

## 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	23/02/2018 11:27
Date Of Accident	22/02/2018 19:00
Exact Location Of Accident	MCE BEFORE ECP EXIT (P23M ESCAPE DOOR)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM747T
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### Insured/Policyholder

Name Of Registered Owner	LI ZHIWEI DERRICK
NRIC No	S8628620C
Email Address	DERRICK.LI86@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91559382
Alternative Phone No	Office-66180206

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ASX-2.0 (A)
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100503327-00000
Cover Note Number	

### Driver

Name of Driver	LI ZHIWEI DERRICK
NRIC No	S8628620C
Date Of Birth	13/10/1986
Occupation	INDOOR
Date Of Driving Pass	30/06/2005
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91559382
Fax Number	
Contact Number	OFFICE-66180206
EMail Address	DERRICK.LI86@GMAIL.COM

Address	BLK 477A UPPER SERANGOON VIEW # 08-548
Postcode	531477
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	
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)	2
Passenger 1	Name: : OH STEFFI WYDIA Gender: : Female

#### 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

I WAS TRAVELLING ALONG MCE , VEHICLE INFRONT OF JAMMED BRAKE , I APPLIED BRAKES AND STOP IN TIME , THEN SUDDENLY VEHICLE B ( SDA8800C ) KNOCKED ME FROM BEHIND AND DUE TO THE IMPACT MY CAR MOVED FORWARD AND HIT VEHICLE C ( EA7877B ) FOLLOWED BY OTHER VEHICLE. IT WAS A CHAIN COLLISION AND NOBODY WAS INJURED IN THE SAID ACCIDENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDA8800C
Vehicle Make/Model/Colour	HONDA ODYSSEY / BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEOW CHOW CHIN
NRIC/Passport Number	S7411030D
Contact Number	91009638
Address	463 PASIR PANJANG ROAD # 01-12
Postcode	118797
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	EA7877B
Vehicle Make/Model/Colour	AUDI WHITE

Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG YI LIN GENEVIEVE
NRIC/Passport Number	S8617756J
Contact Number	98752327
Address	61 JALAN GREJA
Postcode	488924
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKU1163R
Vehicle Make/Model/Colour	TOYOTA ALPHARD WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EE POH SIONG
NRIC/Passport Number	S7023782B
Contact Number	
Address	4 SIN MING ROAD # 07-03
Postcode	575584
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SHB4095U
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ENG BUCK WAH
NRIC/Passport Number	S1308014C
Contact Number	
Address	BLK303A ANCHORVALE LINK # 14-82
Postcode	541303
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan



## MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION			
Date of Report:	23/02/2018		Time: 1000hrs
Date of Accident:	22/02/2018		Time: 1900hrs
Exact Location of Accident:	MCE before ECP exit, P23M escape door		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number:	SLM 747T	Name of Registered Owner:	LI ZHWEI DEARIE
NRIC/Passport No./FIN:	S 8628620C	Company Reg. No.(for Company Veh):	-
VEHICLE PARTICULARS			
Manufacturer:	MITSUBISHI	Model:	ASX
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others		
Are You Claiming Under Your Own Insurance?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Reporting Only <input checked="" type="checkbox"/> NO 3rd Party		
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle		
INSURANCE DETAILS			
Name of Insurance:	AIG		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:	2100503327 - 00000		
Driver when the Accident Happen			
Name of Driver:	LI ZHWEI DEARIE	NRIC/Passport/Fin No:	S 8628620C
Date of Birth:	13/10/1986	Occupation:	CIVIL SERVANT
Date of Driving Pass:	30/06/2005	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	91559382	Home No.:	66180206
Address:	B11C 477A Upper Selegie Road #08-37B Postal Code 531477		
Email Address:	dearie.li86@gmail.com		
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured		
Vehicle Registration Number of driver's Own Vehicle:	SLM 747T		
Insurance Company:	AIG		
OTHER INFORMATION OF THE ACCIDENT			
Type of Accident:	Chain collision		
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify		
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify		
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Was Any other material or Property Damaged:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Which Police Station:	-		
Was notice of Intended Prosecution given:	-		
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)			
Vehicle Registration Number:	SDA 8800C	Name of Registered Owner:	-
NRIC/Passport No./FIN:	-	Company Reg. No.(for Company Veh):	-
Name of Driver:	SEOW CHOW CHIN	NRIC/Passport/Fin No:	S 7411030D
Mobile No.:	91009638	Home No.:	-
Address:	463 Pasir Panjang Road #01-12 Postal Code 118797		
Email Address:	-		
Insurance Company:	-		
Details of Passenger if any			
Passenger Name:	OH STEFFI WYDIA		
Contact Number:	90092497		
Gender:	Female		
Details of Injured Person			
Name:	Age:		
Address:			
Injured Sustained:	Injured Person in which vehicle:		
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

MOTOR ACCIDENT REPORT FORM

DETAILS OF OTHER VEHICLE PROPERTY 2			
3	Vehicle Registration No:	EA 7877 B	Vehicle Make / Model :
	Name of Driver	Ang Yi Lin, Geneva	NRIC/Passport/Fin No :
	Contact Number:	98752327	S 8617756 J
	Address :	61 Jalan Greta Greja, S(488924)	
	Insurance Company Name :	-	
DETAILS OF OTHER PROPERTY 3			
4	Vehicle Registration No:	SKU 1163 R	Vehicle Make / Model :
	Name of Driver	Ee Poh Siong	NRIC/Passport/Fin No :
	Contact Number:	-	S 7023782 B
	Address :	4 Sin ming road #07-03, S(575584)	
	Insurance Company Name :	-	
DETAILS OF OTHER PROPERTY 4			
5	Vehicle Registration No:	SHB 4095 J U	Vehicle Make / Model :
	Name of Driver	Eng Buck Wah	NRIC/Passport/Fin No :
	Contact Number:	5130 a -	S 1308014 C
	Address :	81K 303A Anchorvale Link #14-82, S(541303)	
	Insurance Company Name :	-	
DETAILS OF OTHER PROPERTY 5			
	Vehicle Registration No:		Vehicle Make / Model :
	Name of Driver		NRIC/Passport/Fin No :
	Contact Number:		
	Address :		
	Insurance Company Name :		
Details of Witness if any			
	Witness Name:		
	Contact Number:		
	Email Address :		
Details of Injured Person			
	Name :	Age :	
	Address		
	Injured Sustained :	Injured Person in which vehicle:	
	Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 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: 23/02/2018 @ 1040h

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/02/2018 @ 1040h

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



A diagram illustrating a linked list structure. It consists of five nodes, each represented by a rectangle with a letter inside and a triangle pointing to the next node. The nodes are labeled E, B, A, C, and D in sequence from left to right. To the left of the nodes, there are four horizontal arrows pointing to the right, indicating the direction of traversal. Below the nodes, there are four horizontal lines, likely representing the memory addresses or pointers of the nodes.

A: SLM747T  
B: SDA 8800C  
C: EA 7877B  
D: SKV 1163R  
E: SHB 4095U

I was travelling along MCE, vehicle in front of me jammed brake, I applied brakes and stopped in time, then suddenly vehicle B (SDA 8800C) knocked me from behind and due to the impact, my car moved forward and hit vehicle C (EA 7877B) followed by other vehicle.

It was a chain collision and nobody was injured in the said accident.

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

⑨ 1040hrs  
GIARMC SketchPlanForm\_V3

Date & Time: 23/07/2018 @ 1040hrs

NRIC/FIN No.:



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

