

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	08/07/2019 15:33
Date Of Accident	07/07/2019 08:00
Exact Location Of Accident	JUNCTION OF IRWELL BANK ROAD/RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE6681M
Insured/Policyholder	
Name Of Registered Owner	BRENDA TEO KWEE KIM
NRIC No	S0300352C
Email Address	LYNNELORRRAINE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96166259
Alternative Phone No	OTHERS-96685563

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	GOING TO CHURCH
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110134651405
Cover Note Number	

Driver

Name of Driver	LYNNE LOH LI LING
NRIC No	S7804214A
Date Of Birth	01/03/1978
Occupation	INDOOR
Date Of Driving Pass	27/01/1999
Driving Experience	20 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96166259
Fax Number	
Contact Number	OTHERS-96685563
Email Address	LYNNELORRRAINE@YAHOO.COM

Address	24 JALAN TUPAI
Postcode	249152
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	3
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : DAUGHTER (KATIE LIN) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190707/2064

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM6619P
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LYNNE LOH LI LING
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKE6681M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KATIE LIN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKE6681M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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 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: 8-7-19
2:50pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 8-7-19
2:50pm


Reporting Centre Personnel's Signature
Name: Resh
NRIC/FIN No.: [illegible]

Accident Sketch Plan

SKETCH PLAN

Towards Kim Seng Road

A) 8KE6681M
B) 5JM6619P

B2

A

B1

Hill 4 Run

IRRAWADDI BANK ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

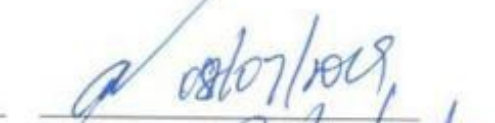
PLEASE REFER TO POLICE REPORT 7/20190707/2064

DECLARATION

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


Policyholder's Signature
Date & Time: 8-7-19 250pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 8-7-19 250pm


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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190707/2064

1 of 3

Report No. T/20190707/2064

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2019 14:48	Vide Report No.:	Station Diary No.: 65
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Informant's Particulars			
Name of Informant: LYNNE LOH LI LING		Address: 24 JALAN TUPAI SINGAPORE 249152	
ID Type / ID No.: NRIC NO / S7804214A		Contact No.: Home/Office:	Mobile: 96685563
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 41	Date of Birth: 01/03/1978	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Legal officer		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/07/2019 08:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 IRWELL BANK ROAD RIVER VALLEY ROAD towards Kim Seng Road				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
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
SJM6619P	Car	TOYOTA		Silver		0
SKE6681M	Car	TOYOTA	Prius	White	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE6681M	UNITED OVERSEAS INSURANCE LIMITED			

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190707/2064

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No. T/20190707/2064

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LYNNE LOH LI LING	ID No.	S7804214A
Related Vehicle	SKE6681M (Car)	Contact No.	96685563
Hospital/Clinic	ICARE MEDICAL AND WELLNESS CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/07/2019	Date Discharge	07/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 7 July 2019 at about 0800 hours, I was travelling along Irwell Bank Road towards Kim Seng Road on the 2nd lane from the right of 5 lane road. I stopped at the junction of Irwell Bank Road by River Valley Road due to traffic light was red. I was the 2nd car in my lane. Subsequently, I felt an impact on my rear. I went out of my vehicle and spotted that a silver car behind me change lane to the left and fled straight. Traffic light turns green at that time. I managed to snap a picture of the car, SJM6619P, Toyota silver in colour. I have front in built camera in my vehicle and 2 of my kids at the rear seat. We felt pain at the back and seek treatment. My daughter and I went to the clinic and was given 3 days MC from 08/07/2019 to 10/07/2019.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190707/2064

3 of 3

Report No. T/20190707/2064

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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 3 ZULAIKHA BINTE MOHAMED NASIR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Insp GOH GEOK LYE
Contact No.: 65476148

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/07/2019 14:48

Classification Of Case:

Accident Photo



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 048510
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
VEN: S663300200 / GST Reg. No: M400017733

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: MHA4908801 Vehicle Registration No: SKK 6681M
Name (as shown in NRIC): LYNN LEE LI LIN NRIC/FIN/Passport No: S2804214A
(☒ Vehicle Driver / ☐ Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96685563
Email Address: _____
Date of Accident: 07/07/2019 08:00 Time of Accident: 08:00
Place of Accident: JUNCTION OF IRWELL
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:

THIRD PARTY VEHICLE NUMBER TO SIM6619P ON SKETCH PLAN

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: Robi
NRIC/FIN No.: U070001
Date: 08/07/2019

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 5 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S665500200 / GST Reg. No: M400017733

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: M1049088801-01 Vehicle Registration No: SK6681M
 Name (as shown in NRIC): LYNNE LOH LI LAM NRIC/FIN/Passport No: S7804214A
 (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 96685663
 Email Address: _____
 Date of Accident: 07/07/2008 Time of Accident: 08:00
 Place of Accident: JUNCTION OF JERAWA BRIDGE RD / RIVER VALLEY ROAD
 Insurance Company: WOL

(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:

IN POLICY NUMBER TO DTHM110130651405

Policyholder / Driver's Signature
 Date:

77/07/2008
 Reporting Centre Personnel's Signature
 Name: Robt Lim
 NRIC/FIN No.: _____
 Date: