

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	12/04/2023 18:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/04/2023 08:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ECP TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDJ6688B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LYE KUANG WOEI
NRIC No	S7823805D
Email Address	DESMONDLYEKW@GMAIL.COM
Mobile Phone No	(Phone) +65-96809897
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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 your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00380819/05

DRIVER

Name of Driver	LYE KUANG WOEI
NRIC No	S7823805D
Date Of Birth	15/08/1978
Occupation	Indoor

Date Of Driving Pass	15/08/2003
Driving experience	19 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96809897
Alt. Phone Number	-
Email Address	DESMONDLYEKW@GMAIL.COM
Address	33 JLN BAHAGIA #04-270
Address complement	-
Postcode	320033
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	Dry

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)	1
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

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	SMP7206P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MARK NG MING TONG
NRIC No	S9228024A
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	LYE KUANG WOEI
Gender	Male
Phone No	(Phone) +65-96809897
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK STRAINED AND ACHING AND 3 DAYS MC
Injured person in which vehicle?	SDJ6688B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

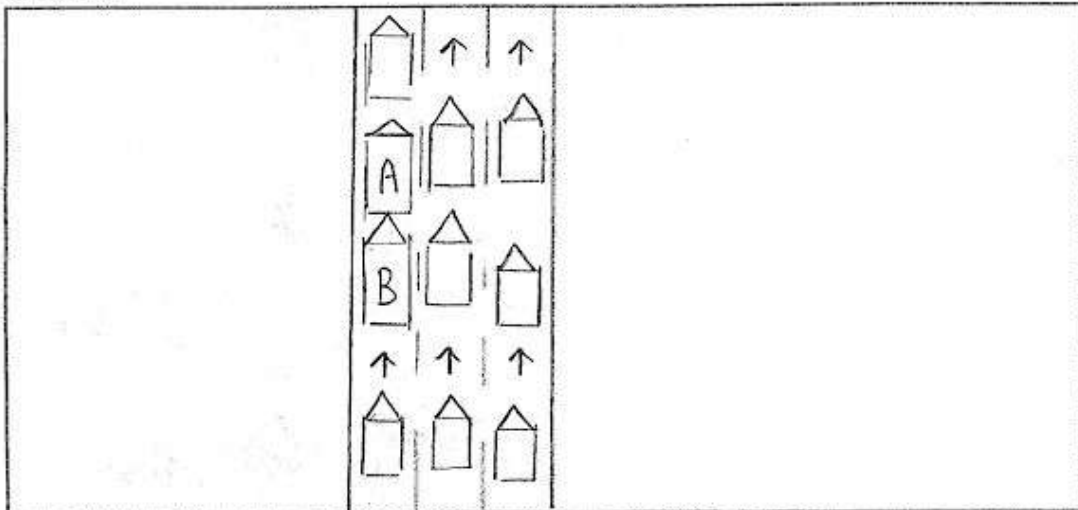
SKETCH PLAN

Direct Arig
Vehicle: SDJ 6688B
12/04/2023


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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.

Sketch Plan




Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel



AH KIAN MOTOR COMPANY

Date of accident: 12/04/2023 Time: 08:50 HRS Location: RCP Toward City
 My Vehicle A: SDJ 6688B Vehicle B: SMP 7206P Vehicle C:

SKETCH PLAN

Describe Circumstances of the Accident.

While driving along RCP towards city, I was at lane 3. ~~Stopped~~ slow moving traffic, I stopped my car as the vehicle in front of me stopped. A moment later the vehicle B suddenly collided onto the rear of my car.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

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



AH LIM MOTOR COMPANY



**SINGAPORE
POLICE FORCE**



T/20230413/7027

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

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Report No. T/20230413/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/04/2023 13:55		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: LYE KHAI HSIEN, ALDRIC		Address: 33 JALAN BAHAGIA #04-270 SINGAPORE 320033		
ID Type / ID No.: NRIC NO / S7823805D		Contact No.: Home/Office: Mobile: 96809897		
Nationality: SINGAPORE CITIZEN		Email: DESMONDLYEKW@GMAIL.COM		
Sex: Male	Age: 44	Date of Birth: 15/08/1978	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Naval architect		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: 12/04/2023 08:50	Type of Location: Straight Road
Location: BAYSHORE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SDJ6688B	Car	HONDA	CIVIC 2.0L M	Blue		0
SMP7206P	Car		Unknown	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230413/7027

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

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Report No. T/20230413/7027

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDJ6688B	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00380819/05	04/11/2022	03/11/2023
SMP7206P		Unknown	01/01/2023	31/12/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MARK NG MING TONG		ID No.	S9228024A
Related Vehicle	SDJ6688B (Car)		Contact No.	91806808
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	LYE KHAI HSIEN, ALDRIC		ID No.	S7823805D
Related Vehicle	SDJ6688B (Car)		Contact No.	96809897
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/04/2023		Date	12/04/2023
No. of Days granted Medical Leave		03	Degree of	Slight

Brief Details.

On 12 April 23 morning, I was driving along ECP towards city on lane 3, the traffic was heavy and very slow moving. When my car was stationary, I was hit from the rear resulted in some damages between both cars (SMP 7206P). I felt my back strained and aching later part of the day and sought medical treatment. I was given 3 days MC till 14 April 23 in related to this accident. Both parties have agreed to settle via insurance claim. This traffic report serves as a record as required by the Singapore Accident Statement for insurance claim. No further action is needed from the authority.



**SINGAPORE
POLICE FORCE**



T/20230413/7027

3 of 3

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

Report No. T/20230413/7027

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
13/04/2023 13:55

Classification Of Case:

NP168