SA1H249PM007 / AMK Autopoint Pte Ltd ENTRY DATE & TIME: 25/09/2024 15:28 (SGT) SUBMITTED BY: Joelle Tan VERSION: 1 (25/09/2024 15:28 (SGT))

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.

 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 First Submission 25/09/2024 15:28 (SGT) Reported by **Actual Driver** Date of Accident 03/08/2024 16:10 (SGT) Exact Location of Accident Marina Gardens Dr, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC9779Y

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner THE ULTIMATE LIMOUSINE SERVICE Company Reg No 53472562K Email Address adelinelimo@gmail.com Mobile Phone No (Phone) +65-90682882 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model Viano Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Bus Transmission

Auto CC 2143 Vehicle Fuel First Regisration Date

Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number

5138848580

DRIVER



Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	ADELINE SIM \$1798043B 19/06/1967 Outdoor 22/06/1990 3 Valid 34 YEARS AND 2 MONTHS Female (Phone) +65-90682882 - ADELINELIMO@GMAIL.COM BLK 11 TOH TUCK WALK - 596591 No OWNER No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO ACCIDENT STATEMEMENT AS ATTACHE	D.
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX2714H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Government
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)	-

WITNESS DETAILS

WITNESS 1

 Name
 GARDEN BY THE BAY SECURITY

 Phone
 (Phone) +65-86015524

 Email

SKETCH PLAN

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.
- 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 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/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

Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

VEN (A): PC 91+97

VEN (B): GX 2714 H

VEN (C): GBK 932 (U-1)

VEN (B): GRK 932 (U-1)

be Circumsta	ince of the Accident
	Refer to Police Report. T/20240804/7034
	7/20240920/7050

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

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

JDelle Tan

Amic Auto point PIL

vJun2022





Police Station Of Origin:

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

1 of 3 Report No. T/20240804/7034

REPORT OF A TRAFFIC ACCIDENT						
	Date/Time Report Made: 04/08/2024 15:14		Vide Report No.: Station Dia			
Informant's	s Particular	S		I BANGERS LEADING THE STATE OF		
Name of Informant: Adeline Sim			Address: 11 Toh tuck walk 11 Lan	ded SINGAPORE 596591		
ID Type / ID No.: NRIC NO / S1798043B		Contact No.: Home/Office: Mobile: 90682882				
Nationality SINGAPO	r: RE CITIZE	N	Email: adelinelimo@gmail.com			
Sex: Female			Type of Informant: Driver			
Race: Chinese		Language: English				
Occupation Private-hir	n: e car driver	r 200	Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury	Drink Drive:			Type of Location:
Type of Accident.	Police Vehicle	No	03/08/2024 16:1	0	Straight Road
Location: MARINA GARDEN Weather: Clear	IS DRIVE	Road Surface:			
		Traffic Control:		Traff	ic Volume:
Traffic Flow: One Way		Controlled by Others	s e.g. Workmen	11000	2

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC9779Y	Motor car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20240804/7034

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240804/7034

CONTINUATION OF REPORT

Driver						
Name	ADELINE SIM			ID No.		S1798043B
Related Vehicle	PC9779Y (Motor car)			Conta	act No.	90682882
Hospital/Clinic	NIL			Class Drivin Licen Expir	ig	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	100-	Date Disch	arge	NIL	
No. of Days grante	ed Medical Leave (MC)	NIL	Degree of	Injury	NIL	

Brief Details.

On 3/8/24 at 1610hrs, when I was at a Q behind a bus, we will all queuing to drive out from coach bay of garden by the bay, I saw a policewoman n a police man walking from the exit which I was queuing to go out of coach bay, due to heavy traffic, my car was station as I was as on a Q. The 2 police officer get into ther car QX2714H and start reversing in less than a few mins, without checking and hit on my driver side center side door, there's many buses press their horn to alert the police car, but of no help, his car keep reversing, so a man from this car number GBK9321H rush down from his car no beat QX car then he stop but QX2714H already hit on my PC9779Y vehicle, I did wind down my window to beat the car as it hit my car already. QX vehicle keep reversing without stopping. The policeman driver came down so the driver from GBK9321H told QX driver, so many people horn n u never hear keep reversing. U hit PC9779Y, he claims that he saw the whole accident happening. A while later, another traffic police came n Take report.





T/20240804/7034

3 of 3 Report No. T/20240804/7034

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: 04/08/2024 15:14
Officer In Charge Of Case: TP / DDGVT / MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476232	Classification Of Case:
NP168	





1 of 3 Report No. T/20240925/7050

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 5/09/2024 14:18		Vide Report No.: T/20240804/7034	Station Diary No.:	
Informant	s Particular	rs		Martine Wastern	A CONTRACTOR OF THE PROPERTY O
Name of I ADELINE			Address: 11 TOH TUCK WALK SIN	GAPORE 596591	
D Type / ID No.: NRIC NO / S1798043B		3B	Contact No.: Home/Office: Mobile: 90682882		82882
Nationality SINGAPO	r: RE CITIZE	N	Email: ADELINELIMO@GMAIL.COM		
Sex: Female			Type of Informant: Driver		
Race: Chinese			Language: English		
Occupatio Bus driver			Driving Licence Informatio Class:	n: Date of Exp	iry:

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 03/08/2024 16:10	Type of Location: Car Park	
Location: MARINA GARDEN Weather: Clear	S DRIVE	Road Surface:	,		
	Traffic Flow:		Traffic Control: Traff Policeman Controlled Hear		
Traffic Flow: One Way				fic Volume: vy	

		AND DESCRIPTION OF THE PARTY OF		- Company of the Comp		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC9779Y	Motor van					0
QX2714H	Police car			White	Slightly	2

Details of Person Involved	
Any Pedestrian Involved: No	The second secon
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3 Report No. T/20240925/7050

CONTINUATION OF REPORT

Driver		STOCK I	50000000000		AMES TO THE	1977
Name	ADELINE SIM			ID No.		S1798043B
Related Vehicle	PC9779Y (Motor van)		Contact No.		90682882	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL			arge NIL		
No. of Days granted Medical Leave (MC) NIL		Date Discharge Degree of Injury		NIL		

Brief Details.

Refer to police report no. T/20240804/7034, add on information of other party vehicle which was involved in this accident. Vehicle number QX2714H, The witness driving this vehicle GBK9321H, mobile number 86015524 saw the accident and he came down to beat the police car to make him realise he hit my car PC9779Y.





3 of 3 Report No. T/20240925/7050

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: 25/09/2024 14:18			
Officer In Charge Of Case: TP / DDGVT / MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476204	Classification Of Case:			
NP168				