

## 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 .....	27/06/2023 11:48 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	23/06/2023 21:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SENGKANG WEST AVE TOWARDS SENGKANG WEST ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLB7161U
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	DREAM CAR LEASING PTE LTD
Company Reg No .....	201420013Z
Email Address .....	DREAMCARRENTALSG@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81288789
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Corolla
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 .....	1598

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2002927570

#### DRIVER

Name of Driver .....	CHAN CHEE WEI FRANKIE
NRIC No .....	S7539593J
Date Of Birth .....	24/12/1975
Occupation .....	Indoor

Date Of Driving Pass .....	11/03/1998
Driving experience .....	25 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94553799
Alt. Phone Number .....	-
Email Address .....	FRANKIECHAN112@GMAIL.COM
Address .....	163 POH HUAT RD WEST #04-10
Address complement .....	-
Postcode .....	546693
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Paid Driver
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) .....	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 .....	MOH SIEW MOI GINA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	SKZ939A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LEE CHING LAN SABINA
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 .....	CHAN CHEE WEI
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLB7161U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	MOH SIEW MOI
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLB7161U
Were seat belts worn? .....	Yes
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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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. 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)**  
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.



Policyholder's Signature / Date & Time

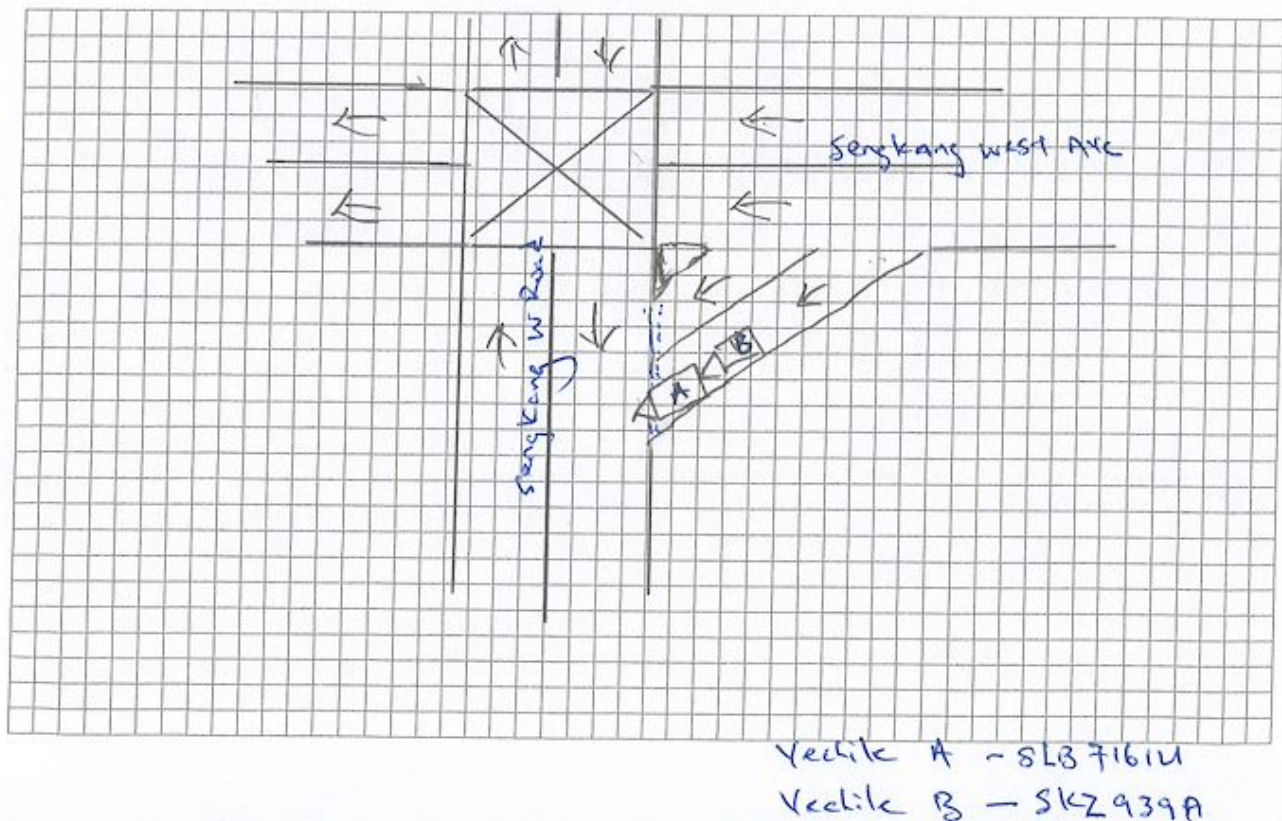
*[Handwritten signature]*



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

*[Handwritten signature]*

Witnessed by Reporting Centre Personnel





Describe Circumstances of the Accident

refer to the police report

T/20230626/2119

Declaration

We declare the foregoing particulars are true in every respect.



*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*



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

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20230626/2119

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20230626/2119

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/06/2023 20:40	Vide Report No.:	Station Diary No.: 98
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**Informant's Particulars**

Name of Informant: CHAN CHEE WEI, FRANKIE	Address: APT BLK 555 HOUGANG STREET 51 #10-326 SINGAPORE 530555		
ID Type / ID No.: NRIC NO / S7539593J	Contact No.:	Mobile: 94553799	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 47	Date of Birth: 24/12/1975	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: Manager	Driving Licence Information: Class: 2B,2A,3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2023 20:30	Type of Location: Bend
Location:  SENGKANG WEST AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SKZ939A	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	Silver	Slightly Damaged	0
SLB7161U	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	White	Slightly Damaged	1



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T/20230626/2119

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3

Report No. T/20230626/2119

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN CHEE WEI, FRANKIE	ID No.	S7539593J
Related Vehicle	SLB7161U (Car)	Contact No.	94553799
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	24/06/2023	Date Discharge	24/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEE CHING LAN SABINA	ID No.	S1765135H
Related Vehicle	NIL	Contact No.	96265351
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

**Brief Details.**

On 23/06/2023 at around 2130 hours I was driving my vehicle bearing vehicle number SLB7161U.

I was travelling from Sengkang West Avenue and filtering towards Sengkang West Road. I had stopped my vehicle to check for oncoming vehicles and another vehicle bearing vehicle number SKZ939A had knocked onto the rear of my vehicle.

We stopped our vehicle, alighted and exchanged particulars.

The damages to my vehicle are rear bumper cracked and rear bumper alignment was off.

I would like to highlight that my wife namely Moh Siew Moi, Gina with NRIC S8141948E was my passenger and seated at the front passenger seat when the accident occurred.

My wife and I had went to Raffles Hospital for consultation and I got MC from 24/06/2023 till 26/06/2023.



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T/20230626/2119

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Tampines N.P.C  
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Tel No: 1800-5871999

3 of 3

Report No. T/20230626/2119

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /  
SGT 3 SOH ZHENG YONG,  
JONATHAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/06/2023 20:40

Officer In Charge Of Case:

TP / AEIT /  
SI TAN JEOK LENG LESLIE  
Contact No.: 65476151

Classification Of Case:

NP168





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T/20230626/2119

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Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 47	Date of Birth: 24/12/1975	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: Manager	Driving Licence Information: Class: 2B,2A,3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2023 20:30	Type of Location: Bend
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**CONTINUATION OF REPORT**

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No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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Related Vehicle	SLB7161U (Car)	Contact No.	94553799
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	24/06/2023	Date Discharge	24/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEE CHING LAN SABINA	ID No.	S1765135H
Related Vehicle	NIL	Contact No.	96265351
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

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CONTINUATION OF REPORT

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G /  
SGT 3 SOH ZHENG YONG,  
JONATHAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG LESLIE  
Contact No.: 65476151

Signature Of Informant:

Date/Time:  
26/06/2023 20:40

Classification Of Case:

NP168



**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: SS2X236R0005 Vehicle Registration No: SLB 7161U

Name (as shown in NRIC): \_\_\_\_\_ NRIC/FIN/Passport No: \_\_\_\_\_

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

Insurance Company: \_\_\_\_\_


**(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 accident time to 21.30 pm

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: