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.

- 4. The issue and acceptance of this is form by instrained 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 02/05/2023 10:41 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 29/04/2023 16:50 (SGT) Exact Location of Accident Near PIE, Singapore Additional Location Information PIE (TUAS) AFTER STEVENS ROAD EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SLF9491H INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **FOO KOK LEE** NRIC No S7117215E Email Address NDY71@YAHOO.COM Mobile Phone No (Phone) +65-90299445 Alternative Phone No

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Nissan Model Note Variant

Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto

CC 1198

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2004767684-01

DRIVER

Name of Driver FOO KOK LEE NRIC No S7117215E Date Of Birth 22/05/1971 Occupation Outdoor

Date Of Driving Pass 09/10/1997 Driving experience 25 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-90299445 Alt. Phone Number Email Address NDY71@YAHOO.COM Address APT BLK 452A BUKIT BATOK WEST AVENUE 6 #19-739 Address complement Postcode 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 PASSENGER 1 Name **CHRISTY HO** Gender **Female 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED POLICE REPORT. ATTACHMENT(S) Are accident photos available for attachment? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Nο

Was there any video captured by Car Camera?

SJU3681K
-
-
-
-
Private car
-
-
-
-
_
_
_
_
_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKD6155X
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FOO KOK LEE
Gender	Male
Phone No	(Phone) +65-90299445
Address	APT BLK 452A BUKIT BATOK WEST AVENUE 6 #19-739
Address Complement	-
Post Code	651452
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLF9491H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 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.
- 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)

Lunderstand, 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' 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;
- (ii) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

olicyholder's Signature / Date & me	& Time	Witnessed by Reporting Centre Personnel
ketch Plan	PIE (TUAS) AFTER STEVENS ROAD EXIT	A: 01 E04041
		A: SLF9491F \$: SJU3681K
		C: SKD6155X
	BAC	

Describe Circumstances of	the Accident	
REFER TO ATTACHED	POLICE REPORT.	
eclaration		
le declare the foregoing particula	rs are true in every respect.	
ou wish to claim against your ow ist be made within the stipulated	n policy, please be advised that your insurer may have timeframe from the day of occurrence. Kindly check w	e a fourteen (14) days clause whereby the clair ith your insurer for more details.
Scyholder's Signature / Date &	July	
lcyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) /	Date Witnessed by Reporting Centre





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20230429/7054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2023 21:20			Vide Report No.:	Station Diary No.:			
Informant	's Particu	ılars	10				
Name of Ir FOO KOK	The second second second		Address: 452A BUKIT BATOK WEST AVENUE 6 #19-739 SINGAPORE 651452				
ID Type / I NRIC NO /		5E	Contact No.: Home/Office: Mobile: 90299445				
Nationality: SINGAPORE CITIZEN			Email: NDY71@YAHOO.COM				
Sex: Age: Date of Birth: Male 51 22/05/1971			Type of Informant: Driver				
Race: Chinese			Language: English				
Occupation: Private-hire car driver			Driving Licence Information: Class:	Date of Expiry:			

General Inform	mation of the Acci	dent	AND AND AND AND		
Type of Accident:			Date/Time of Accident: 29/04/2023 16:50	Type of Location: Straight Road	
Location:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
PAN-ISLAND	EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet			
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head	d To Rear		Anyone conveyed by ambulance: No	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SJU3681K	Car	TOYOTA	Altis	Silver	Seriously Damaged	2		
SKD6155X	Car		Altis	White	Slightly Damaged	2		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20230429/7054

CONTINUATION OF REPORT

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SLF9491H	Car	NISSAN	NOTE 1.2 CVT ABS D/AIRBAG 2WD 5DR	Grey		0		

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SLF9491H	ALLIANZ INSURANCE SINGAPORE PTE, LTD.	SPL00055758	24/02/2023	23/02/2024			

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No		- 111			
No. of Pedestrian	ns Injured: NIL		Use of Pe	destrian	Cross	sing: NA
Driver	Marie Marie Comment					THE STREET
Name	ER HOCK SAN			ID No		S2574163B
Related Vehicle	SJU3681K (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f	Slight	t
Driver	The second second	1974	101 0		-1111	
Name	RAJENTHIREN			ID No		S1382674I
Related Vehicle	SKD6155X (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licente Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f	NIL	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20230429/7054

CONTINUATION OF REPORT

Driver					
Name	FOO KOK LEE			ID No.	S7117215E
Related Vehicle	SLF9491H (Car)			Contact No	90299445
Hospital/Clinic	NIL		(101)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
			Degree of	NIL	4

Brief Details.

On the stated time and date, I was travelling in my car SLF9491H picking a passenger from Mei Hwan road to Bukit Timah Plaza. I'm at PIE heading Tuas with heavy traffic from Thomson exit. The traffics moves intermittently. Before Steven road entrance the traffic ease a little and all cars speed up a little. But after a slight blend, after Steven road exit, all the front car suddenly slowed down. The car in front SKD6155X brakes hard and I follows. I managed to stopped but when I looked at the rear view mirror I shouted to the passenger to be carefully as I saw the rear car SJU3681K coming in very fast. Immediately he crashed into my car and pushing me to launch in front and knocked onto the rear of the front car. I immediately checked on my passenger if she was fine and she responded that she is fine. Then we alighted the car and I realised that she has a little cut on her lip and she also mentioned her back hurts a little. I called Grab emergency and seek for advise. Grab asked if an ambulance is needed but the passenger decline. So I arranged transport for her to her destination and asked her to seek doctor advise. I saw the rear of my car was badly damaged and so is the front of the car behind me. The driver kept apologising that it's his mistake as he didn't pay attention. I also checked on him and everyone else seems fine. We waiting for tow trucks and left the cars to the workshop. While heading back home my lower back and neck started to aches and I went to clinic to seek doctor's attention.





1/20230429/7054

4 or 4 Report No. T/20230429/7054

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: 29/04/2023 21:20
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168

















