

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 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	05/02/2018 13:12
Date Of Accident	04/02/2018 15:20
Exact Location Of Accident	PIE (CHANGI) BEFORE THOMSON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7029Y
Insured/Policyholder	
Name Of Registered Owner	WAN KAIJING
NRIC No	S8605951G
Email Address	KAIJING1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84281049
Alternative Phone No	OFFICE-97892663

Vehicle Particulars

Manufacturer	BMW
Model	325
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B27568308SMP
Cover Note Number	

Driver

Name of Driver	WAN KAIJING
NRIC No	S8605951G
Date Of Birth	11/03/1986
Occupation	INDOOR
Date Of Driving Pass	15/12/2006
Driving Experience	11 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-84281049
Fax Number	
Contact Number	OFFICE-97892663
Email Address	KAIJING1@GMAIL.COM

Address	20 NAMLY RISE
Postcode	267127
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

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	SKV4701M
Vehicle Make/Model/Colour	LEXUS BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROZARIO BRIAN AUBREY
NRIC/Passport Number	S7000784C
Contact Number	97461400
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJH7434A
Vehicle Make/Model/Colour	BMW 320I BLACK

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	TAN YANMING NICHOLAS
NRIC/Passport Number	S8627453A
Contact Number	96227476
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that:

- 05 Feb 2018
11 00 hrs.

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.:

This is a full-page image of a blank sheet of graph paper. The grid consists of small squares formed by thin black lines. There are approximately 20 columns and 20 rows of squares. A thicker vertical line runs down the page, about one-fifth of the way from the left edge, creating a margin. Similarly, there is a thicker horizontal line across the page, about one-fifth of the way from the top edge, also creating a margin. The rest of the page is filled with the standard grid pattern.

I was driving on the second lane from the right on PIE (Changi) at approximately 152km/h within speed limits (less than 80km/h) due to a slow down from road works ~~at~~^{near} the Thomson Exit which had resulted in lane closure on the extreme right lane.

I was driving behind the BMW (vehicle number SJH 7434A) driven by Mr Tan Yanning Nicholas (S 8627453A).

As we crossed the right lane closure near the Thomson Exit, I noted that he was braking to a halt & i did so as well. I had momentarily stopped behind the BMW but hit him when my car was hit from the back by the Lexus (vehicle number SKV 4701M) driven by Mr Rozario Brian Aubrey (S7000784C). The subsequent impact propelled my vehicle forward, causing ~~the~~^a collision with the BMW (SJH 7434A) in front.

There were no other passengers in all three vehicles.

Both Mr Tan & Mr Aubrey were well with no obvious injuries, & were able to walk & communicate well.

✓ We declare the foregoing particulars are true in every respect.

$$(\alpha_1, \alpha_2) \in \mathcal{C}_{\alpha_1, \alpha_2}(\gamma; \ell, \nu) \Leftrightarrow \alpha_1 \in \mathcal{C}_{\alpha_1}(\gamma; \ell, \nu) \text{ and } \alpha_2 \in \mathcal{C}_{\alpha_2}(\gamma; \ell, \nu).$$


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Accident Photo



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