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 29/05/2023 15:10 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 27/05/2023 11:15 (SGT) Exact Location of Accident Singapore Additional Location Information KPE TOWARDS ECP AFTER TAMPINES ROAD EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Lexus

Vehicle Registration Number SLS6395D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE WEE THIAM (LI WEITIAN) NRIC No SXXXX198J Email Address skyliweitian@yahoo.com.sg Mobile Phone No (Phone) +65-85685848 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Es250 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 No - Claiming third party your vehicle?

Vehicle Category Private car Transmission Auto CC 2494

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2070118190-02

DRIVER

Name of Driver LEE WEE THIAM (LI WEITIAN) NRIC No SXXXX198J Date Of Birth 24/08/1978 Occupation Indoor

5 . 0/5 5	
Date Of Driving Pass	27/01/1999
Driving experience	24 YEARS AND 4 MONTHS
Gender Mobile Number	Male
Alt. Phone Number	(Phone) +65-85685848
Email Address	-
	skyliweitian@yahoo.com.sg
Address complement	BLK 24 SUMANG WALK
Postcode	# 15-05
Is the driver the policyholder?	828678
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	- Ne
Vehicle Registration Number of Other Vehicle Owned by Driver	No
verlice registration running of other verlice owned by briver	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
	2.,
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	2
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	HUANG SHAO RONG
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Voc
Police Station Name	Yes Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Figure) +03-03470000 (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 POLICE REPORT - T/2023	30527/7038
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Was there any video captured by Car Camera?

Vehicle Registration Number	SLX340A
Vehicle Manufacturer	Renault
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Brown
Vehicle Category	Private car
Name of Driver	THIRUGNANASAMBANDAM KUMANAN
NRIC No	SXXXX967F
Contact Number	(Phone) +65-98442524
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver NRIC No Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident	SNJ4972A Toyota Sienta - White Private car LEW CHEE LEONG SXXXX978Z (Phone) +65-91442333
<u> </u>	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLF5955M
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Brown
Vehicle Category	Private car
Name of Driver	MR.KWEK
NRIC No	SXXXX553G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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/faw 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 aited outside of Singapore, for one or more of the above Purposes.

CACcident report SN09235T0007

ribe Circumstance of	the Accident			
Please	neter to	police	T/20230527	763
	,			



T/20230527/7038

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

3 of 4 Report No. T/20230527/7038

CONTINUATION OF REPORT

Passenger		建	DISTRICT TO SERVICE OF THE SERVICE O	
Name	HUANG SHAORONG		ID No.	S8180063D
Related Vehicle	SLS6395D (Car)	Contact No	. 98566409	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL	
Date	NIL	Date	NIL	
	ted Medical Leave NIL	Degree o		
Driver	POWER STORY		STATE OF STREET	
Name	THIRUGNANASAMBANDAM	ID No.	S7982967F	
Related Vehicle	SLX340A (Car)	Contact No.	98442524	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days grant	ted Medical Leave NIL	Degree o	11.1.1.00	
Driver		ACTIVE TO ME	CHICAGO CONTRACTOR OF THE CONT	
Name	LEW CHEE LEONG		ID No.	S7419978Z
Related Vehicle	SNJ4972A (Car)		Contact No.	91442333
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL	Date	NIL	
	ed Medical Leave NIL	Degree o	INIL	

Brief Details.

On 27may2023 at 11 15 am I was driving straight on lane 1 along kpe towards ecp after tampines road.

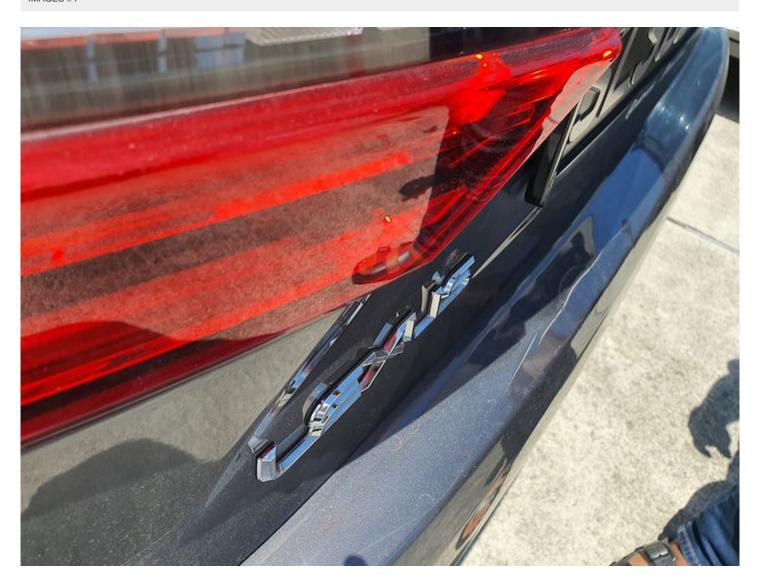
Infront vehicle slow down and stop I also slow down and stop.suddenly I heard a loud bang from behind. I came down and take a look and realised it was SLX340A that had hit on my rear causing damages.it was a Chain collusion on total 4 vehicle.

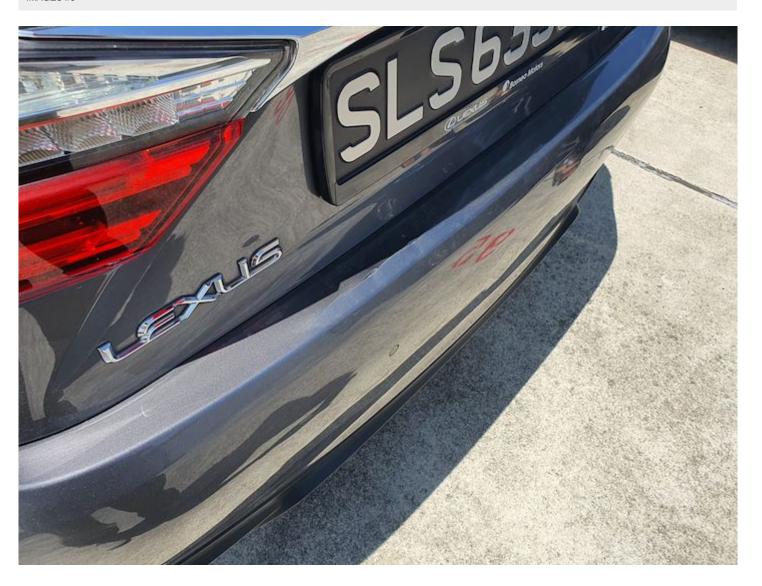
I got one passenger in my car which is my wife.

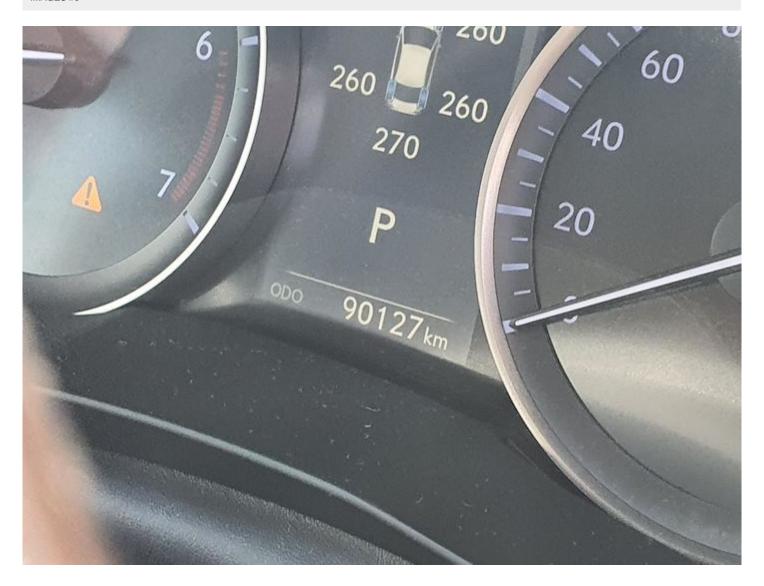


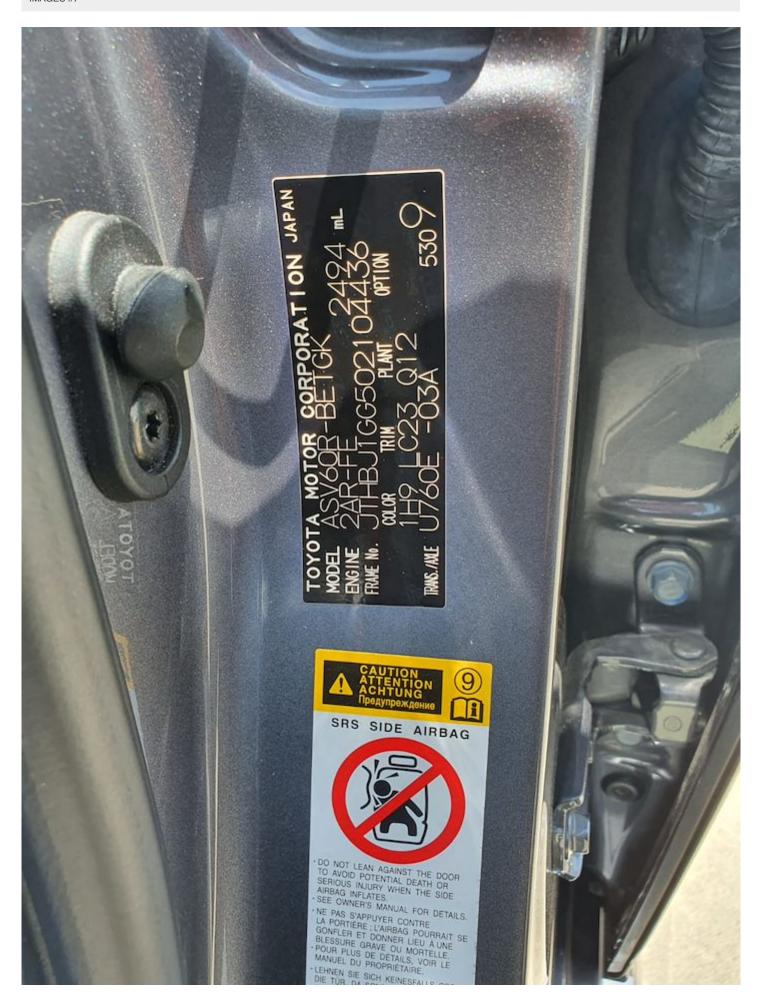














T/20230527/7038

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

1 of 4 Report No. T/20230527/7038

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 023 14:05	Made:	Vide Report No.: G/20230527/0101	Station Diary No.:			
Informa	nt's Partic	ulars					
LEE WE	Informant: E THIAM	Mary - Ny Arabi	Address: 24 SUMANG WALK #15-05 \$	SINGAPORE 828678			
ID Type / ID No.: NRIC NO / S7825198J			Contact No.: Home/Office: Mobile: 85685848				
National SINGAP	ty: ORE CITIZ	EN	Email: skyliweitian@yahoo.com.sg				
Sex: Male	Age: 44	Date of Birth: 24/08/1978	Type of Informant:			Type of Informant: Driver	
Race: Chinese Occupation: Ceo			Language: English				
			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:			

General Infor	mation of the Accident	Name of the Owner, the		
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/05/2023 11:15	Type of Location: Straight Road
Location: KPE TOWAR Weather: Clear	DS ECP AFTER TAMPIN	Road Surface:	rie a	
Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume:
Type of Collis Between Mov	ion: ing Vehicles - Head To Ro	ear	a	myone conveyed by mbulance: 'es

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLF5955M	Car	MAZDA		Brown	COMMING	2
SLS6395D	Car	ТОУОТА	LEXUS ES250 LUXURY A/T S/R	Grey	Slightly Damaged	1
SLX340A	Car	RENAULT		Brown	Seriously Damaged	3



Tel No: 65470000

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865



2 of 4 Report No. T/20230527/7038

CONTINUATION OF REPORT

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SNJ4972A	Car	TOYOTA	Sienta	White	Seriously	A NAME OF TAXABLE PARTY OF TAXABLE PARTY.
		Control of the Contro	100000000000000000000000000000000000000	1000000	Damaged	-

Details of V	ehicle insurance	Marie State	A CHARLES TO SERVICE	STATE WAS DESIGNATED
	Insurance Company	Insurance No	Effective	Expiry Date
SLS6395D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070118190-02	29/09/2022	28/09/2023

Details of Perso Any Pedestrian I		A State of			Service.	经常经济的企业
No. of Pedestria			lise of D	edestria	n Cross	ing. NA
Driver	A A CONTRACTOR OF COMME	NEWS PARK	OSC CIT	euesina	II Cross	sing; NA
Name	MR KWEK		BECOME HONOROGEN COMM	ID No).	S8419553G
Related Vehicle	SLF5955M (Car)			Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	NIL		Date	Expir	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree	of	Slight	
Driver	4.660.00		ALIEN REINER		ESPERIENCE OF	TO CHARLEST AND ADDRESS OF THE
Name	LEE WEE THIAM			ID No		S7825198J
Related Vehicle	SLS6395D (Car)			Conta	ct No.	85685848
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: 2B,2A,3 Date of Expiry: NIL	
Date	NIL		Date		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree o	of	NIL	



T/20230527/7/38

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

3 of 4 Report No. T/20230527/7038

CONTINUATION OF REPORT

Passenger			DUNINNESS CO.	DE DESERVO A SONO POR O
Name	HUANG SHAORONG		ID No.	S8180063D
Related Vehicle	SLS6395D (Car)		Contact No.	98566409
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	NIL	Date	NIL	
	ted Medical Leave NIL	Degree o		
Driver	KANA SANDANIA KANA		THE REAL PROPERTY.	A SHEET TO STORE SHEET
Name	THIRUGNANASAMBANDAM KUMANAN		ID No.	S7982967F
Related Vehicle	SLX340A (Car)		Contact No.	98442524
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL	
No. of Days grant	ted Medical Leave NIL Degree		11.11.00	
Driver		ACTIVATE NAME	SECTION AND ADDRESS.	TALLED STEEL COLUMN
Name	LEW CHEE LEONG		ID No.	S7419978Z
Related Vehicle	SNJ4972A (Car)		Contact No.	91442333
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		Date	INIL	

Brief Details.

On 27may2023 at 11 15 am I was driving straight on lane 1 along kpe towards ecp after tampines road.

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I got one passenger in my car which is my wife.



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



4 of 4 Report No. T/20230527/7038

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: 27/05/2023 14:05		
Officer In Charge Of Case: TP / TPIB / MUHAMMAD KHAIRI SUFRIE BIN SUHAIMI Contact No.: 96207105	Classification Of Case:		

NP168