

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 Submission 18/05/2022 14:35 (SGT)
Date of Accident 15/05/2022 10:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF SERANGOON AVENUE 3 AND BOUNDARY ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCZ1928U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AU MEI LIN
NRIC No S1567137H
Email Address aumeilin@gmail.com
Mobile Phone No (Phone) +65-98172376
Alternative Phone No +65-98172376

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Golf
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
Transmission Auto
CC 1395

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MPC0009265
Cover Note Number -

DRIVER

Name of Driver AU MEI LIN

NRIC No	S1567137H
Date Of Birth	09/06/1962
Occupation	Indoor
Date Of Driving Pass	07/08/1985
Driving experience	36 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98172376
Alt. Phone Number	+65-98172376
Email Address	aumeilin@gmail.com
Address	2 MEDWAY DRIVE
Address complement	-
Postcode	556498
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MA CHO
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220516/7029

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO BIG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SQ888R
Vehicle Manufacturer	Mercedes
Vehicle Model	E200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH SOON LAI
Contact Number	(Phone) +65-96345155
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	AU MEI LIN
Gender	Female
Phone No	(Phone) +65-98172376
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT. GIVEN 4DAYS MEDICAL LEAVE.
Injured person in which vehicle?	SCZ1928U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 willful 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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

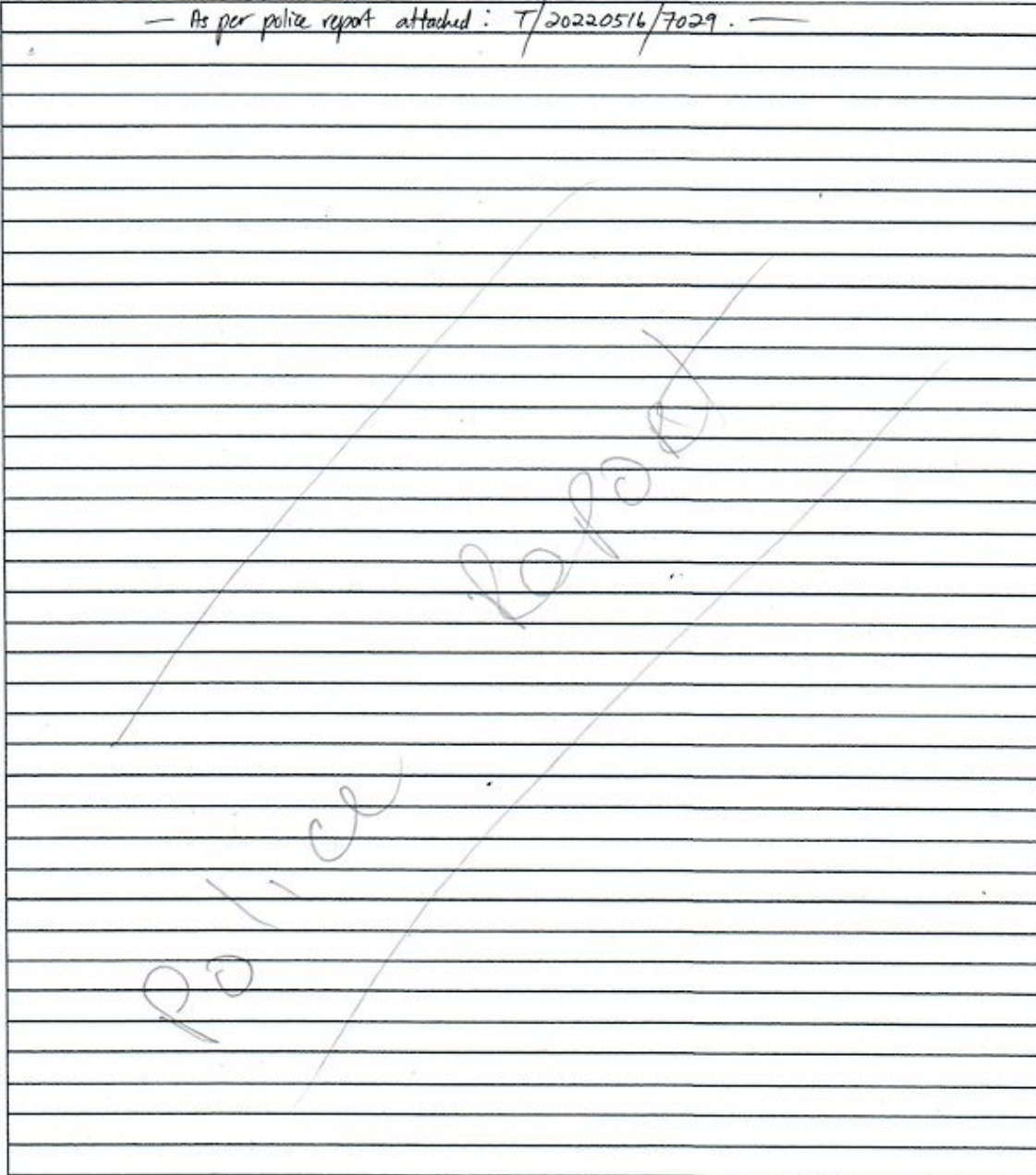
Sketch Plan



Junction of Serangoon Avenue 3 and Boundary Road.

Describe Circumstances of the Accident

— As per police report attached: T/20220516/7029. —



Declaration

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

 Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20220516/7029

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

1 of 4

Report No. T/20220516/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2022 20:18		Vide Report No.: F/20220515/0077		Station Diary No.:
Informant's Particulars				
Name of Informant: AU MEI LIN		Address: 2 MEDWAY DRIVE SINGAPORE 556498		
ID Type / ID No.: NRIC NO / S1567137H		Contact No.: Home/Office: Mobile: 98172376		
Nationality: SINGAPORE CITIZEN		Email: AUMEILIN@GMAIL.COM		
Sex: Female	Age: 59	Date of Birth: 09/06/1962	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation:		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/05/2022 10:00	Type of Location: Y-Junction
Location: SERANGOON AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SCZ1928U	Car	VOLKSWAGO N	GOLF A7 1.4 TSI AT 5G13GZ SR HID	Blue	Slightly Damaged	0
SQ888R	Car	MERCEDES BENZ	E200	Blue		0



**SINGAPORE
POLICE FORCE**



T/20220516/7029

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

2 of 4

Report No. T/20220516/7029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SCZ1928U	INDIA INTERNATIONAL INSURANCE PTE LTD	D21MPC0009265	20/11/2021	19/11/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	AU MEI LIN		ID No.	S1567137H
Related Vehicle	SCZ1928U (Car)		Contact No.	98172376
Hospital/Clinic	RAFFLES MEDICAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/05/2022		Date	15/05/2022
No. of Days granted Medical Leave	04		Degree of	Slight
Driver				
Name	GOH SOON LAI		ID No.	NIL
Related Vehicle	SQ888R (Car)		Contact No.	96345155
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

On 15 May 2022 around 10am, I was driving my car, a light blue Volkswagen Golf license plate SCZ1928U along Serangoon Avenue 3 towards Boundary Road when I stopped at the junction of Serangoon Avenue 3 and Boundary Road, waiting for the traffic to clear in order to turn left into Boundary Road. While waiting, suddenly a dark blue Mercedes Benz, license plate SQ888R came from behind and hit the back of my car with a strong impact, causing me to suddenly lurch forward. Upon visual inspection, there were damages to my rear bumper (dents and scratches), the bumper has also been pushed forward into the car chassis, and my license plate was also dented. I asked the other driver to exchange details for the purpose of insurance claim, but he refused to provide. He said I can just use his car plate number. I disagree, and he asked me to call the police instead. I called 999, and describe the situation. A traffic police and 2 other police officer turned up to assist. The other driver finally provided his details in the presence of the 3 police officers after much persuasion. The driver of the Mercedes Benz, SQ888R which hit my car is Mr Goh Soon Lai.



**SINGAPORE
POLICE FORCE**



T/20220516/7029

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

3 of 4

Report No. T/20220516/7029

CONTINUATION OF REPORT

After I reach home, I started to feel unwell, with stiffness around my neck and shoulder and headache at the back of my head. The neck stiffness and pain became worse in the afternoon, and spread to the area around right shoulder blade, the right side of my body, my right lower back, and around my right knee. I went to consult a doctor at Raffles Medical clinic at Nex around 7pm on the same day and has been given medication and 4 days medical leave for my injuries.

Ref: Case No: F/20220515/0077. Medical Cert, screen grabs of the collision taken from SCZ1928U rear camera included. Original videos of accident are available, but file size too huge to upload. I do not have name of police officer-in-charge but happy to deliver the videos to the designated police station if required.



**SINGAPORE
POLICE FORCE**



T/20220516/7029

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

4 of 4

Report No. T/20220516/7029

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
CHONG GUAN FATT
Contact No.: 65472077

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

Date/Time:
16/05/2022 20:18

Classification Of Case:

NP168