SN0920C9000D / National Assessment Centre Services [408933] ENTRY DATE & TIME: 09/12/2020 13:57 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (09/12/2020 13:57 (SGT))

# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 09/12/2020 13:57 (SGT) Date of Accident 05/12/2020 12:00 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information AYE(CITY) BEFORE NORTH BUONA VISTA RD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKR1975F

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner AMANDA TAN NRIC No. S8009369A Email Address AMANDA.TANSH@GMAIL.COM Mobile Phone No (Phone) +65-98456098 Alternative Phone No +65-98456098

## VEHICLE PARTICULARS

Manufacturer Honda Model Jazz Variant 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 - Claiming third party Vehicle Category Private car

## INSURANCE COMPANY

Name of Insurance Company India International Type of Coverage Comprehensive Fleet Policy Policy Number D20MPC0002649 Cover Note Number

### DRIVER

Name of Driver **AMANDA TAN** NRIC No S8009369A Date Of Birth 21/03/1980 Occupation Outdoor

Date Of Driving Pass 13/02/2004 Driving experience 16 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-98456098 Alt. Phone Number +65-98456098 Email Address AMANDA.TANSH@GMAIL.COM Address 5 UPPER BUKIT TIMAH VIEW #04-12 Address complement Postcode 588134 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Clementi Division Headquarters Police Station Phone No (Phone) +65-18007740000 Alt. Police Station Phone No (Fax) +65-67741705 Police Station Address 20 Clementi Avenue 5 Singapore 129858 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT D/20201205/7070 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 SLT4389E Vehicle Manufacturer

Private car

Accident report SN0920C9000D
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Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Address				 -
Address complement				 _
Postcode		 		 _
Insurance Company Name			 	 _
Nature Of Damage				_
Details of property damaged in accident	 		 	 _
No. Of Passenger (Including Driver)				_

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SHD9054U
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	_
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

SHD6067C
-
-
-
-
Taxi
-
-
-
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_
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_
_

# **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number	SLM6627S
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

# **INJURED PERSONS DETAILS**

## INJURED 1

Name of injured person Address	AMANDA TAN
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKR1975E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### HMPORTANT NOTICE

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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  interested parties.
- 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:
  - 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:
  - 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:

Drive La Signature

(If driver is not the policyholder)

Date & Time:

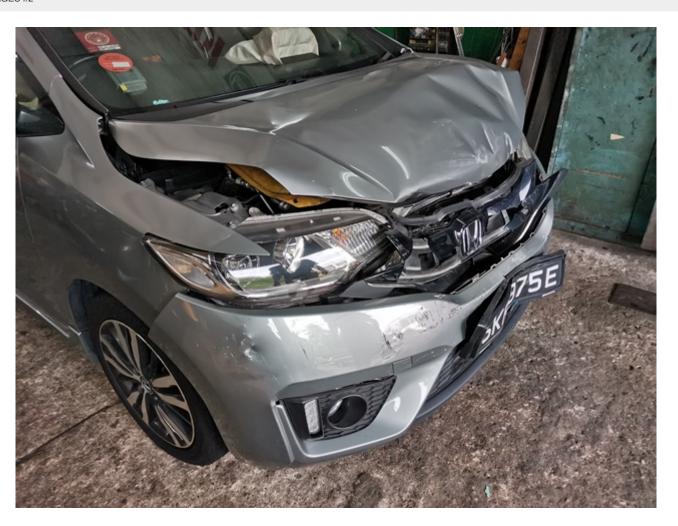
Reporting Centre Personnel's Signature

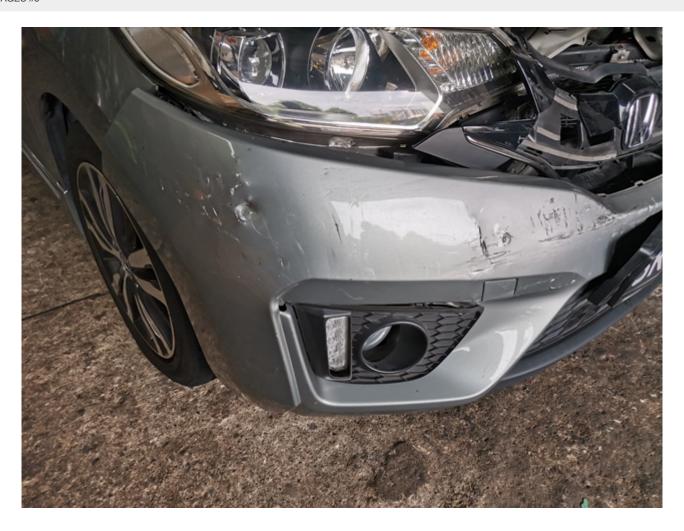
Manne:

NRIC/FIN No.:

SKETCH PLAN		
(A)SKR 1975E		
(B)SLT 43891	В	
©54D9054U		
(D) SHD 6067 C		一一一个厦
(E) SLM 6627.	2	
DESCRIBE CIRCUMSTANCES	AYE (City)  Before  North Buena  OF THE ACCIDENT Vista Roa	
	The second secon	7
I was travelling	g along AYE(cify) Be	Fore North Brong Vista Road.
The traffic is	moderate.	
As I was dis	ing the front con(E)	slowed down and I followed sy
Before I could	1 stop completely veh	ile B come from behind and
hit my car (1).		
The impact was	so great that it	pushed my car (A) forward
		7 - 7 - 0 - 10 - 00 - 114
and crashed on	to vehicle (E).	
464 - 111	form my cor A) .	then I realised that
netor alunting.	In the care of the car	Then I realised that
After alighting -		. /
	allision of 5 rehi	ues.
it was a chair		
		nived at the accident scene.
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The ambulance a	and traffic police an	
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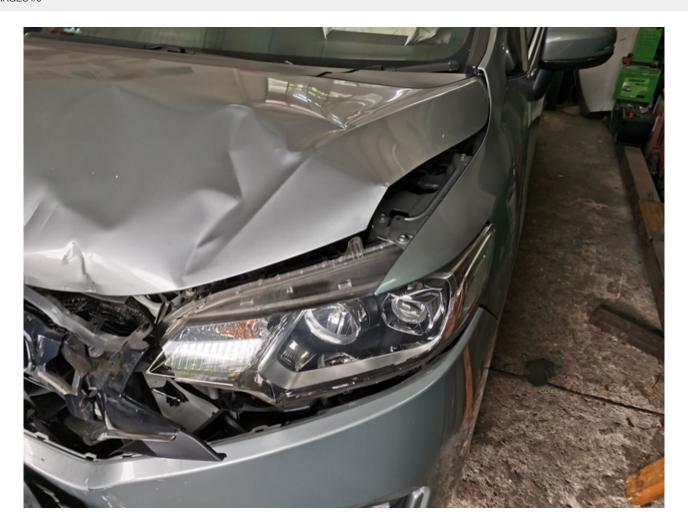






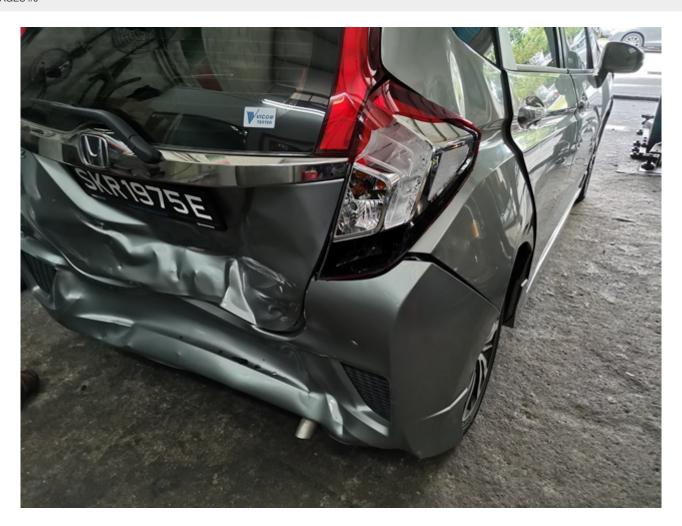


























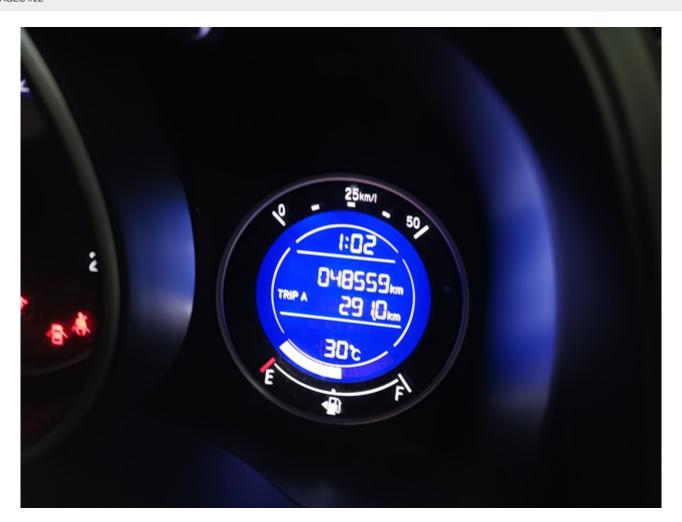








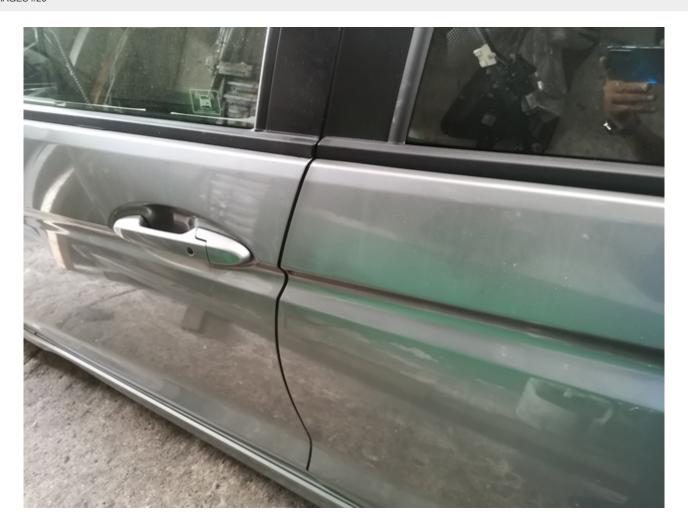
















1 of 3

## POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000 Report No. D/20201205/7070

Date/Time Report Made 05/12/2020 23:37	Vide Report No. Station Diary N			
Name Of Informant	Address			
AMANDA TAN SIN HUI	5 UPPER BUKIT TIMAH VIEW #04-12 SINGAPORE 588134			
ID Type / ID No. NRIC NO / S8009369A	Contact No. Home/Office: Mobile: 98456098			
Nationality SINGAPORE CITIZEN	Email Address amanda.tansh@gmail.com			
Occupation	Sex Age Date of Birth Race			
Counsellor (family)	Female 40 21/03/1980 Chinese			
Institution/School Name	Language			
Date/Time Of Incident 05/12/2020 12:00	Location Of Incident 5 UPPER BUKIT TIMAH VIEW #04-12 SINGAPORE 588134			

## Brief details.

Traffic accident

Report No.: D/20201205/0074

I was travelling along AYE towards city and met with a 5 car collision accident. I was car number 4. The traffic police, ambulance and EMAS arrived and a lady was conveyed to the hospital. The traffic police requested that I make a police report.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter; Not applicable	Date/Time: 05/12/2020 23:37
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201205/7070

The traffic condition was fair, the weather was clear. The car in front of me brake and I too braked. Before I realised, I was sandwiched in between the front and back car. The impact was so great my 2 air bags were activated and there was a strong burning smell.

After I got out of my car, I realised it was chain accident involving 5 vehicles. The first 2 were taxi which I did not manage to get their contact.

The car plates of the vehicles involved in the order of the first car to the last car is as follows:

SHD9054U

SHD6067C

SLM6627S

SKR1975E (Me)

SLT4389U.

PARTY AND DESCRIPTION OF THE PARTY AND PERSONS ASSESSED.	d	The state of the s	的第三人称形式 100mm 100		
Suspect	到的特别在这种主义在"自然",并且是自己的		是 对		
Person Name	Unknown				
Gender	Male				
Victim					
Person Name	AMANDA TAN SIN HUI				
ID Type	NRIC NO	ID No	S8009369A		
Gender	Female	Age	40		
Not applicable		report	The identity of the person making this report has been authenticated by SingPass. No signature is required.		
		report			
Signature Of Interpreter: Not applicable			Date/Time: 05/12/2020 23:37		
Officer In-Charge Of Case:		Classi	Classification Of Case:		

Authentication Stamp





3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201205/7070

Race	Chinese	Language	English
Occupation	Counsellor (family)	Address	5 UPPER BUKIT TIMAH VIEW #04-12 SINGAPORE 588134
Mobile No	98456098	Is Informant A Victim?	Yes
Person Name	AMANDA TAN SIN HUI (II	oformant)	

Signature Of Officer Recording The Report: Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. Not applicable Signature Of Interpreter: Not applicable Date/Time: 05/12/2020 23:37 Officer In-Charge Of Case: Classification Of Case: Authentication Stamp