

## 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 Actual 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 ..... 12/12/2022 10:37 (SGT)  
Reported by ..... Both  
Date of Accident ..... 10/12/2022 09:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... AT ANG MO KIO AVE 10, OUTSIDE BLOCK 457 MAIN ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SND78P

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... POON YEN LING  
NRIC No ..... SXXXX450G  
Email Address ..... PAULINEP1403@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-98359535  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Sharan  
Variant ..... Sharan Highline 2.0 TSI 162kW DSG Toulon  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2000

#### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Policy Number / Cover Note Number ..... P2430366

#### DRIVER

Name of Driver ..... POON YEN LING  
NRIC No ..... SXXXX450G  
Date Of Birth ..... 14/03/1978  
Occupation ..... Indoor

Date Of Driving Pass .....	27/09/2004
Driving experience .....	18 YEARS AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98359535
Alt. Phone Number .....	-
Email Address .....	PAULINEP1403@HOTMAIL.COM
Address .....	29 KOVAN ROAD
Address complement .....	#15-31
Postcode .....	545022
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 - Change/cross lane
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	AMANDA YEO KAI QING
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT AND SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YQ2951G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

## SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

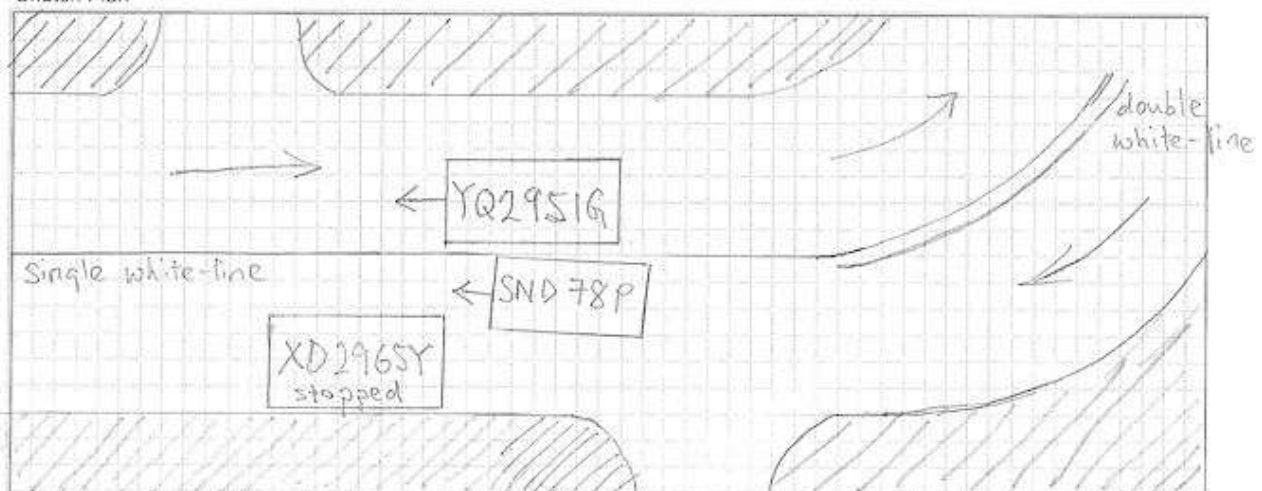
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## Sketch Plan



## Describe Circumstance of the Accident

Date: 10/12/2022

Time: 9.40 am

Location: Ang Mo Kio Ave 10, outside block 457 main road.

After exited Ang Mo Kio Ave 10 block 457 carpark, I was along street 44 and stopped behind a truck (XD2965Y) that parked along the street whose hazard light was switched on, to check for on coming traffic. (It is a dual carriageway with single lane)

I inched forward to move off. Suddenly from my right side-mirror, I saw the lorry (YQ2915G) driving very fast around the corner behind me travelling on the opposite lane against traffic, the lorry (YQ2915G) did not stop in time and hit my car (SND78P) from the <sup>front</sup> right fender <sup>to the</sup> front bumper and bonnet.

Refer to police report number: F/20221210/7048

## Declaration

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



Policyholder's Signature / Date &amp; Time

Actual Driver's Signature (if driver is not the policyholder)  
/ Date & Time
 12/12/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

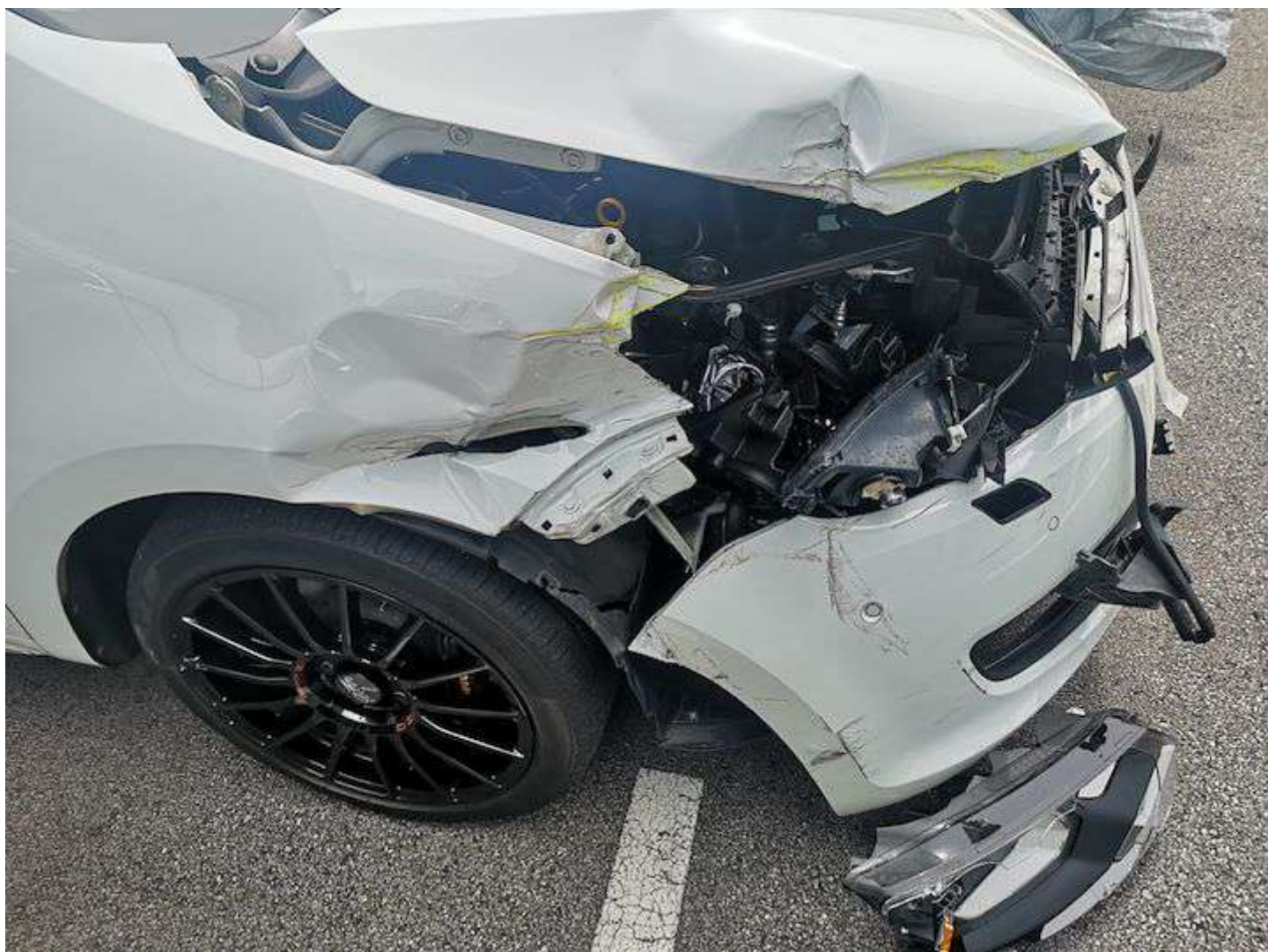










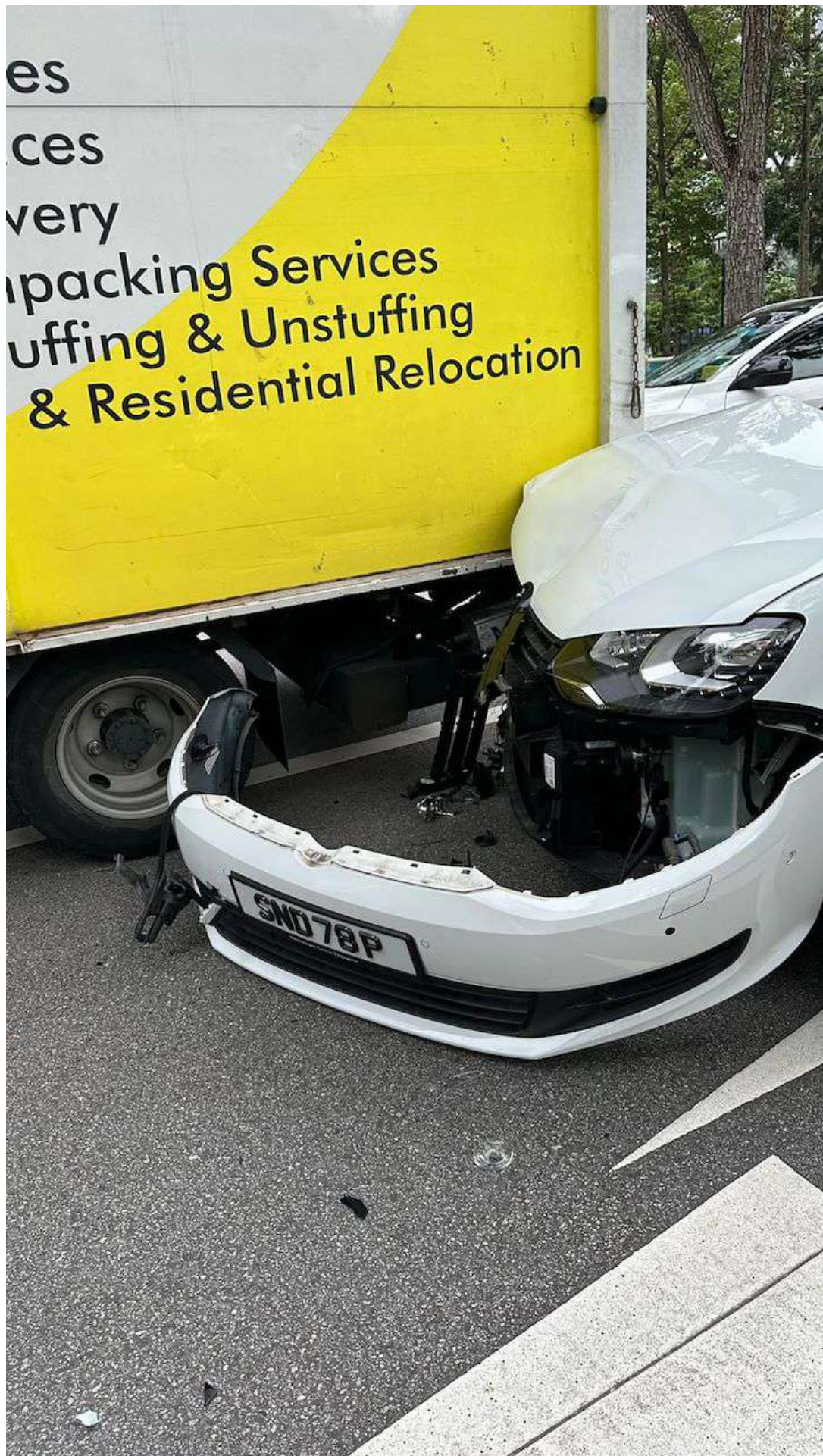






































**SINGAPORE  
POLICE FORCE**



F/20221210/7048

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**POLICE REPORT (NP299)**

Report No. F/20221210/7048

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-2180000

Date/Time Report Made 10/12/2022 18:24		Vide Report No.		Station Diary No.	
Name Of Informant POON YEN LING		Address 29 KOVAN ROAD #15-31 SINGAPORE 545022			
ID Type / ID No. NRIC NO / S7807450G		Contact No. Home/Office: Mobile: 98359535			
Nationality SINGAPORE CITIZEN		Email Address PAULINEP1403@HOTMAIL.COM			
Occupation Human resource consultant (excluding executive search consultant)		Sex Female	Age 44	Date of Birth 14/03/1978	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 10/12/2022 09:40 - 10/12/2022 10:00		Location Of Incident 457 ANG MO KIO AVENUE 10 TECK GHEE GRANDEUR SINGAPORE 560457			

**Brief details.**

After exiting Ang Mo Kio Street 44 of Block 457, I was driving along Street 44 and stopped behind a truck (XD2965Y) that parked along the street whose hazard light was switched on, to check for oncoming traffic. (It was a dual carriageway with single lane)

I was itching forward to check the traffic but suddenly from the right side mirror, I saw the lorry (YQ2915G) driving very fast around the corner behind me travelling on the opportunity lane against the

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2022 18:24
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



F/20221210/7048

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20221210/7048

traffic, the lorry (YQ2915G) did not stopped in time and hit my car (SND78P) from the right feeder to the front bumper and bonnet.

I was having dizziness, chest tightness and neck pain thus I was attended by the paramedic. I was sent to Sengkang Hospital for further medical attention and was given a thorough check by the doctor with Xray done. I was given medication on the spot and was sent home after observation with 3 days of medical leave given.

F/20221210/0116

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Subjects Involved			
Victim			
Person Name	POON YEN LING		
ID Type	NRIC NO	ID No	S7807450G
Gender	Female	Age	44
Race	Chinese	Language	English
Occupation	Human resource consultant (excluding executive search consultant)	Address	29 KOVAN ROAD #15-31 SINGAPORE 545022
Mobile No	98359535	Is Informant A Victim?	Yes
Person Name	POON YEN LING (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2022 18:24
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**

F/20221210/7048

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20221210/7048

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Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2022 18:24
Officer In-Charge Of Case:	Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SV1122CC0002 Vehicle Registration No: SND78P  
 Name (as shown in NRIC): POON YEN LING NRIC/FIN/Passport No: SXXXX450G  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 29 KOVAN ROAD #15-31 Singapore (545022)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 98359535  
 Email Address: PAULINEP1403@HOTMAIL.COM  
 Date of Accident: 10/12/2022 Time of Accident: 09:40  
 Place of Accident: ANG MO KIO AVE 10, OUTSIDE BLOCK 457 MAIN ROAD  
 Insurance Company: AXA Insurance 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:

Revert to own damage and seek recovery.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
 Date:

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