

## 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 First Submission	26/07/2023 10:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/07/2023 17:26 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	EXIT PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF6129B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM ZU HUI AMELINE
NRIC No	S9320947H
Email Address	amelinee@hotmail.com
Mobile Phone No	(Phone) +65-81218995
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mini
Model	One
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	1500

#### INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10754236R01

#### DRIVER

Name of Driver	LIM ZU HUI AMELINE
NRIC No	S9320947H
Date Of Birth	12/06/1993
Occupation	Indoor

Date Of Driving Pass .....	05/09/2018
Driving experience .....	4 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81218995
Alt. Phone Number .....	-
Email Address .....	amelinee@hotmail.com
Address .....	222 SIMEI STREET 4 #07-24
Address complement .....	-
Postcode .....	520222
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 .....	3
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) .....	1
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 .....	-

#### 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

REFER TO ATTACHED  
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLF1955P
Vehicle Manufacturer .....	Honda

Vehicle Model .....	Mobilio
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	WONG CHENG HONG
NRIC No .....	S7244899E
Contact Number .....	(Phone) +65-97506059
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 .....	SKZ8147R
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Civic
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NAUSHAD ALI S/O ABAARULLA KHAN
NRIC No .....	S1801349E
Contact Number .....	(Phone) +65-83042030
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 .....	LIM ZU HUI AMELINE
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNF6129B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN****IMPORTANT NOTICE**


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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)**

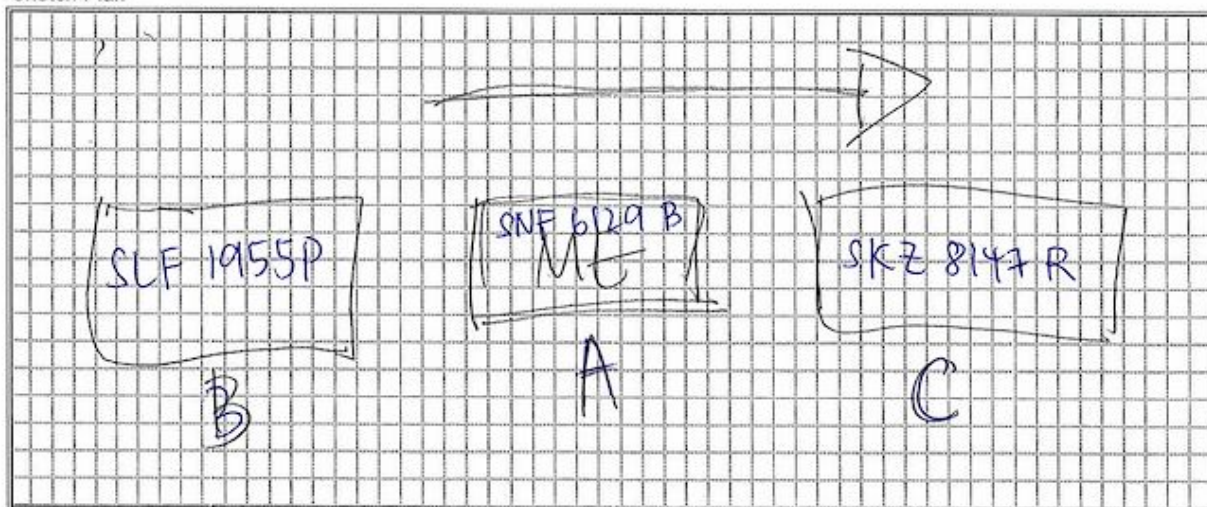
I understand, acknowledge, agree and consent that:

- (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

  
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 (I/me = SNF 6129 B)

I was exiting ECP toward PIE, near/after xilin Ave. Queuing to get out of high way. Front car and myself was came to a complete stop. 5 seconds later a car crashed into ~~the~~ me. I flew forward hitting the bumper of the front car.

### Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Amfine

Policyholder's Signature / Date & Time

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

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































**SINGAPORE  
POLICE FORCE**



T/20230726/7026

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

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Report No. T/20230726/7026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/07/2023 10:40		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LEE JIAN WEI			Address: 222 SIMEI STREET 4 #07-24 SINGAPORE 520222		
ID Type / ID No.: NRIC NO / S93793571			Contact No.: Home/Office: Mobile: 82239293		
Nationality: MALAYSIAN			Email: JIANWEI_L@HOTMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 01/06/1993	Type of Informant: Owner husband		
Race: Chinese			Language: English		
Occupation: Procurement engineer			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/07/2023 17:20	Type of Location: Near ECP entrance to PIE (Exit 1)
Location:  AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Both front car and I was in stationary, the rear car bang into us				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKZ8147R	Car		Civic	Silver	Slightly Damaged	1
SLF1955P	Car	HONDA	Mobilo	Silver	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230726/7026

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

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Report No. T/20230726/7026

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNF6129B	Car	MINI	One	Green	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNF6129B	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10754236R01	10/06/2023	09/06/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NAUSHAD ALI S/O JABARULLA KHAN		ID No. S1801349E
Related Vehicle	SKZ8147R (Car)		Contact No. 83042030
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave NIL		Degree of NIL	
Driver			
Name	WONG CHENG HONG		ID No. S7244899E
Related Vehicle	SLF1955P (Car)		Contact No. 97506059
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave NIL		Degree of NIL	





**SINGAPORE  
POLICE FORCE**



T/20230726/7026

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

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Report No. T/20230726/7026

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	AMELINE LIM ZU HUI		ID No. S9320947H
Related Vehicle	SNF6129B (Car)		Contact No. 81218995
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date	25/07/2023	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Owner husband</b>			
Name	LEE JIAN WEI		ID No. S9379357I
Related Vehicle	NIL		Contact No. 82239293
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was driving along ECP towards PIE approaching Exit 1 (east bound) when the traffic comes to a full stop, both me and the front car (SKZ8147R) has reached to a complete stop. Within seconds, I was hit from the rear (SLF1955P). The high impact had sent me flying forward, resulting in front collision. I have photos and videos taken upon accident. I have also seek medical advice and was given a 3 days MC.



**SINGAPORE  
POLICE FORCE**

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



T/20230726/7026

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Report No. T/20230726/7026

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPiB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

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

Date/Time:  
26/07/2023 10:40

Classification Of Case:

NP168