

## 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 Authorised 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 ability.
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 Report	16/07/2018 15:23
Date Of Accident	15/07/2018 10:45
Exact Location Of Accident	ALONG TAMPINES AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBA3232Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TONG HSIEN HOU JACKSON
NRIC No	S6913823C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93663232
Alternative Phone No	OTHERS-93663232

### Vehicle Particulars

Manufacturer	JAGUAR
Model	XF 3.0 V6 LUXURY AT ABS D/AB HID 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA185393/1
Cover Note Number	

### Driver

Name of Driver	JESSIE LIM MEEI YUN (JESSIE LIN MEIYUN)
NRIC No	S7233163Z
Date Of Birth	09/09/1972
Occupation	INDOOR
Date Of Driving Pass	24/05/1999
Driving Experience	19 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-93663232
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 303A ANCHORVALE LINK #10-78
Postcode	541303
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 SINGAPORE 538775 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV8058Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM TIN CHEW
NRIC/Passport Number	S7513540H
Contact Number	96927003
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	JESSIE LIM MEEI YUN (JESSIE LIN MEIYUN)
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SBA3232Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**SKETCH PLAN**

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7. By the lodgment 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:

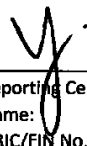
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

X

Policyholder's Signature  
Date & Time:

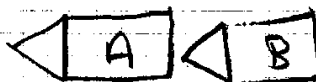


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Yvonne Toh  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

B → SLV BUSR Z



Accident Date & Time : 15 / 07 / 2018 , 1045 hrs  
Accident Location : Along Tampines Ave 6  
As per police report

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

**IMPORTANT NOTE:**  
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

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

**Yvonne Toh**



**SINGAPORE  
POLICE FORCE**



T/20180716/2053

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20180716/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/07/2018 12:43	Vide Report No.:	Station Diary No.: 77
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**Informant's Particulars**

Name of Informant: JESSIE LIM MEEI YUN			Address: APT BLK 303A ANCHORVALE LINK #10-78 SINGAPORE 541303	
ID Type / ID No.: NRIC NO / S7233163Z			Contact No.:	Mobile: 98002909
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 45	Date of Birth: 09/09/1972	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: HAWKER			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/07/2018 10:45	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 6				
Along Tampines avenue 6 near Our Tampines Hub				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
SBA3232Z	Car	JAGUAR	XF 3.0 V6 LUXURY AT ABS D/AB HID 2WD 4DR	Grey	Slightly Damaged	0
SLV8058Z	Car	HONDA	HONDA CIVIC 1.8L 5AT	Silver		0



**SINGAPORE  
POLICE FORCE**



T/20180716/2053

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Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20180716/2053

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	JESSIE LIM MEEI YUN	ID No.	S7233163Z
Related Vehicle	SBA3232Z (Car)	Contact No.	98002909
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ BUANGKOK PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	LIM TIN CHEW	ID No.	S7513540H
Related Vehicle	NIL	Contact No.	96927003
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 15/07/2018 at around 0945hrs, I was traveling along Tampines avenue 6 near Our Tampines Hub.

Suddenly I felt an impact, one vehicle SLV8058Z hit on to my rear of my vehicle. We alighted of the vehicle to make a check. The other party inform that this mind is a somewhere else. After that I took some photos and we exchange particular and left the area.

On the same day, I can feel that my back was in pain as such I went to Pro health Medical Group to seek treatment and was given 4 days medical leaves.

I have camera installed inside of my vehicle however I not sure if accident was recorded. I am lodging this report for my own record and to submit to my car insurance.



**SINGAPORE  
POLICE FORCE**



T/20180716/2053

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20180716/2053

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 CHUA ZI HUA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

16/07/2018 12:43

Classification Of Case: