

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 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 Report	27/10/2018 15:51
Date Of Accident	27/10/2018 11:35
Exact Location Of Accident	ALONG MCE / ECP - SLIP 01
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4297S
Insured/Policyholder	
Name Of Registered Owner	SHANNON LEE LIMEI
NRIC No	S7239322H
Email Address	LEESHANNON7@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91831128
Alternative Phone No	OTHERS-91831128

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3
Exact Purpose for which vehicle was being used at time of accident	
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	GA018429
Cover Note Number	

Driver

Name of Driver	SHANNON LEE LIMEI
NRIC No	S7239322H
Date Of Birth	31/10/1972
Occupation	INDOOR
Date Of Driving Pass	24/04/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91831128
Fax Number	
Contact Number	OTHERS-91831128
Email Address	LEESHANNON7@GMAIL.COM

Address	BLK 119C KIM TIAN ROAD #12-220
Postcode	163119
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	2
Passenger 1	NAME: : MR LEE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SLX5710H
Vehicle Make/Model/Colour	BMW - BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO TONG YEN - VEH B
NRIC/Passport Number	S7024489F
Contact Number	
Address	BLK 188 DEPOT ROAD #12-15
Postcode	109688

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKL2319A
Vehicle Make/Model/Colour NISSAN TEANA - WHITE
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver YANG JIANTONG - VEH C
NRIC/Passport Number S8503134A
Contact Number
Address BLK 285D TOH GUAN ROAD #20-70
Postcode 604285
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SHANNON LEE
Approximate Age
Injuries Sustain HEADACHE / NECK
Injured person in which vehicle? SJN4297S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MR LEE
Approximate Age
Injuries Sustain NECK PAIN
Injured person in which vehicle? SJN4297S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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. 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 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.

Policyholder's Signature
Date & Time:

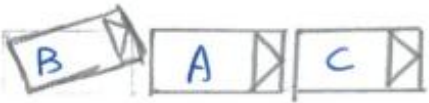


27/10/18.

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

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

Sketch Plan #2

SKETCH PLAN

	<p>Vehicle</p> <p>A - SJN 4297S</p> <p>B - SLX 5710H.</p> <p>C. SKL 2319A.</p> <p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Vehicle </div> <div style="text-align: center;">  Motorcycle </div> </div>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Sat, 27 Oct 18, around 11.25 am, my car

SJN 4297S was travelling along MCE/IECP Slip 1.

The car in front of me, SKL 2319A, suddenly

slowed down to a stop which I followed

promptly. Soon after, there I felt a big impact

hit the back of my car which jerked my car

forward and hit SKL 2319A. The car that

hit the back of my car was SLX 5710H.

my dad whom was in my car, seated at the

front passenger seat felt a pain in his neck after

my car was

being hit in the back by SLX 5710H. All drivers

DECLARATION came out of their car to exchange particulars.

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

Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.



Policyholder's Signature
Date & Time:

27/10/18.

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


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

P. 70.

Sketch Plan #3

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Right after, EMS service recovery came to offer assistance to guide my car out of express way tunnel. While we drove my car to East Coast park B1 service road to ~~assess~~ assess my car ~~whether~~ ^{damage} During this period, I felt slight giddiness, ~~and~~ and unwell. Thus, I called my brother for assistance to send my dad to seek medical treatment.

DECLARATION

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

Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 27/10/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 27/10/18		Time 1135		2 Exact location of accident Along MCE / ECP. - Slip 01.		To be signed by BOTH drivers	
3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>							

Registration No. (VEHICLE A) JN 42975

6 Insured / policyholder (see insurance cert.)
Name Sharon Loi Lim
(capital letters)
Address _____
NRIC / Passport no. 57239322H
Tel no. (from 9am till 5pm) _____
HP 91831128

7 Vehicle Honda FT
Make, type _____

8 Insurance company AXA ☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA018429

9 Driver ☒ Same as Owner
Name _____
(capital letters)
NRIC / Passport no. _____
Class of licence _____
HP _____
Gender Male ☐ Female ☐

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Chain Collision |
| <input type="checkbox"/> | Collided into Bicyclist |
| <input type="checkbox"/> | Collided into Motorcyclist |
| <input type="checkbox"/> | Collided into Parked Vehicle |
| <input type="checkbox"/> | Collided into Pedestrian |
| <input type="checkbox"/> | Collided into Property |
| <input type="checkbox"/> | Collision - Change/Cross Lane |
| <input type="checkbox"/> | Collision - Cross Junction |
| <input type="checkbox"/> | Collision - Head on Collision |
| <input type="checkbox"/> | Collision - Head to Rear |
| <input type="checkbox"/> | Collision - Major/Minor Rd |
| <input type="checkbox"/> | Collision - Opening Door of Vehicle |
| <input type="checkbox"/> | Collision - Roundabout |
| <input type="checkbox"/> | Collision - U-Turn |
| <input type="checkbox"/> | Drunk Driving / Drug Influence |
| <input type="checkbox"/> | Fire, Explosion or Lightning |
| <input type="checkbox"/> | Flood |
| <input type="checkbox"/> | Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> | Hit by Fallen Tree / Other Objects |
| <input type="checkbox"/> | No Collision |
| <input type="checkbox"/> | Side Swipe |
| <input type="checkbox"/> | Thrust |

Registration No. (VEHICLE B) SLX 5710H

6 Insured / policyholder (see insurance cert.)
Name _____
(capital letters)
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle Bmw - Black
Make, type _____

8 Insurance company ☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available) _____

9 Driver (See driving licence)
(if different from insured B above)
Name Ho Tang Yen
(capital letters)
NRIC / Passport no. 57024409F
Class of licence _____
HP _____
Gender Male ☒ Female ☐

← State TOTAL number of boxes marked with a cross →

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4

15 Signatures of drivers

A Sharon Loi

14 My remarks

B

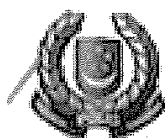
* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)				<small>Own Workshop Email / Fax (if any):</small>																	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)																					
Insured Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	1 Occupation (If more than one, state all)		Email:																		
	2 Vehicle registration no.		C.C.		If commercial vehicle, state permissible carrying capacity																
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, State Relationship of Driver with owner		state the vehicle number and name of insurer of driver's own vehicle (where applicable)																
	4 Exact purpose for which vehicle was being used at time of accident: <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify																				
	5 Is the vehicle still in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If no, state where it is at present		Tel no.																
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state action to be taken: <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)																				
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth		Occupation		Date of license pass		Was vehicle driven with the insured's permission?		Was driver an employee of the insured's company?												
	31/10/72		Indoor Outdoor		24/4/10		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability																				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>										Date	Offence	Penalty								
Date	Offence	Penalty																			
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained		If vehicle occupants, state in which vehicle		Were seat belts being worn?		Was injured conveyed to hospital by ambulance?												
	Shannon Lee		Headach Neck		JOON 42975		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>												
	Mr Lee		Neck		JOON 42975		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>												
	Mr Lee		Neck		JOON 42975		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>												
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property		Nature of damage		Insurer's name and address (if known)														
	Yang Jiantong		SKL 239A		Nature of damage		Insurer's name and address (if known)														
Police action	12 Was the accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state which Police station																				
	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, against whom?																				
Accident details	14 Weather conditions		Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others		15 Road surface																
	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others		16 Speed of vehicles																		
	A km/hr		B km/hr		17 What warnings were given by driver or other party?																
	18 Were street lights illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
	19 What lights were displayed on your vehicle/the other vehicle(s)?																				
	20 If your vehicle is commercial, state weight of load carried at time of accident																				
21 State how accident happened, width of roads, speed limits, etc (Refer to attached)																					
22 State number of Passengers (Including Driver) <input type="checkbox"/> 2																					
Declaration	I/We declare the foregoing particulars are true in every respect																				
	Policyholder's signature <u>Shannon</u> Date																				
	Driver's signature (if driver is not the policyholder) Date																				



**SINGAPORE
POLICE FORCE**



T/20181027/2077

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739599

1 of 4

Report No: T/20181027/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2018 18:01		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: SHANNON LEE LIMEI			Address: APT BLK 119C KIM TIAN ROAD #12-220 SINGAPORE 153119		
ID Type / ID No.: NRIC NO / S7239322H			Contact No.: Home/Office: Mobile: 91831128		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 45	Date of Birth: 31/10/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROPERTY MANAGEMENT			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/10/2018 11:25	Type of Location:
Location: Along Road 1 EAST COAST EXPRESSWAY				
MCE/ECP Slip 1 (inside Tunnel)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Chain Accidents of Three vehicles				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN4297S	Car	HONDA	FIT 1.3G A	Red	Seriously Damaged	1
SKL2319A	Car	NISSAN	TEANA 2.5 CVT ABS D/AB HID 2WD 4DR	White	Slightly Damaged	1
SLX5710H	Car	BMW	X1 SDRIVE18i LED NAV		Slightly Damaged	1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2738999



T/20181027/207

Report No: T/20181027/207

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SJN4297S	AXA INSURANCE SINGAPORE PTE LTD	GA018429	13/02/2018	12/02/2019

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

Driver			
Name	SHANNON LEE LIMEI	ID No.	S7239322H
Related Vehicle	SJN4297S (Car)	Contact No.	91831128
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	Lee Peng Kee	ID No.	S0333800B
Related Vehicle	SJN4297S (Car)	Contact No.	NIL
Hospital/Clinic	GLENEAGLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/10/2018	Date Discharge	27/10/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	Yang Jian Tong	ID No.	S8503134A
Related Vehicle	SKL2319A (Car)	Contact No.	NIL
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 POLICE FORCE



1/20181027/2077

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 4

Report No. T20181027/2077

CONTINUATION OF REPORT

Driver			
Name	Ho Tong Yen	ID No.	S7024480F
Related Vehicle	SLX5710H (Car)	Contact No.	NIL
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 27/10/18(Saturday) around 1125am, I was driving my vehicle SJN4297S along MCE/ECP Slip 1. The car in front of mine SKL2319A suddenly slowed down to a stop which I followed promptly. Soon after, I felt a big impact hit at the back of my car which jerked my car forward and hit SKL2319A. The car that hit the back of my car was SLX5710H. My dad whom was in my car, seated at the front passenger seat felt a pain in his neck after my car was hit in the back by SLX5710H. All drivers come out of their vehicles to exchange particulars. Right after, Emas Service recovery came to offer assistance to guide my car out of the expressway tunnel. We then drove my vehicle to East Coast Park B1 Service road to assess my car damages. During this period, I felt slight giddiness and unwell. Thus, I called my brother for his assistance to send my dad(Lee Peng Kee 80333800B) to seek medical treatment. My brother then send him to seek medical treatment at Gleneagles Hospital.

I feel some pain in my neck and giddiness in my head, will be going to seek medical treatment as earlier on the clinic was closed. I will go and seek medical treatment later.

The damages of my vehicle is mainly on the front and back.

Currently, I am lodging this report for insurance claiming.



**SINGAPORE
POLICE FORCE**



T/20181027/2037

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1600-2739099

4 of 4

Report No. T/20181027/2037

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

A /

Sr Staff Sgt TEO NGUAN HENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/10/2018 18:01

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA 21 P139634 Vehicle Registration No: SJN 4297 S.
Name (as shown in NRIC) : Sharon Lee NRIC/FIN/Passport No : S7239322 H.
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91831128.
Email Address : _____
Date of Accident : 27/10/18. Time of Accident : 1135hrs.
Place of Accident : MCE/TEP.
Insurance Company : AXA Insurance.

(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:

Attach Police report.

Policyholder / Driver's Signature
Date:

PROGRESSIVE CAR CARE PTE LTD
Blk 3022A, Old Road 1 # 01-45/46
Singapore 408716
Tel: 6741 5333 Fax: 6741 7208
Email: progressivecarcare.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: