

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 ability.
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 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	16/01/2018 15:03
Date Of Accident	12/01/2018 21:35
Exact Location Of Accident	JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR167R
Insured/Policyholder	
Name Of Registered Owner	JONATHAN SEO HONG CHOON
NRIC No	S6804587H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96833433
Alternative Phone No	OTHERS-96833433

Vehicle Particulars

Manufacturer	SUBARU
Model	OUTBACK 2.5I-S CVT AWD SR
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700032898
Cover Note Number	

Driver

Name of Driver	TAY HEE MOY
NRIC No	S6920791Z
Date Of Birth	14/06/1969
Occupation	INDOOR
Date Of Driving Pass	25/06/1991
Driving Experience	26 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96833433
Fax Number	
Contact Number	OTHERS-96833433
Email Address	NOEMAIL

Address	12 TAO CHING ROAD #14-30
Postcode	618726
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : FEMALE
Passenger 3	NAME: : NIL 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
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180113/7000

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	PA9454U
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	BUS
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	TAY HEE MOY
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SLR167R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

29. Nov. 2017 8:35

No. 8922 P. 2

SKETCH PLAN

IMPORTANT NOTICE

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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

29. Nov. 2017 8:35

JURONG TOWN HALL ROAD
Jurong Town Hall Rd towards West Coast
under AVE Flyover Traffic Light

No. 8922 P. 3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report: (T/2018113/7000)

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Sketch Plan #3



SINGAPORE
POLICE FORCE



T/20180113/7000

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

3 of 4

Report No. T/20180113/7000

CONTINUATION OF REPORT

Brief Details.

On 12/01/2018 at around 2135hrs, I was driving my husband's car (SLR167R) Blue Subaru Outback 2.5 along Jurong Town Hall Road towards West Coast. I was travelling at around 60km/h. I wanted to make a right turn into AYE(Tuas). Just under the AYE flyover, the traffic light had turned from amber to red, as such I slowed my vehicle gradually to a stop behind the stop line.

After about 2 seconds, I heard a "Bang" sound coming from the rear of my vehicle. My vehicle then moved forward across the white line.

I came out of the vehicle to check what had happened. I realised that the front of a private bus bearing registration (PA9454U) had knocked into the rear of my vehicle. This caused serious damages to the rear boot of my car, the rear bumper and the rear lights. The private bus suffered some damages to the front end.

After the accident, I exchanged particulars with the bus driver. The bus driver is namely LIU ZONG GUANG (G8374451R) C/O: Lam Chin Bus Service. The bus driver was not injured.

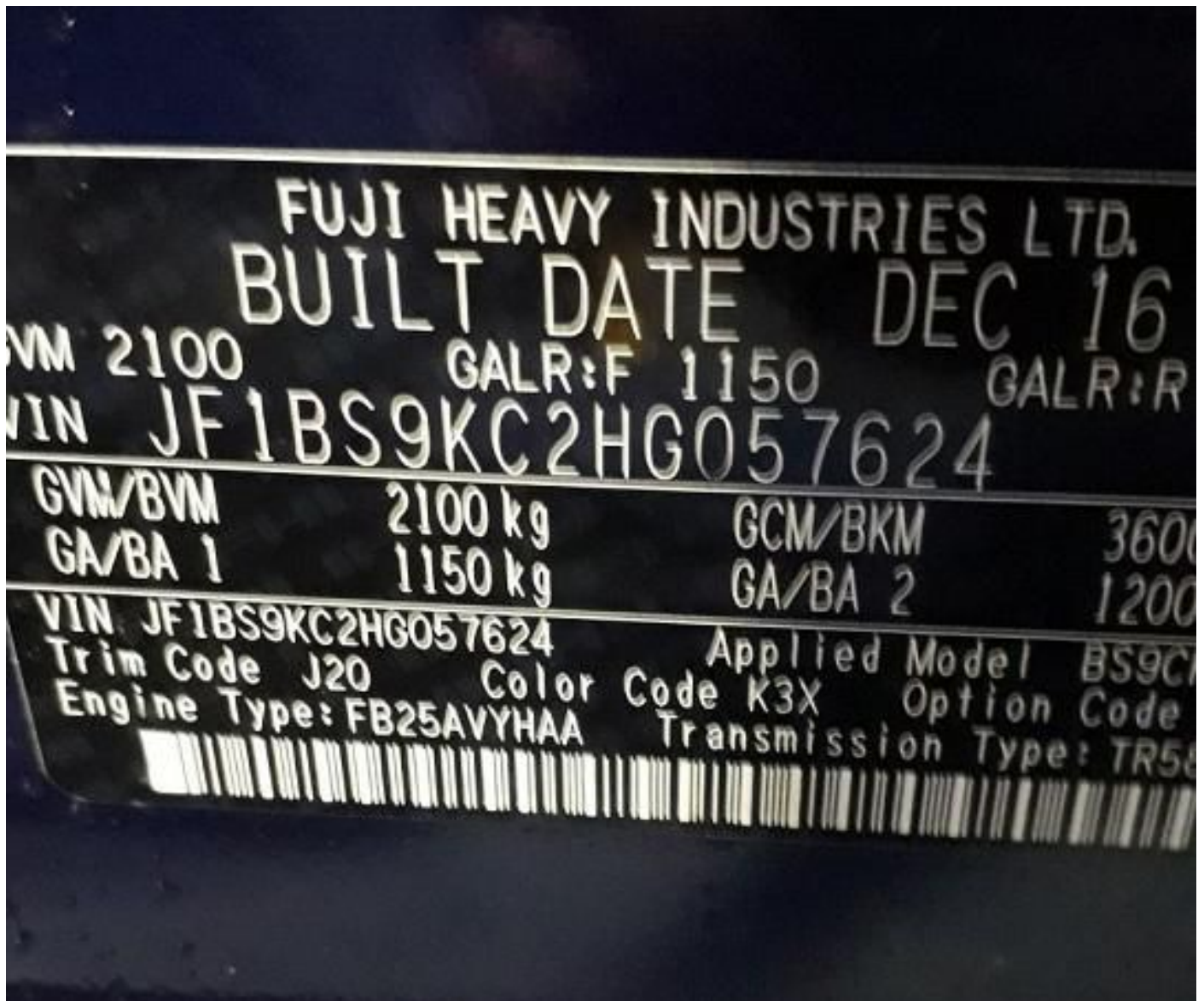
A passer-by called for police assistance and soon after, ambulance arrived at scene.

There were two other passengers in my car namely Jonathan Seo Hong Choon (S6804587H) and Seo Qiao Ting (T0016820I). My husband, Jonathan felt pain in his back area. For myself, I also feel pain in my back area currently.

As my daughter, Seo Qiao Ting felt pain in her neck and back area, she had to be conveyed to hospital by ambulance. My husband, Jonathan, followed her to hospital.

Soon after, TP came to scene and they issued me with a police note VIDE Incident D/20180112/0105. The TP IO is IO Esmond Tel:(65472077). I was advised to make a report at the nearest police station.

I am making this report for police investigation, record and insurance purposes.



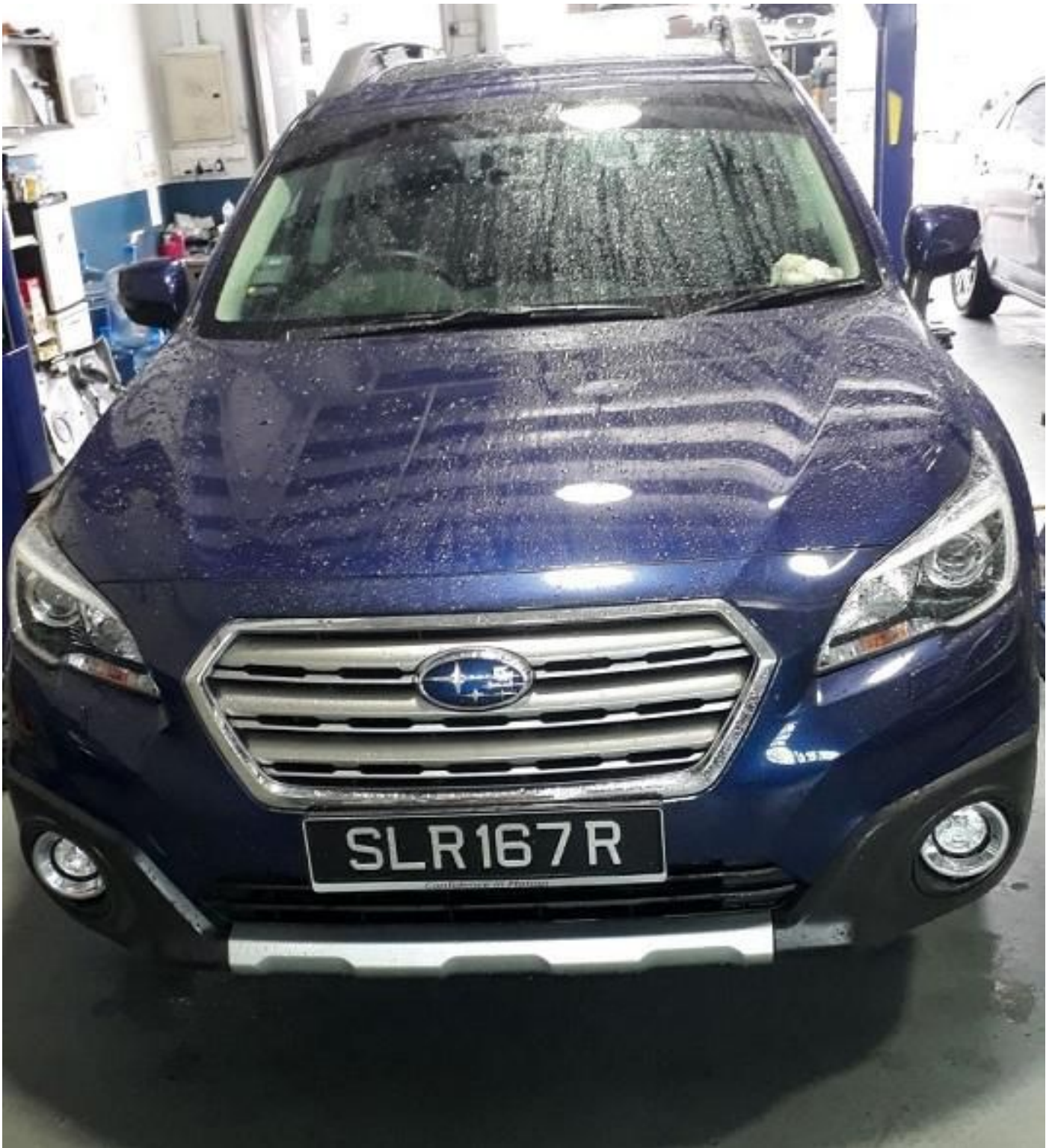
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180113/7000

1 of 4

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

Report No. T/20180113/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2018 00:02		Vide Report No.: D/20180112/0105		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAY HEE MOY			Address: 12 TAO CHING ROAD #14-30 SINGAPORE 618726		
ID Type / ID No.: NRIC NO / S6920791Z			Contact No.: Home/Office: Mobile: 96833433		
Nationality: SINGAPORE CITIZEN			Email: tay_peggy@hotmail.com		
Sex: Female	Age: 48	Date of Birth: 14/06/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other administrative and related associate professionals nec			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/01/2018 21:35	Type of Location: X-Junction
Location: JURONG TOWN HALL ROAD Jurong Town Hall Road towards West Coast, under AYE Flyover Traffic Light				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA9454U	Bus/Coach/Mi nibus			Grey	Slightly Damaged	0
SLR167R	Car	SUBARU	OUTBACK 2.5	Blue	Seriously Damaged	2

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180113/7000

2 of 4

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

Report No. T/20180113/7000

CONTINUATION OF REPORT

Driver			
Name	LIU ZONGGUANG	ID No.	G8374451R
Related Vehicle	PA9454U (Bus/Coach/Minibus)	Contact No.	82259733
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	SEO QIAO TING	ID No.	T0016820I
Related Vehicle	SLR167R (Car)	Contact No.	97971042
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/01/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	TAY HEE MOY	ID No.	S6920791Z
Related Vehicle	SLR167R (Car)	Contact No.	96833433
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Passenger			
Name	JONATHAN SEO HONG CHOON	ID No.	S6804587H
Related Vehicle	SLR167R (Car)	Contact No.	98328358
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Police Report



**SINGAPORE
POLICE FORCE**



T/20180113/7000

3 of 4

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POLICE FORCE**



T/20180113/7000

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

4 of 4

Report No. T/20180113/7000

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 / TPHQ /
MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476367

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:
13/01/2018 00:02

Classification Of Case: