

# 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 ..... 19/04/2023 18:21 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 17/04/2023 09:35 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG PIE BEFORE THOMSON FLYOVER  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SND5435J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE WAN LING , MARY-ANNE  
NRIC No ..... SXXXX455H  
Email Address ..... maryanneleewl@gmail.com  
Mobile Phone No ..... (Phone) +65-90672957  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Cerato  
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 ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMPCSNW0019932200

### DRIVER

Name of Driver ..... LEE WAN LING , MARY-ANNE  
NRIC No ..... SXXXX455H  
Date Of Birth ..... 20/12/1989  
Occupation ..... Indoor

Date Of Driving Pass .....	30/03/2013
Driving experience .....	10 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-90672957
Alt. Phone Number .....	-
Email Address .....	maryanneleewl@gmail.com
Address .....	36 JALAN PARAS
Address complement .....	-
Postcode .....	418900
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

PLEASE REFER TO THE ATTACHED STATEMENT - T/20230419/7006

#### 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 .....	SLX7069M
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	Gray
Vehicle Category .....	Private car
Name of Driver .....	ONG
Contact Number .....	(Phone) +65-87871200
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 .....	LEE WAN LING , MARY-ANNE
Gender .....	Female
Phone No .....	(Phone) +65-90672957
Address .....	36 JALAN PARAS
Address Complement .....	-
Post Code .....	418900
Approximate Age Years Old .....	-
Injuries Sustained .....	LEFT KNEE PAIN
Injured person in which vehicle? .....	SND5435J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	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.

3. 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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

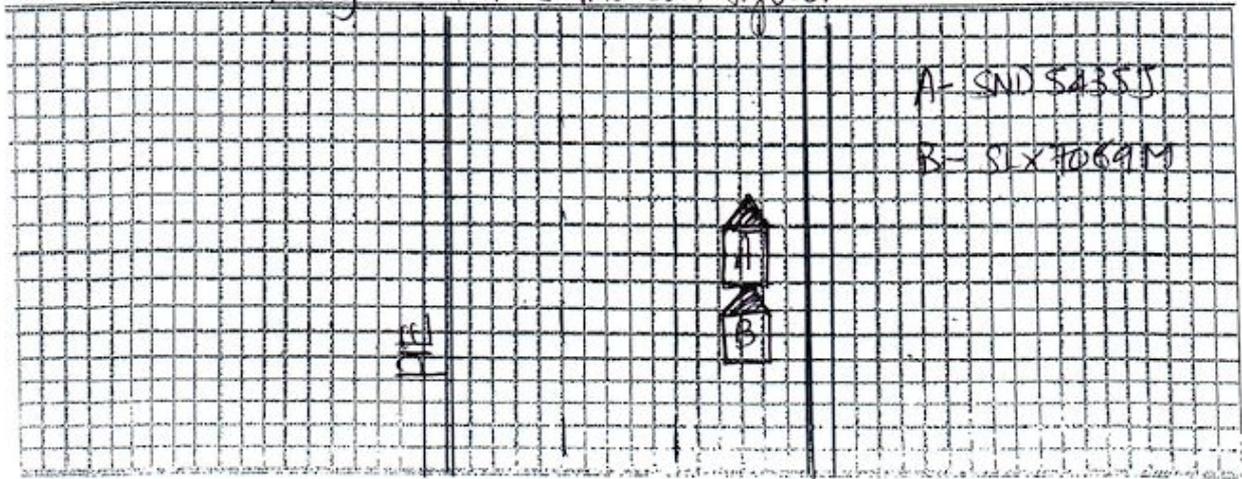
*[Signature]* 19/4/23  
Policyholder's Signature / Date & Time

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

*[Signature]* 19/4/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

Along PIE before Thomson Flyover



Describe Circumstance of the Accident

please Refer to the attached police Report

- T/20230419/7006 -

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

*Manjiv* 19/4/23

Policyholder's Signature / Date & Time

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

*[Signature]* 19/4/2023

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



**SINGAPORE  
POLICE FORCE**



T/20230419/7006

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

2 of 4

Report No. T/20230419/7006

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SND5435J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW00019932200	11/01/2022	28/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ONG	ID No.	NIL	
Related Vehicle	SLX7069M (Car)	Contact No.	87871200	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	LEE WAN LING, MARY-ANNE	ID No.	S8947455H	
Related Vehicle	SND5435J (Car)	Contact No.	90672957	
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	Slight	

## Brief Details.

I was on the PIE just before the Thompson road flyover, heading towards Tuas. There was a sudden slowly in the express lane due to a 3 car collision ahead. The car in front of me braked in time and did not hit that pile up. I braked in time and stopped a safe distance before the car in front of me. Vehicle SLX7069M, driver named Ong, phone number 87871200, collided with the back of my car and caused an accident. We exchanged numbers and he agreed to a private settlement since the damage appeared to be very minor at that time. While driving off from the accident my left knee started hurting so I visited a TCM practitioner. The accident also damaged my rear camera and SLX7069M acknowledged when I told him I needed to see a doctor and replace my rear camera.

When i received all costs and was ready to settle, Ong backtracked on his agreement and only wanted to pay half, claiming he had no money. Thereafter my left knee began to hurt more and I realised I needed to file an insurance claim to cover my medical expenses.



**SINGAPORE  
POLICE FORCE**



T/20230419/7006

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

3 of 4

Report No. T/20230419/7006

**CONTINUATION OF REPORT**

Ong claims to have a video of the collision. I do not have a copy of that. I have screenshots of his agreement to private settlement + photos of the collision. He moved his car back before I was able to take the photo.

























**SINGAPORE  
POLICE FORCE**



T/20230419/7006

1 of 4

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

Report No. T/20230419/7006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/04/2023 09:46	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars			
Name of Informant: LEE WAN LING, MARY-ANNE		Address: 36 JALAN PARAS SINGAPORE 418900	
ID Type / ID No.: NRIC NO / S8947455H		Contact No.:	Mobile: 90672957
Nationality: SINGAPORE CITIZEN		Email: MARYANNELEEWL@GMAIL.COM	
Sex: Female	Age: 33	Date of Birth: 20/12/1989	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Digital marketing professional		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: 17/04/2023 09:35	Type of Location: Straight Road
Location: PIE EXPRESSWAY				
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
SLX7069M	Car	TOYOTA		Grey	No Damage	0
SND5435J	Car	KIA	CERATO FORTE Koup 1.6 SX MT D/AB 2DR SR	Green		0



**SINGAPORE  
POLICE FORCE**



T/20230419/7006

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

2 of 4

Report No. T/20230419/7006

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SND5435J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW00019932200	11/01/2022	28/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ONG	ID No.	NIL	
Related Vehicle	SLX7069M (Car)	Contact No.	87871200	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	LEE WAN LING, MARY-ANNE	ID No.	S8947455H	
Related Vehicle	SND5435J (Car)	Contact No.	90672957	
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	Slight	

## Brief Details.

I was on the PIE just before the Thompson road flyover, heading towards Tuas. There was a sudden slowly in the express lane due to a 3 car collision ahead. The car in front of me braked in time and did not hit that pile up. I braked in time and stopped a safe distance before the car in front of me. Vehicle SLX7069M, driver named Ong, phone number 87871200, collided with the back of my car and caused an accident. We exchanged numbers and he agreed to a private settlement since the damage appeared to be very minor at that time. While driving off from the accident my left knee started hurting so I visited a TCM practitioner. The accident also damaged my rear camera and SLX7069M acknowledged when I told him I needed to see a doctor and replace my rear camera.

When i received all costs and was ready to settle, Ong backtracked on his agreement and only wanted to pay half, claiming he had no money. Thereafter my left knee began to hurt more and I realised I needed to file an insurance claim to cover my medical expenses.



**SINGAPORE  
POLICE FORCE**



T/20230419/7006

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

3 of 4

Report No. T/20230419/7006

**CONTINUATION OF REPORT**

Ong claims to have a video of the collision. I do not have a copy of that. I have screenshots of his agreement to private settlement + photos of the collision. He moved his car back before I was able to take the photo.



**SINGAPORE  
POLICE FORCE**

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



T/20230419/7006

4 of 4

Report No. T/20230419/7006

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

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

Date/Time:  
19/04/2023 09:46

Classification Of Case:



**新跃中医诊所**  
**XIN YUE TCM THERAPY CLINIC**  
 Blk 1 Tanjong Pagar Plaza #02-54 Singapore 082001 TEL :6444 5063

No: **6009**

**OFFICIAL RECEIPT**  
 Reg. NO: 53373692K

日期 17/4/23  
 Date: \_\_\_\_\_

登记号码 889474571  
 I/C No.: \_\_\_\_\_

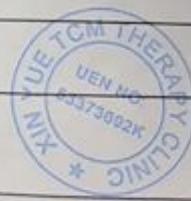
兹收到 Mary-Anne Lee  
 Received from \_\_\_\_\_

来银 \$130  
 The sum of dollars \_\_\_\_\_

系还 Medical Treatment  
 Being payment of \_\_\_\_\_

\$130  
 CASH / CHEQUE NO. \_\_\_\_\_

经手人 ISSUED BY \_\_\_\_\_





**HEALTHWAY MEDICAL**  
BLK 110 LENGKONG TIGA #01-231,  
SINGAPORE 410110  
TEL 67494062 / FAX 67476487

**NAME:** LEE WAN LING MARY-ANNE

**IDENTIFICATION:** S8947455H

18-April-2023

To: Whom It May Concern

Dear Sir/Madam,

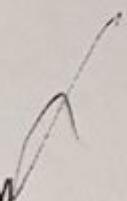
Please note that this patient was involved in a road traffic accident on 17 Apr 2023.

Her car was rear-ended during the accident. The jerking motion resulted in persistent left knee pain.

On examination, there was anterior tenderness below the patella of the left knee. The range of motion was within normal limits.

Thank you for your kind attention.

Regards,

  
**DR. LOCUM**  
DOCTOR

**HEALTHWAY MEDICAL CLINIC**  
Blk 110 Leng Kong Tiga  
#01-231  
Singapore 410110  
Tel: 6749 4062 Fax: 6747 6487

Printed By: lkca2 (18-04-2023)



**HEALTHWAY MEDICAL**  
COMPANY REGISTRATION NO: 198400795H / GST REGISTRATION NO: M201219809  
 BLK 110 LENGKONG TIGA #01-231, SINGAPORE 410110  
 TEL 67494002 / FAX 67476487

**OFFICIAL RECEIPT**

NAME: LEE WAN LING MARY-ANNE      IDENTIFICATION: \*\*\*\*\*455H  
 ATTENDING DR: DR. LOCUM                      VISIT DATE: 18-04-2023

Item	Dispensed Qty	Unit Cost	Sub Total
MEDICAL SERVICES	1	\$10.65	\$10.65
MEMO (HMGMEMO)			\$32.41
CONSULTATION	1	\$32.41	
CONSULTATION			\$43.06
SUBTOTAL CHARGE			\$3.44
GST TOTAL			\$46.50
TOTAL AMOUNT			

PAYMENT	18-04-2023 20:35		\$46
PAY BY MASTER CARD			

Case No: 2023108

All drugs sold are non-exchangeable and non-refundable  
 This is a computer generated document that does not require a signature