

## 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 .....	28/06/2023 12:06 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	27/06/2023 17:30 (SGT)
Exact Location of Accident .....	TPE, Singapore
Additional Location Information .....	AFTER EXIT 5 BEFORE EXITING TAMPINES AVE 10
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLW8801P
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	VINCENT LEE CHI SIANG
NRIC No .....	SXXXX357F
Email Address .....	leevincecs@gmail.com
Mobile Phone No .....	(Phone) +65-92225857
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	216i
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 .....	1499

#### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D23MTPV01003552

#### DRIVER

Name of Driver .....	VINCENT LEE CHI SIANG
NRIC No .....	SXXXX357F
Date Of Birth .....	23/05/1988
Occupation .....	Indoor

Date Of Driving Pass .....	08/07/2009
Driving experience .....	13 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92225857
Alt. Phone Number .....	-
Email Address .....	leevincecs@gmail.com
Address .....	17 YISHUN STREET 51 #08-32
Address complement .....	-
Postcode .....	767974
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 .....	6
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNB7735R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHEW WEE KHEE, BRENDAN
NRIC No .....	SXXXX725H

Contact Number .....	(Phone) +65-81398515
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 .....	SJN3009P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	FONG CHEE HOE
NRIC No .....	SXXXXX726Z
Contact Number .....	(Phone) +65-90112818
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 .....	VINCENT LEE CHI SIANG
Gender .....	Male
Phone No .....	(Phone) +65-92225857
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLW8801P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



**Describe Circumstance of the Accident**

On 27 JUN 2023, at around 5.25 AM, I was driving along TPE (towards North) on lane 1, when a vehicle (SUN3009P) changed from lane 2 to my lane (lane 1), followed by an abrupt, sudden stop.

I managed to stop my vehicle (SLW8801P) in time.

However, the vehicle behind (SNB7735R) collided with my car with max impact, causing my vehicle to move forward to hit SUN3009P.

There were 3 other vehicles behind (total 6).  
Vehicle #4 (SKX9531T) did not hit vehicle #3 (SNB7735R).

I did not accept liability as I kept a safe distance & stopped in time. Pls refer to video evidence furnished.

**Declaration**

I/We declare the foregoing particulars are true in every respect.

 28/6/23  
11:30 AM

Policyholder's Signature / Date & Time

 28/6/23  
11:30 AM

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

 28/06/2023

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

































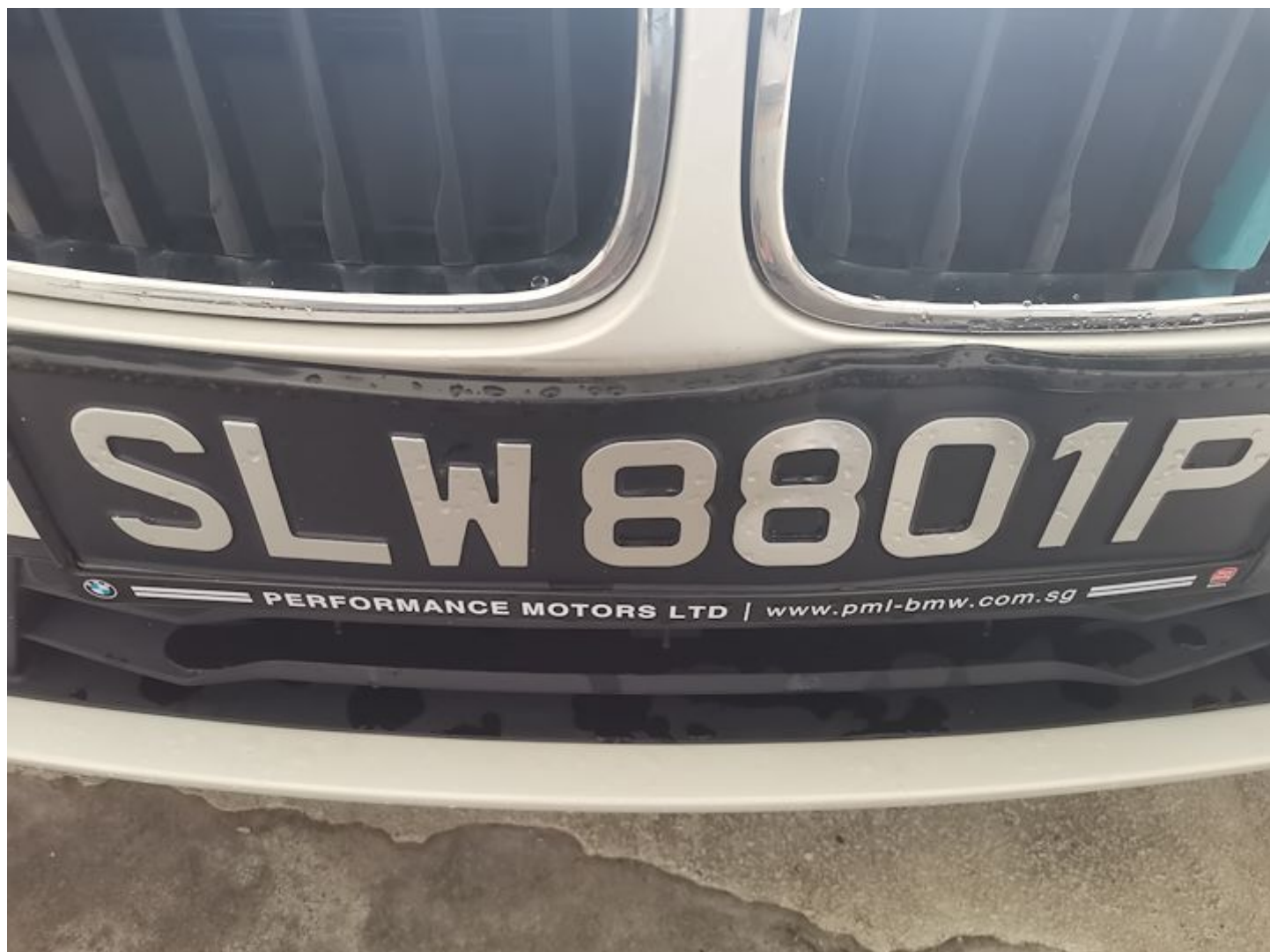


























**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09236S0005 Vehicle Registration No: SLW 8801P  
 Name (as shown in NRIC): Vincent Lee Chi Siang NRIC/FIN/Passport No: 88818357F  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: 17 Yishun Street 51 # 08-32 Singapore 767974  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9222 5857  
 Email Address: leevincecs@gmail-com  
 Date of Accident: 27/6/2023 Time of Accident: 17:30  
 Place of Accident: After Exit 5 Before Exiting Tampines Ave 10  
 Insurance Company: Sompo

**(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 - D23MTPV01003552

Policyholder / Actual Driver's Signature  
Date:

Amend 28/06/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: