

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	12/06/2023 15:49 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2023 16:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CENTRAL EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4203Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	1AXIS PRESTIGE LEASING PTE LTD
Company Reg No	2XXXXX962N
Email Address	NEYHL@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-83993329
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00017352200

DRIVER

Name of Driver	ELLY ESTEE LEE
NRIC No	SXXXX759F
Date Of Birth	28/11/1962
Occupation	Indoor

Date Of Driving Pass	07/05/1983
Driving experience	40 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-83993329
Alt. Phone Number	-
Email Address	NEYHL@SINGNET.COM.SG
Address	BLK 115B CANBERRA WALK
Address complement	#02-131
Postcode	750115
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	4
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)	2
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	DIONG CHEE KIN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED POLICE REPORT F/20230610/0134

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	SLN7690X
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	Gray
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU703C
Vehicle Manufacturer	Subaru
Vehicle Model	Impreza
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKZ1833P
Vehicle Manufacturer	Honda
Vehicle Model	Odyssey
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	ELLY ESTEE LEE
Gender	Female
Phone No	(Phone) +65-83993329
Address	BLK 115B CANBERRA WALK
Address Complement	#02-131
Post Code	750115
Approximate Age Years Old	60
Injuries Sustained	PAIN AT THE BACK,NECK AND SHOULDER REGIONS-GIVEN 3 DAYS OF MC.

Injured person in which vehicle? SLV4203Y
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

WITNESS DETAILS

WITNESS 1

Name DIONG CHEE KIN
Phone (Phone) +65-96515858
Email -

Describe Circumstances of the Accident

A large rectangular area with horizontal lines for writing. A diagonal line is drawn from the top-left corner to the bottom-right corner. In the center, there is a handwritten note: "Refer to police report" with an arrow pointing to the diagonal line.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature] 12/6/2023

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230610/2093

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Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20230610/2093

CONTINUATION OF REPORT

Driver			
Name	ELLY ESTEE LEE	ID No.	S1543759F
Related Vehicle	SLV4203Y (Car)	Contact No.	83993329
Hospital/Clinic	I-HEALTH MEDICAL CLINIC (YISHUN)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/06/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 10/06/2023 at about 1638hrs, I was driving my vehicle bearing plate no.: SLV4203Y, along CTE towards exit of PIE (Changi). I was at the fourth lane of a 6-lane road. I was driving at a slow speed and came to a stop as it was heavy traffic on the expressway. Subsequently I felt an impact from the rear of my vehicle. I came out and along with me, 3 other cars, the drivers that were behind me also came out of their vehicles.

It was a chain collision. I took photos of the damage, and also exchanged particulars with the 3 drivers. Traffic Police also attended to my scene. At that point of time, I was on my Tada ride job. I have my passenger who is able to stand as witness if required. Passenger details: Diong Chee Kin, HP: 9651 5858.

Due to the impact, I went to I-Health Medical clinic at Yishun for consultation. I sustained pain at the back, neck and shoulder regions. I was given 3 days of mc.







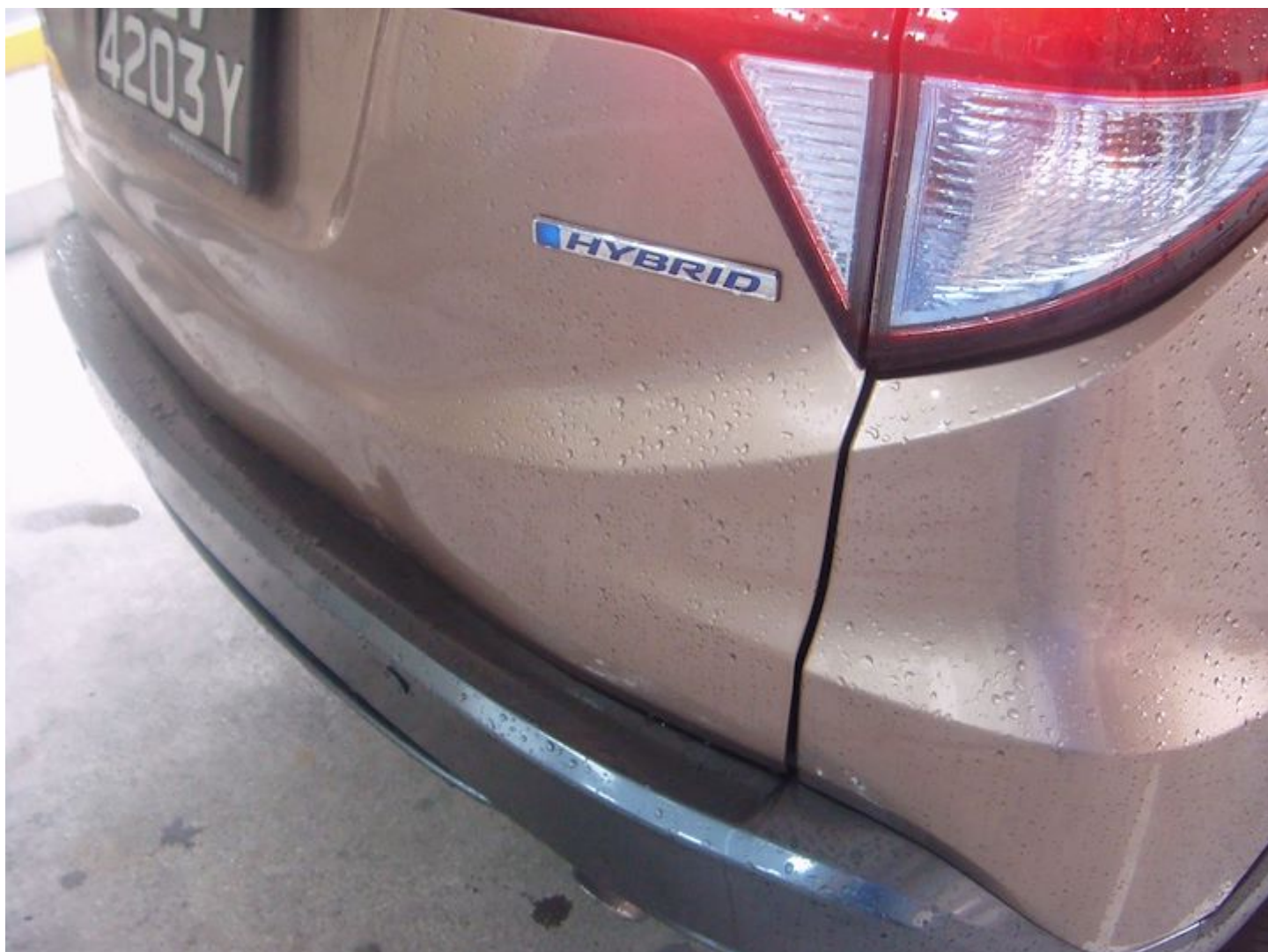






















**SINGAPORE
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T/20230610/2093

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Police Station Of Origin:
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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20230610/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2023 22:29		Vide Report No.: F/20230610/0134		Station Diary No.: 113
Informant's Particulars				
Name of Informant: ELLY ESTEE LEE		Address: APT BLK 115B CANBERRA WALK #02-131 SINGAPORE 752115		
ID Type / ID No.: NRIC NO / S1543759F		Contact No.: Home/Office:		Mobile: 83993329
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 60	Date of Birth: 28/11/1962	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/06/2023 16:35	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Lamp Post Number: 235F				
Weather:		Road Surface:		
Traffic Flow: Dual Carriage 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
SKZ1833P	Car	HONDA	ODYSSEY E-HEV ABSOLUTE CVT 7S		Seriously Damaged	2
SLN7690X	Car	TOYOTA	WISH 1.8 AUTO	Grey	Slightly Damaged	2
SLU703C	Car	SUBARU	IMPREZA 5D 1.5R AWD AT	Gold	Seriously Damaged	0



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T/20230610/2093

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Report No. T/20230610/2093

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV4203Y	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Brown	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHEN XIANGTONG ROBIN	ID No.	S8505192Z
Related Vehicle	SKZ1833P (Car)	Contact No.	86084840
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KIZHER SHAJAHAN	ID No.	G6001065Q
Related Vehicle	SLN7690X (Car)	Contact No.	81865860
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	WEI QINGFU	ID No.	S8238466I
Related Vehicle	SLU703C (Car)	Contact No.	90067509
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
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T/20230610/2093

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31 Yishun Central SINGAPORE 768827
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Report No. T/20230610/2093

CONTINUATION OF REPORT

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It was a chain collision. I took photos of the damage, and also exchanged particulars with the 3 drivers. Traffic Police also attended to my scene. At that point of time, I was on my Tada ride job. I have my passenger who is able to stand as witness if required. Passenger details: Diong Chee Kin, HP: 9651 5858.

Due to the impact, I went to I-Health Medical clinic at Yishun for consultation. I sustained pain at the back, neck and shoulder regions. I was given 3 days of mc.



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T/20230610/2093

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Report No. T/20230610/2093

CONTINUATION OF REPORT

SIGNATURE OF OFFICER RECORDING THE REPORT

LT
SCT 2 MUHAMMAD BIN
MOHAMED HASAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 PHUA TIAK YEE
Contact No.: 65476200

SIGNATURE OF THE REPORTED PARTY

Date/Time:
10/06/2023 22:29

Classification Of Case:

NP168

