

## 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	15/07/2019 20:15
Date Of Accident	13/07/2019 12:00
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR1641G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMY SNG BEE HUA
NRIC No	S6905251G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96661321
Alternative Phone No	OFFICE-96661321

### Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 SEDAN (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1750551801
Cover Note Number	

### Driver

Name of Driver	AMY SNG BEE HUA
NRIC No	S6905251G
Date Of Birth	17/02/1969
Occupation	OUTDOOR
Date Of Driving Pass	10/02/1990
Driving Experience	29 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96661321
Fax Number	
Contact Number	OFFICE-96661321
EEmail Address	NOEMAIL

Address	BLK 435 YISHUN AVENUE 6 #10-2098
Postcode	760435
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	COLLISION - MAJOR/MINOR RD
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190717/7011

#### 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	YL4998K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	AMY SNG BEE HUA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLR1641G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

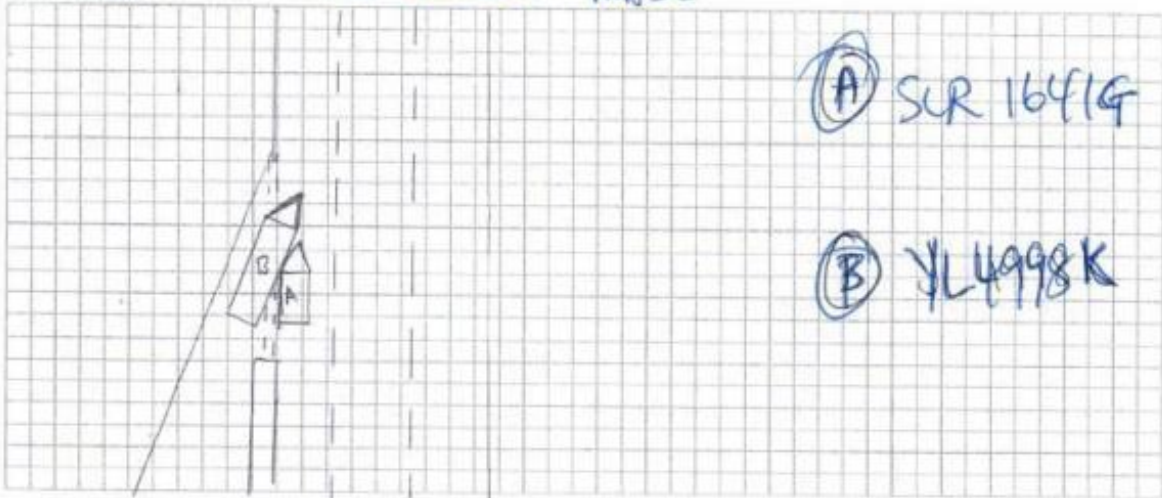
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

## SKETCH PLAN

PIE TOWARDS TUBS



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

13 JUL 2019 @ KPE ENTERANCE TO PIE. I WAS DRIVING ALONG PIE WHEN VEHICLE B EXIT FROM THE SLIP WAY AND COLLIDED INTO MY VEHICLE.

POLICE REPORT 7/20190717/2011

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

GIATAC SketchPlanForm\_V3



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190717/7011

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

1 of 3

Report No. T/20190717/7011

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2019 13:53		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: AMY SNG BEE HUA			Address: APT BLK 435 YISHUN AVENUE 6 #10-2098 SINGAPORE 760435		
ID Type / ID No.: NRIC NO / S6905251G			Contact No.: Home/Office:		Mobile: 96661321
Nationality: SINGAPORE CITIZEN			Email: amysngbh@gmail.com		
Sex: Female	Age: 50	Date of Birth: 17/02/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Hotel operations/Lodging services manager			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/07/2019 12:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR1641G	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Red		0
YL4998K	Lorry					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR1641G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN17505518 01	02/08/2018	01/08/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190717/7011

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

2 of 3

Report No. T/20190717/7011

## 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	AMY SNG BEE HUA	ID No.	S6905251G
Related Vehicle	SLR1641G (Car)	Contact No.	96661321
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/07/2019	Date Discharge	14/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 13th July 2019 at about 12:00hrs, I was driving along PIE towards Tuas near KPE entrance. A truck, YL4998K, enter from the slip road and cut into my lane and collided onto left side of my vehicle. We alighted, exchanged particulars and left the scene.

I went to Onecare Clinic Yishun as I was not feeling well and was given 3 days mc.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190717/7011

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

3 of 3

Report No. T/20190717/7011

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
17/07/2019 13:53

Classification Of Case:



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





**Accident Photo**



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6905251G



11/08



AMY SNG BEE HUA

**For LKK/NAC Use Only**

Race  
CHINESE

Date of Birth 17-02-1969 Sex F

Country of Birth  
SINGAPORE



2905596



NRIC No. S6905251G



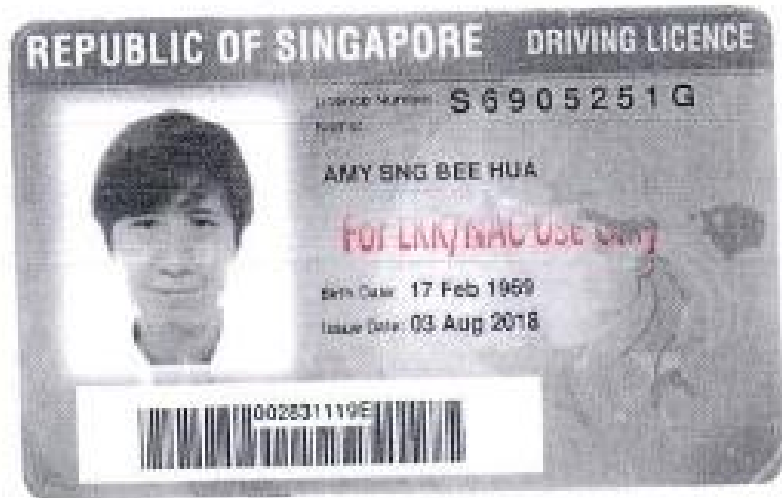
**For LKK/NAC Use Only**

Blood Group: A+ Date of issue: 10-09-1996

APT BLK 435 YISHUN AVENUE B #10-2098  
SINGAPORE 760435  
NRIC No. S6905251G

Date: 11/03/2010 No: 6688621

Driving License



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	10 Feb 1990

For LKK/NAC Use Only

NP 428A



## 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: S665500290 / 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 : MNA419092672 Vehicle Registration No: SLR 1641G  
Name(as shown in NRIC) : AMY SNG BEE HUA NRIC/FIN/Passport No : S6905251G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9666 1321  
Email Address : \_\_\_\_\_  
Date of Accident : 13.07.2019 Time of Accident : 12:00hrs  
Place of Accident : PIE TOWARDS TUAS  
Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

#### (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:

ATTACHED POLICE REPORT NUMBER: T/20190717/7011

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

AMY SNG BEE HUA  
Policyholder / Driver's Signature  
Date: 18.07.2019

18/07/2019  
Reporting Centre Personnel's Signature  
Name: Koh  
NRIC/FIN No.: 1001001001  
Date: