0.02	
SINGAPORE CITIZEN		GLENJAY833LEE@GMAIL.COM						
	Age: 61	Date of Birth: 02/03/1962	Type of Informant: Driver					
Race: Chinese		*	Langua English			,		Annual Control of the
Occupation:				Licence Infe	ormation:			······································
PRIVATE HI	RER		Class.)ate of	Expiry	/ :
SOPHIA RO	IAD		Road	No Surface:	† 11/04/2023	,		
Clear			Dry	Julianos.				
Traffic Flow: Traffic Control:			endones (Section)	Traffic Volume:				
Type of Collision: Between Moving Vehicles - Side Swipe -			e - Same	e - Same Direction			Anyone conveyed by ambulance: No	
	ving Vel	nicles - Sidé Swip		***************************************			140	
Between Mo			TT 1 APT A TEMPO AND AND 1 4000-1-1-1-1	The section of the se		uddigini quara - mayar ea yariigiin	140	
	ehicle lı				Color	Con	dition	No of Passenge
Between Mo		nvolved	N C	OROLLA+ LTIS+1.6+	Color Beige	Con	Contract the right seems	No of Passenge
Details of V Vehicle No.	ehicle lı Type	nvolved Make	N C	OROLLA+		Con	Contract the right seems	No of Passenger 2

Insurance No

Effective

Vehicle No. Insurance Company

Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. 1/20230412/7022

CONTINUATION OF REPORT

Details of Vehic	le Insurance					
Vehicle No. Insurance Company		insurance No		-COLDAN	Effective	Expiry Date
	UC Income Insurance Co-Operative niled	dive 5107910015-03		3	24/06/2022	23/06/2023
Details of Perso	n Involved				***************************************	
Any Pedestrian I	nvolved: No					
No of Pedestriai	ns Injured: NIL	Use of Per	destriar	Cros	sing: NA	
Driver	3722000					
Name	REES LEE		ID No. \$1526767D)
Related Vehicle	SJR4382H (Car)		Contact No. 97621300			
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	12/04/2023	Date	T NIL			
No. of Days gran	ited Medical Leave 05	Degree of	**************************************	Serie	ous	

Brief Details

ON 11/04/2023 AT ABOUT 2130HOURS AT ALONG SOPHIA ROAD BEFORE NIVEN ROAD BESIDE PEACE CENTRE. I WAS TRAVELLING ON THE EXTREME LEFT LANE ON THE ABOVE MENTIONED ROAD AND SUDDENLY A VEHICLE (B) ON MY RIGHT VEERED INTO MY LANE WITHOUT CAUTION AND WITHOUT CHECKING HIS BLINDSPOT AND COLLIDED ONTO MY FRONT RIGHT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS AWARDED 5 DAYS OF MC FOR MY INJURY. I HAVE 2 PASSENGERS INSIDE MY VEHICLE.

VEHICLE A: SJR4382H VEHICLE B: SLN7017R



T:202304:12:7022

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. Tr20230412/7022

CONTINUATION OF REPORT

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: 12/04/2023 13:18
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No : 65476414	Classification Of Case