

## 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             | 07/02/2020 15:15                      |
| Date Of Accident           | 31/01/2020 18:00                      |
| Exact Location Of Accident | BARTLEY ROAD BEFORE MOUNT VERNON ROAD |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SML9357U             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | GO-RENT PTE. LTD.    |
| Co Reg No                   | 2XXXXX747D           |
| Email Address               | XDETOX32@GMAIL.COM   |
| Mobile Phone No             | (LOCAL) +65-92223331 |
| Alternative Phone No        | OFFICE-88911341      |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | VIOS               |
| 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   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |   |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | THIRD PARTY                                   |
| Fleet Policy              | NO  |
| Policy Number             | DMHCSNA00000782000                            |
| Cover Note Number         |   |

### Driver

|                      |                                  |
|----------------------|----------------------------------|
| Name of Driver       | LIM LI PING, ESTHER (LIN LIPING) |
| NRIC No              | SXXXX078A                        |
| Date Of Birth        | 22/03/1987                       |
| Occupation           | OUTDOOR                          |
| Date Of Driving Pass | 06/04/2010                       |
| Driving Experience   | 9 YEARS AND 9 MONTHS             |
| Gender               | FEMALE                           |
| Mobile Number        | (LOCAL) +65-92223331             |
| Fax Number           |                                  |
| Contact Number       | OTHERS-88911341                  |
| EEmail Address       | XDETOX32@GMAIL.COM               |

|   |  |
|---|--|
| Address   | BLK 885A TAMPINES STREET 83<br>#04-127 |
| Postcode  | 521885                                 |
| Was driver an employee of the Insured's Company     | NO                                     |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                          |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                            |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                            |

### 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)   | 4   |
| Passenger 1   | NAME: : TEO POH SUAN<br>GENDER: : FEMALE  |
| Passenger 2   | NAME: : TOO CHENG MUI<br>GENDER: : FEMALE |
| Passenger 3   | NAME: : TEO YEE HUAY<br>GENDER: : MALE    |

### 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/20200725/7030, T/20200725/7028 AND T/20200722/7028

### 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 | SDH9888G |
| Vehicle Make/Model/Colour   |          |

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 LIM LI PING, ESTHER (LIN LIPING)  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SML9357U  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name TEO YEE HUAY  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SML9357U  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 3**

Name TOO CHENG MUI  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SML9357U  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 4**

Name TEO POH SUAN  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SML9357U  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

# Sketch Plan

## 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.



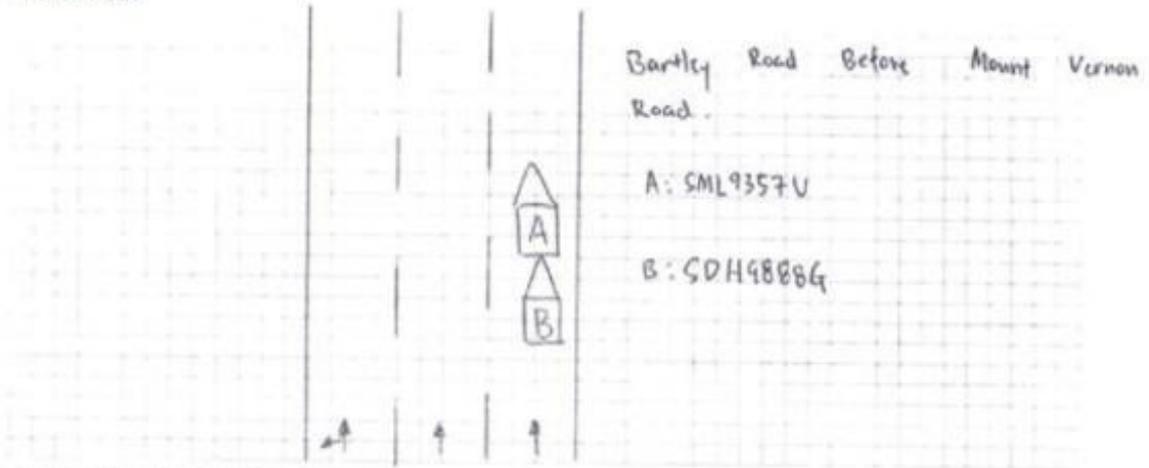
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above sketched date and time, I was traveling along Bartley Road before Mount Vernon Road. I was traveling straight when suddenly vehicle B collided on to my vehicle rear portion.

DECLARATION

I/We declare the foregoing particulars to be 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.:

*[Handwritten signature]*  
*[Handwritten signature]*

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200725/7030

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

1 of 3

Report No. T/20200725/7030

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |                                 |
|--|------------|--|---------------------------------|
| Date/Time Report Made:<br>25/07/2020 21:57 |            | Vide Report No.:   | Station Diary No.:              |
| <b>Informant's Particulars</b>             |            |  |                                 |
| Name of Informant:<br>TEO YEE HUAY         |            | Address:<br>APT BLK 885A TAMPINES STREET 83 #04-127 SINGAPORE 521885 |                                 |
| ID Type / ID No.:<br>NRIC NO / S0707734C   |            | Contact No.:   | Mobile: 94267746                |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:<br>esthermiko@live.com  |                                 |
| Sex:<br>Male                               | Age:<br>86 | Date of Birth:<br>14/09/1933   | Type of Informant:<br>Passenger |
| Race:<br>Chinese                           |            | Language:<br>English   | Institution / School Name:      |
| Occupation:<br>RETIREE                     |            | Driving Licence Information:<br>Class:                               | Date of Expiry:                 |

**General Information of the Accident**

|  |                  |   |  |                                     |
|--|------------------|---|--|-------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                          | Date/Time of Accident:<br>31/01/2020 18:00 | Type of Location:<br>Straight Road  |
| Location:<br>BARTLEY ROAD                                    |                  |   |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry                        | Road Speed Limit:<br>60 Km/h               |                                     |
| Traffic Flow:<br>Dual Carriage Way                           |                  | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |   |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-----------|-----------------|
| SDH9888G    | Car  |      |       |       |           | 0               |
| SML9357U    | Car  |      |       |       |           | 0               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200725/7030

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

2 of 3  
Report No. T/20200725/7030

CONTINUATION OF REPORT

| Passenger                         |                              |  |                                   |
|-----------------------------------|------------------------------|--|-----------------------------------|
| Name                              | TEO YEE HUAY                 | ID No.                                 | S0707734C                         |
| Related Vehicle                   | SML9357U (Car)               | Contact No.                            | 94267746                          |
| Hospital/Clinic                   | TAMPINES 24-HR FAMILY CLINIC | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 31/01/2020                   | Date Discharge                         | 31/01/2020                        |
| No. of Days granted Medical Leave | 01                           | Degree of Injury                       | Slight                            |

Brief Details.

I was in vehicle SML9357U travelling along Bartley Road and a car behind hit the rear of the vehicle I am in. Driver of the car is Lim Li Ping Esther and I was in the car with Teo Poh Suan and Too Cheng Mui.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200725/7030

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

3 of 3

Report No. T/20200725/7030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

|  |
|--|
| Signature Of Officer Recording The Report:<br>Not applicable                                 |
| Signature Of Interpreter:<br>Not applicable  |
| Officer In Charge Of Case:<br>TP / TPIB /<br>ANG YI TING, STEPHANIE<br>Contact No.: 65476414 |

|  |
|--|
| Signature Of Informant:<br>The identity of the person making this report has<br>been authenticated by SingPass. No signature is<br>required. |
| Date/Time:<br>25/07/2020 21:57   |
| Classification Of Case:  |

Authentication Stamp  
NP168

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200725/7028

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

1 of 3

Report No. T/20200725/7028

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |                                 |
|--|------------|--|---------------------------------|
| Date/Time Report Made:<br>25/07/2020 21:28 |            | Vide Report No.:   | Station Diary No.:              |
| <b>Informant's Particulars</b>             |            |  |                                 |
| Name of Informant:<br>TOO CHENG MUI        |            | Address:<br>APT BLK 885A TAMPINES STREET 83 #04-127 SINGAPORE 521885 |                                 |
| ID Type / ID No.:<br>NRIC NO / S0657257Z   |            | Contact No.:   | Mobile: 82346423                |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:<br>esthermiko@live.com  |                                 |
| Sex:<br>Female                             | Age:<br>74 | Date of Birth:<br>10/05/1946   | Type of Informant:<br>Passenger |
| Race:<br>Malay                             |            | Language:<br>English   | Institution / School Name:      |
| Occupation:<br>Housewife                   |            | Driving Licence Information:<br>Class:                               | Date of Expiry:                 |

**General Information of the Accident**

|  |                  |   |  |                                    |
|--|------------------|---|--|------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                          | Date/Time of Accident:<br>31/01/2020 06:00 | Type of Location:<br>Straight Road |
| Location:<br>BARTLEY ROAD                                    |                  |   |  |                                    |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry                        | Road Speed Limit:<br>60 Km/h               |                                    |
| Traffic Flow:<br>Dual Carriage Way                           |                  | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Heavy                   |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |   | Anyone conveyed by ambulance:<br>No        |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model | Color  | Condition       | No of Passenger |
|-------------|------|--------|-------|--------|-----------------|-----------------|
| SDH9888G    | Car  |        |       |        |                 | 0               |
| SML9357U    | Car  | TOYOTA | Vios  | Silver | Totally Damaged | 3               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200725/7028

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

2 of 3  
Report No. T/20200725/7028

CONTINUATION OF REPORT

| Passenger                         |                              |  |                                   |
|-----------------------------------|------------------------------|--|-----------------------------------|
| Name                              | TOO CHENG MUI                | ID No.                                 | S0657257Z                         |
| Related Vehicle                   | SML9357U (Car)               | Contact No.                            | 82346423                          |
| Hospital/Clinic                   | TAMPINES 24-HR FAMILY CLINIC | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 31/01/2020                   | Date Discharge                         | 31/01/2020                        |
| No. of Days granted Medical Leave | 01                           | Degree of Injury                       | Slight                            |

Brief Details.

I was in vehicle SML9357U travelling along Bartley road and a car behind hit the rear of the vehicle I am in. Driver of the car is Lim Li Ping Esther and I was in the car with Teo Poh Suan and Teo Yee Huay.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200725/7028

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

3 of 3

Report No. T/20200725/7028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

|   |
|---|
| Signature Of Officer Recording The Report:<br>Not applicable                              |
| Signature Of Interpreter:<br>Not applicable   |
| Officer In Charge Of Case:<br>TP / TPHQ /<br>JUREMAH BINTE AHMAD<br>Contact No.: 65476219 |

|  |
|--|
| Signature Of Informant:<br>The identity of the person making this report has<br>been authenticated by SingPass. No signature is<br>required. |
| Date/Time:<br>25/07/2020 21:28   |
| Classification Of Case:  |

Authentication Stamp  
NP168

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200722/7028

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

1 of 3

Report No. T/20200722/7028

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |                              |  |                            |                  |
|---|------------|------------------------------|--|----------------------------|------------------|
| Date/Time Report Made:<br>22/07/2020 22:59                                    |            | Vide Report No.:             |  | Station Diary No.:         |                  |
| <b>Informant's Particulars</b>  |            |                              |  |                            |                  |
| Name of Informant:<br>TEO POH SUAN  |            |                              | Address:<br>APT BLK 208A TAMPINES AVENUE 2 #06-03 SINGAPORE 521208 |                            |                  |
| ID Type / ID No.:<br>NRIC NO / S6928796D                                      |            |                              | Contact No.:   |                            | Mobile: 87819077 |
| Nationality:<br>SINGAPORE CITIZEN   |            |                              | Email:<br>angel.too1808@gmail.com                                  |                            |                  |
| Sex:<br>Female  | Age:<br>50 | Date of Birth:<br>18/08/1969 | Type of Informant:<br>Passenger                                    |                            |                  |
| Race:<br>Chinese  |            | Language:<br>English         |  | Institution / School Name: |                  |
| Occupation:<br>Waiter and bartender nec (eg food checker (catering services)) |            |                              | Driving Licence Information:<br>Class:                             |                            | Date of Expiry:  |

**General Information of the Accident**

|  |                  |   |   |  |
|--|------------------|---|---|--|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>31/01/2020 18:00 | Type of Location:<br>Straight Road     |
| Location:<br><br>BARTLEY ROAD                                |                  |   |   |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry                        |   | Road Speed Limit:<br>60 Km/h           |
| Traffic Flow:<br>Dual Carriage Way                           |                  | Traffic Control:<br>Traffic Light - Working |   | Traffic Volume:<br>Heavy               |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |   |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model | Color  | Condition       | No of Passenger |
|-------------|------|--------|-------|--------|-----------------|-----------------|
| SDH9888G    | Car  |        |       |        |                 | 0               |
| SML9357U    | Car  | TOYOTA | Vios  | Silver | Totally Damaged | 3               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200722/7028

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

2 of 3  
Report No. T/20200722/7028

CONTINUATION OF REPORT

| Passenger                         |                        |  |                                   |
|-----------------------------------|------------------------|--|-----------------------------------|
| Name                              | TEO POH SUAN           | ID No.                                 | S6928796D                         |
| Related Vehicle                   | SML9357U (Car)         | Contact No.                            | 87819077                          |
| Hospital/Clinic                   | 24 HOUR WALK-IN CLINIC | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 31/01/2020             | Date Discharge                         | 31/01/2020                        |
| No. of Days granted Medical Leave | 01                     | Degree of Injury                       | Slight                            |

Brief Details.

I was in vehicle SML9357U travelling along Bartley Road and a car behind hit the rear of the vehicle I am in. Driver of the car I am in is Lim Li Ping Esther together with my parents Teo Yee Huay and Too Cheng Mui.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200722/7028

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

3 of 3

Report No. T/20200722/7028

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 / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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:  
22/07/2020 22:59

Classification Of Case:

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.: M400017715

**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: MNA40001726 Vehicle Registration No: SMC 9357U  
 Name (as shown in NRIC): Lim Li Peiy Esthlar NRIC/FIN/Passport No: SS 7030 8A  
 (\* Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate)  
 Address: 885A Tampines St PS #04-129 Singapore 520859  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 88901341  
 Email Address: \_\_\_\_\_  
 Date of Accident: 31-01-2020 Time of Accident: 12:00  
 Place of Accident: Bartley Road before Mount Vernon Road  
 Insurance Company: China Motor

**(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:

- ① POLICE REPORT 1/2020125/1030 / 1/2020125/1030 + 1/2020125/1030
- ② add on 3 passengers inside the car  
and all injured:
  - Teo Yee Hui - male
  - Teo Ching Mei - female
  - Teo Peh Swan - female



Policyholder / Driver's Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Reporting Centre Personnel's Signature: \_\_\_\_\_  
 Name: Rosalie Winters  
 NRIC/FIN No: \_\_\_\_\_  
 Date: \_\_\_\_\_