Your NCD will be affected due to late reporting

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	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	DMPCSNW00019932200

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.
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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.

19/4/23

Policyholder's Signature / Date & Time

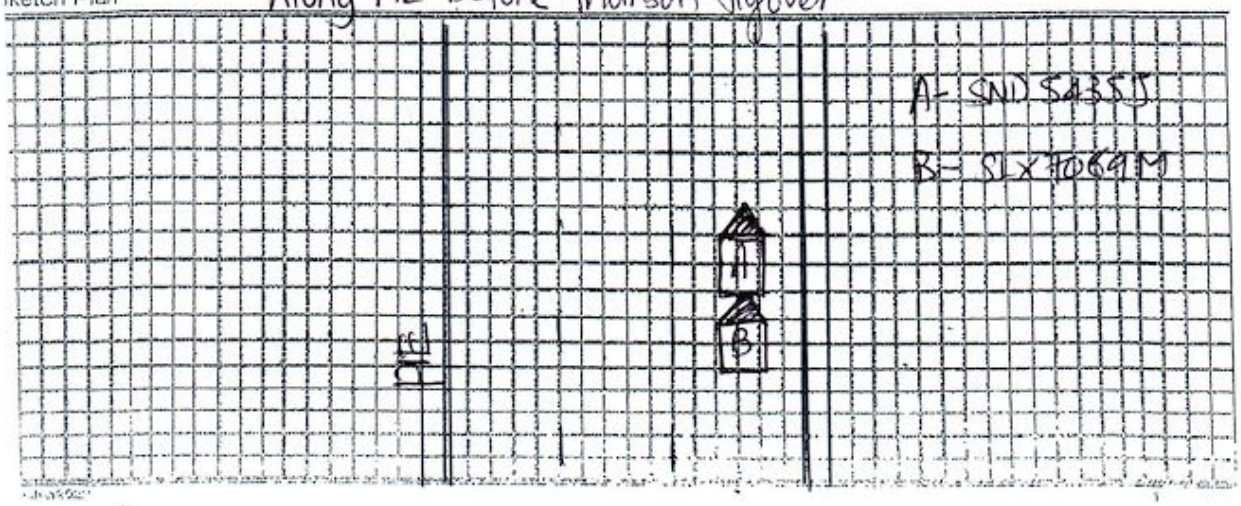
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

19/4/2023

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

Sketch Plan

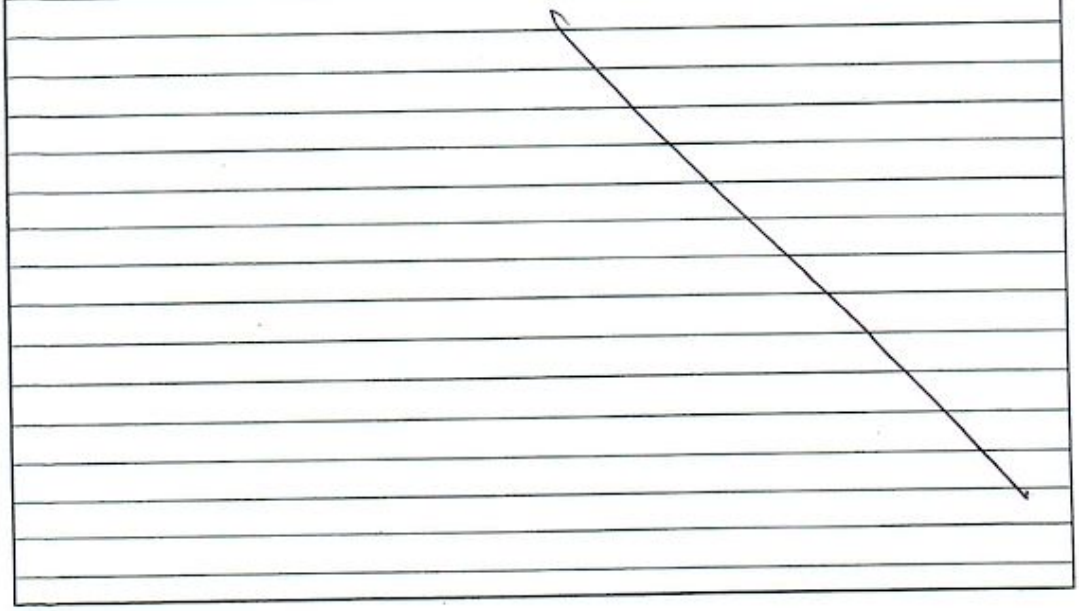
Along PIE before thomson flyover



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.

19/4/23

Policyholder's Signature / Date & Time

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

19/4/2023

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

v.Jun 2022

2

SINGAPORE POLICE FORCE

T/20230419/7006

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

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.	DMPCSNW000199 32200	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

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.

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

SINGAPORE POLICE FORCE

T/20230419/7006

Report No. T/20230419/7006

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

REPORT OF A TRAFFIC ACCIDENT

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

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.: Home/Office: 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

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.	DMPCSNW000199 32200	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.

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SINGAPORE POLICE FORCE

T/20230419/7006

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

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

4 of 4

Report No. T/20230419/7006

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

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: 19/04/2023 09:46
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09234J000D Vehicle Registration No: SND 5435J

Name (as shown in NRIC): Lee Wan Ling, Mary-Anne NRIC/FIN/Passport No: S8947455H

(~~Vehicle Driver~~/Policyholder) (*) Please delete as appropriate

Address: 36 Jalan Paras Singapore (418900)

Contact (Tel): Mobile No.: 9067 2957

Email Address: maryanneleewl@gmail.com

Date of Accident: 17/04/2023 Time of Accident: 09:35

Place of Accident: Along PIE Before Thomson Flyover

Insurance Company: China Taiping

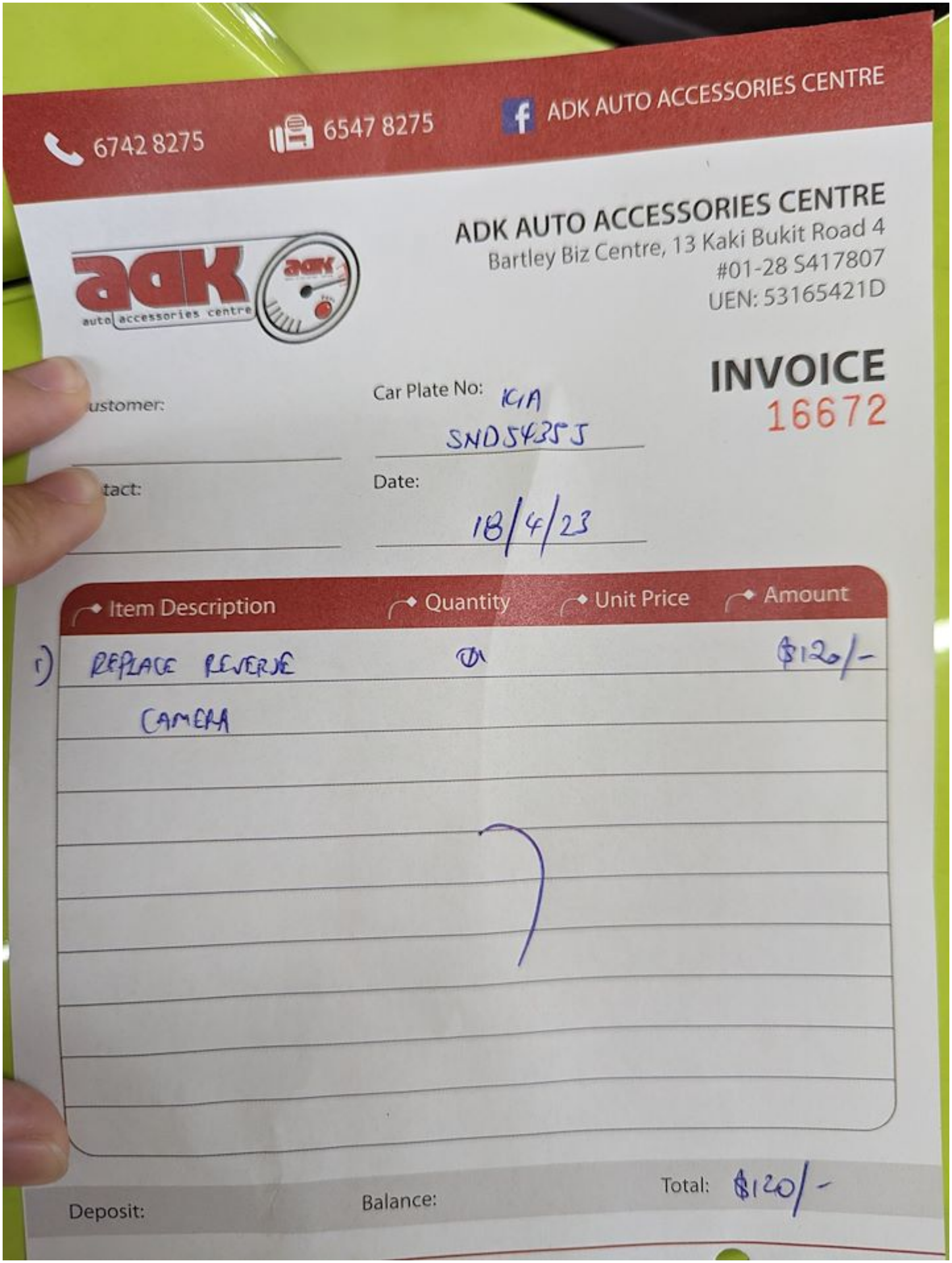
(B) ADDITIONAL INFORMATION /AMENDMENTS:

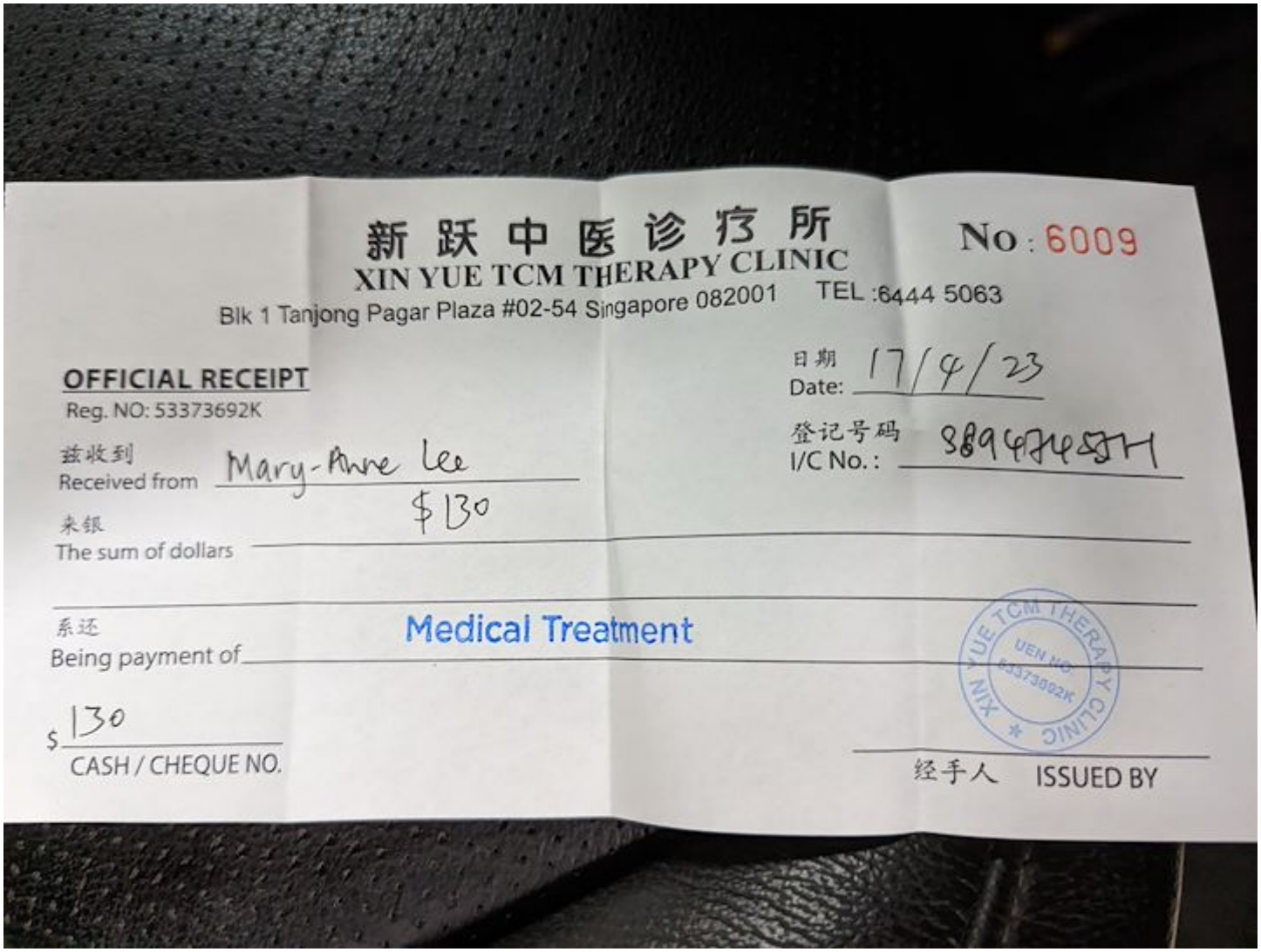
I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend policy Number – DMPCSNW0001993 2200

Policyholder / Actual Driver's Signature
Date:

20/04/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:


6742 8275
6547 8275
ADK AUTO ACCESSORIES CENTRE
adk auto accessories centre
ADK AUTO ACCESSORIES CENTRE
Bartley Biz Centre, 13 Kaki Bukit Road 4
#01-28 S417807
UEN: 53165421D
INVOICE
16672
ustomer:
Car Plate No: KIA SND5435J
tact:
Date: 18/4/23
Item Description
Quantity
Unit Price
Amount
1) REPLACE REVERSE CAMERA
1
$120/-
Deposit:
Balance:
Total: $120/-



新跃中医诊疗所
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 Date: 17/9/23

兹收到 Received from Mary-Anne Lee

登记号码 I/C No.: S8947[illegible]

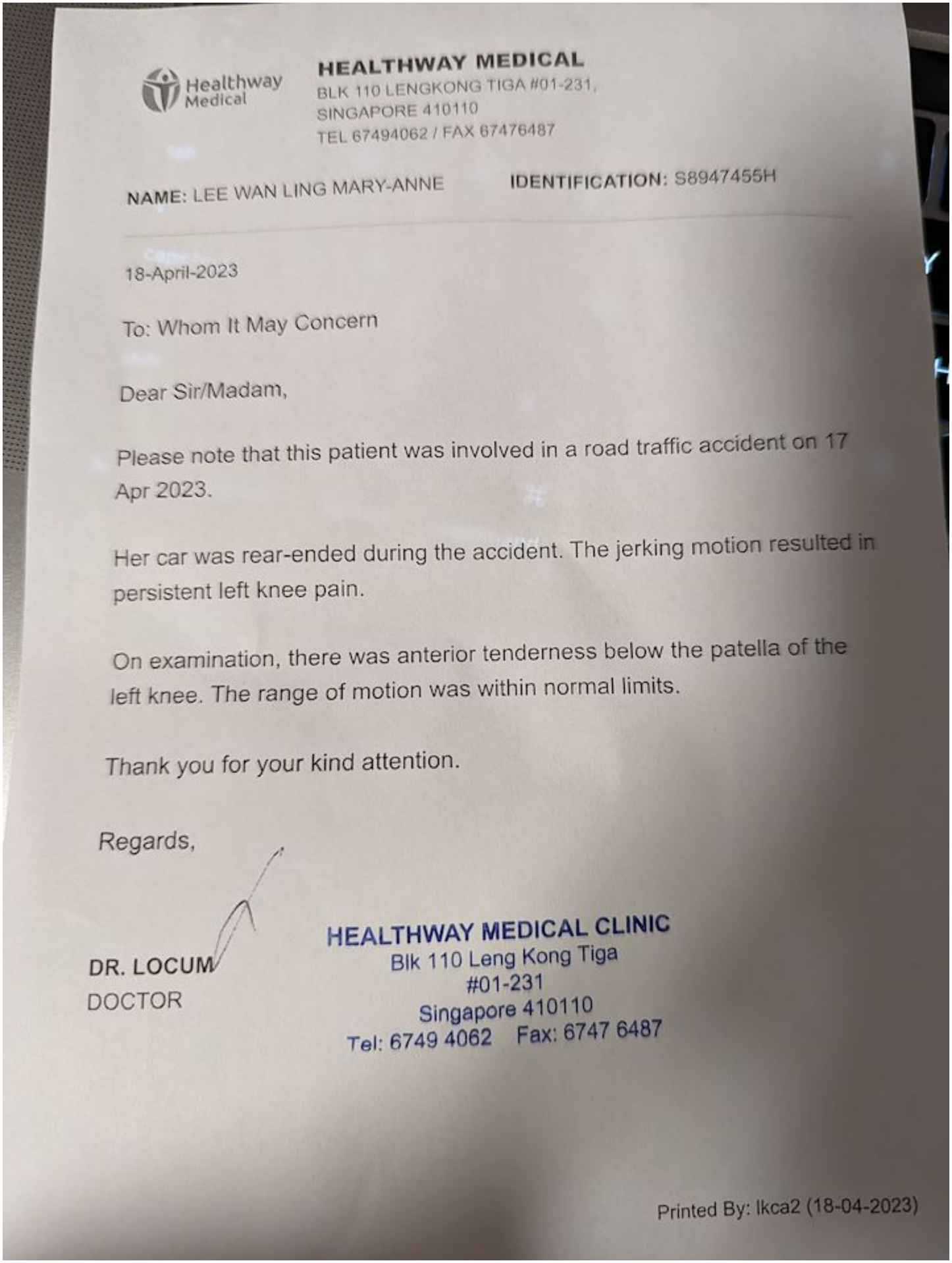
来银 The sum of dollars $130

系还 Being payment of Medical Treatment

$ 130
CASH / CHEQUE NO.

XIN YUE TCM THERAPY CLINIC UEN NO 53373692K

经手人 ISSUED BY



Healthway Medical

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.

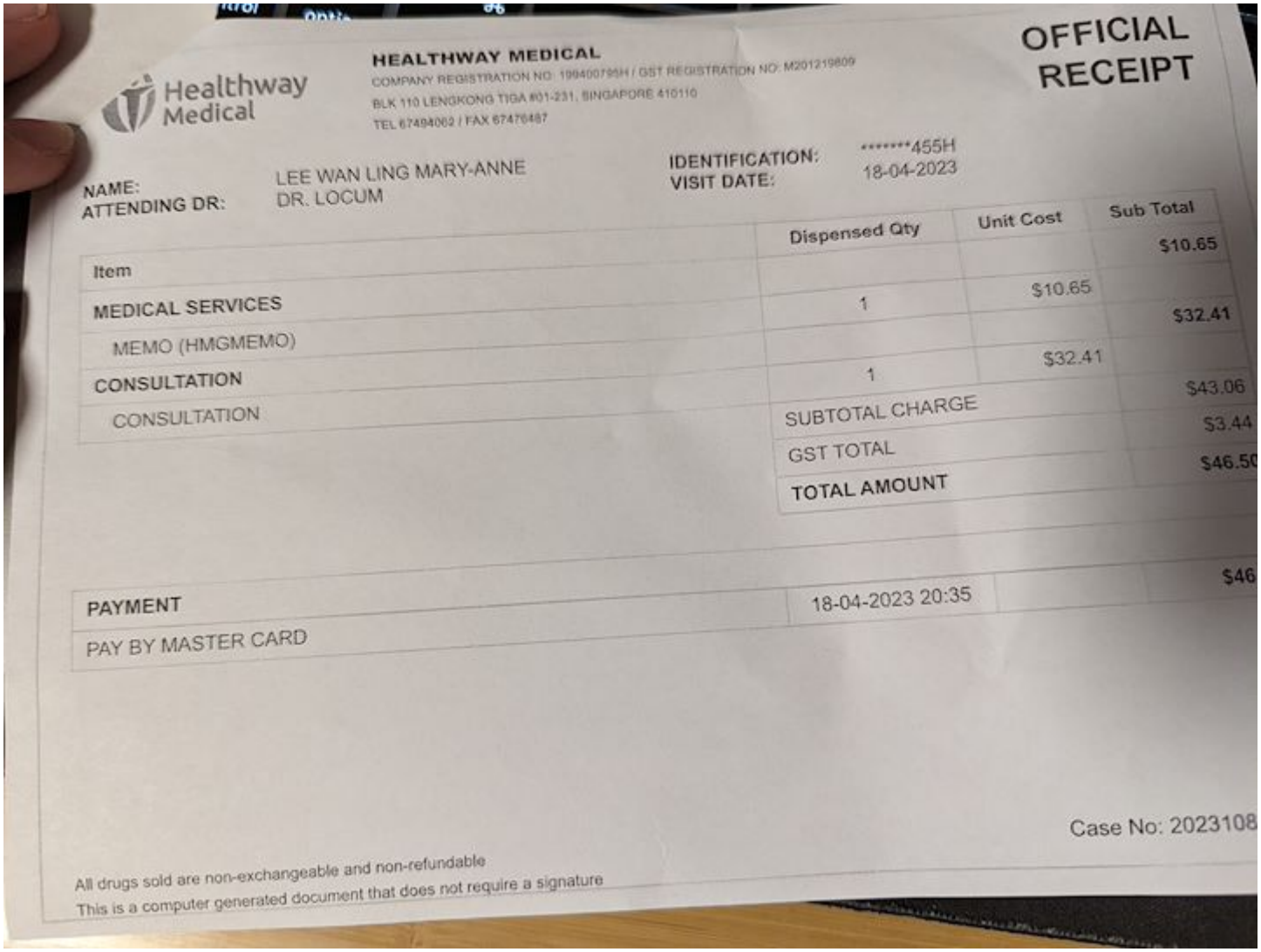
Regards,

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)

OTHER DOCUMENTS #4



Healthway Medical

HEALTHWAY MEDICAL
COMPANY REGISTRATION NO: 199400795H / GST REGISTRATION NO: M201219809
BLK 110 LENGKONG TIGA #01-231, SINGAPORE 410110
TEL 67494062 / FAX 67476487

OFFICIAL RECEIPT

NAME: LEE WAN LING MARY-ANNE
ATTENDING DR: DR. LOCUM

IDENTIFICATION: *******455H
VISIT DATE: 18-04-2023

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

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

Case No: 2023108

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