

## 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	27/07/2019 11:32
Date Of Accident	26/07/2019 11:30
Exact Location Of Accident	PIE AFTER STEVEN ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ6875Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HON SZE LIN ROSALINE
NRIC No	S8170445G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98317186
Alternative Phone No	OFFICE-98317186

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	GA458512/1
Cover Note Number	

### Driver

Name of Driver	ALICE LIM@ALICE LIM SUI KAM MRS ALICE HON LIM SUI
NRIC No	S3041526D
Date Of Birth	02/05/1948
Occupation	OUTDOOR
Date Of Driving Pass	01/04/1989
Driving Experience	30 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96636872
Fax Number	(LOCAL) +65-96636872
Contact Number	
EEmail Address	AHON406@GMAIL.COM

Address	APT BLK 26 TOA PAYOH EAST #07-138
Postcode	310026
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 - HEAD TO REAR
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 [OTHER]	NOTICE OF REPORTING
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

MORE DETAILS PLEASE REFER TO VIDEO

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU4082X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG TECK SIONG KENNY
NRIC/Passport Number	S1675722E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ALICE LIM@ALICE LIM SUI KAM MRS ALICE HON LIM SUI KAM
Approximate Age	
Injuries Sustain	CERVICAL SPINE
Injured person in which vehicle?	SLZ6875Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 26 TOA PAYOH EAST #07-138
Postcode	310026

**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 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. 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:

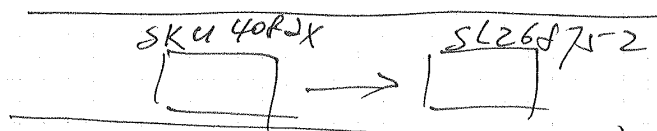
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS DRIVING ON PIE TOWARDS CHANGI AFTER  
STEVEN RD EXIT. CARS IN FRONT OF MINE  
SLOWED DOWN & I SLOWED DOWN MY CAR AS  
WELL BUT VEHICLE SK44082X RANGED INTO  
BACK OF MY CAR.

SK44082X DRIVER  
MR. CHONG TECK SIONG KENNY  
IC S 1675722E

## 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: \_\_\_\_\_

27/7/19  
11:06

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

CONFIDENTIAL

Annex E

## NOTICE OF REPORTING

This is to confirm that Alice Lim , NRIC: S3041526D has reported to the Police a non-injury traffic accident which occurred at PIE after steven road exit on 26/07/2019 at about 1130hrs involving the following vehicles:

- 1) SLZ6875Z – Complainant – Alice Lim , NRIC: S3041526D
- 2) SKU4082X – Defendant – Chong Teck Siong, Kenny NRIC:S1675722E

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Lim Brandon

Date: 26/07/2019 Time: 1725hrs

S/D Ref: 10

Police Post/Unit: Toa Payoh NPC/Kim Keat NPP

KIM KEAT NEIGHBOURHOOD POLICE POST  
Blk 231, Lorong 8 Toa Payoh, #01-186  
Singapore 310231  
Tel. 1800 252 999

Original - to be issued to informant  
Duplicate- to be submitted to Traffic Police

# Sketch Plan Pg. 4



No.11 Jalan Tan Tock Seng, Singapore 308433  
Tel: 6256 6011 (Main Line), 6357 7000 (Central Appointment Room), 6407 8128 (Payment Enquiries)  
Fax: 6256 9234 Reg No. 199003683N

TTSH Community Fund actively helps needy patients and the community through health-related programs. Every donation goes a long way in making positive impact to our patients' lives. To donate or know more about TTSH Community Fund, please visit [www.ttsh.com.sg/ttshcf](http://www.ttsh.com.sg/ttshcf). Thank You.

## TAX INVOICE

TO:

MDM. ALICE LIM  
BLK 26 #07-138  
TOA PAYOH EAST  
SINGAPORE - 310026

MRN/NRIC : S3041526D  
CASE NO : 1219545730Z-00001  
VISIT DATE : 26.07.2019 12:42  
LOCATION : TCMD  
INVOICE DATE : 26.07.2019  
TYPE OF SUPPLY : CASH/CREDIT  
GST REG NO : M2-0094564-6

PATIENT NAME : ALICE LIM

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE	AMOUNT (\$)
ED Service Facility	256.00
Additional Views (Up To 2)	47.71
XR, Cervical Spine, AP & Lateral	75.94
Prescription	1.40
Total Charges	381.05
Government Subsidy	253.05-
Total Amount Payable	128.00
<b>PAYMENT:</b>	
ALICE LIM ( MASTER CARD - 26.07.2019 , RECEIPT #: T012587920 )	128.00
<b>TOTAL DUE AFTER PAYMENT</b>	0.00
<b>DUE FROM:</b>	
ALICE LIM	0.00

### FOR INFORMATION

Total amount payable after GST is \$136.96.

Total GST for this bill at 7% is \$8.96 which is absorbed by the Government.

Hospital will send you a bill if there is any additional Medical Investigation / Medications performed.

**UOB**



TTSH - EMERGENCY DEPT  
11 JALAN TAN TOCK SENG  
BASEMENT 1  
SINGAPORE 308433

DATE/TIME: 26/07/19 15:58:23  
MID: 000001050635036  
TID: 51512612 INV: 004381  
BATCH: 000247 TRACE: 006839  
S/W : 2311.00.01.4  
APPR CODE: 410999  
**CONTACTLESS SALE**  
MASTERCARD OFFUS  
\*\*\*\* \* 5380  
ENT: PAYPASS  
REF NUM: 000021006839

BASE : S\$ 128.00  
TOTAL : S\$ 128.00

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT.

PAGE 1 OF 1

VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE:

Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement>> Section B >> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> >> FAQ >> Healthcare.  
(Please refer to backpage for reimbursement information for Employers and Insurers).

\*\*\*\* CUSTOMER COPY \*\*\*\*  
THANK YOU. HAVE A NICE DAY



## Radiology Report

<b>Patient Name:</b>	ALICE LIM		
<b>Patient MRN:</b>	S3041526D	<b>Location:</b>	
<b>Gender:</b>	Female	<b>Exam Date:</b>	26-Jul-2019 14:20
<b>Date of Birth:</b>	02/05/1948	<b>Exam ID:</b>	10000458113
<b>Ordering Doctor:</b>	NICHOLETTE GOH (62997I)		
<b>Procedure:</b>	XR, Cervical Spine, AP and Lateral		

### Main report text:

Exam No : 10000458124,10000458113  
REPORT STATUS : APPROVED

XR, CERVICAL SPINE, SWIMMER'S VIEW of 26-JUL-2019:

XR, Cervical Spine, AP and Lateral of 26-JUL-2019:

Atlantoaxial joint is intact.  
Cervical spondylosis worse at C4-5.  
There is loss of lordosis  
Cervical alignment is satisfactory.  
Vertebral body heights are largely preserved.  
No acute compression fractures seen.

Ossification of ALL noted at C5-6 and C6-7.

Report Entered By : Dr Wang Huijia on 26-JUL-2019 03:17 PM  
Report Coread By : Dr Wang Huijia on 26-JUL-2019 03:17 PM  
Report Approved By : Dr Wang Huijia on 26-JUL-2019 03:17 PM

Dictated by: Dr Wang Huijia at 26-Jul-2019 15:17

Approved by: Dr Wang Huijia at 26-Jul-2019 15:17

Verified by: NICHOLETTE GOH (62997I) on 26-Jul-2019 15:38

Printed by: NICHOLETTE GOH on 26-Jul-2019 15:53:21

1 of 1

*This is an electronic copy. No signature required.*





redefining / insurance

AXA Insurance Pte Ltd  
 ☎ 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 ☎ (65) 6880 4740  
 ✉ customer.care@axa.com.sg  
 🌐 www.axa.com.sg

## Certificate of Insurance

account number  
**05418**

-Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 -Road Transport Act. 1987 (Malaysia)  
 -Motor Vehicles (Third-Party Risks ) Rules, 1959 (Malaysia)

### Policy details

<b>Policyholder name</b>	HON SZE LIN ROSALINE	<b>Certificate number</b>	GA458512 / 1
<b>Cover</b>	Comprehensive	<b>Chassis number</b>	WWWZZZAUJW225250
<b>Plan name</b>	Flexi	<b>Engine number</b>	CHZ928444
<b>NCD applicable</b>	50%		
<b>Vehicle registration number</b>	SLZ6875Z		
<b>Period of insurance</b>	from 15/05/2019 to 14/05/2020 (both dates inclusive)		
<b>Finance loan company</b>	DBS BANK LTD		

### Persons or classes of persons entitled to drive\*

- (a) The Policyholder  
 (b) Any Named Driver as stated in the Policy:  
 1. HON LIM SUI KAM ALICE  
 2. HON SIU MAN JAMES  
 (c) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
 The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.  
 \* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

<b>EXCESS</b>	Basic Own Damage Excess	SGD 400.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

### Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

### Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)  
 8 Shenton Way, #24-01, AXA Tower,  
 Singapore 068811  
 Customer Centre, #B1-01

1 of 3

# Identification Card



Tel: 9663 6872

ahon406@gmail.com

Driving License



Accident Photo



Accident Photo



Accident Photo





**Accident Photo**



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo

