

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 | 20/03/2018 10:23 |
| Date Of Accident | 19/03/2018 10:30 |
| Exact Location Of Accident | FILTER LANE FROM HOLLAND RD INTO QUEENSWAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKM4057L |
| Insured/Policyholder | |
| Name Of Registered Owner | GOH YI LING ELISSA |
| NRIC No | S8514234H |
| Email Address | ELISSAGOH@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96150041 |
| Alternative Phone No | OTHERS-96150041 |

Vehicle Particulars

| | |
|--|--------------------------------|
| Manufacturer | VOLKSWAGEN |
| Model | POLO |
| Exact Purpose for which vehicle was being used at time of accident | GOING TO QUEENSTOWN POLYCLINIC |
| 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 | 1700049840 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | GOH YI LING ELISSA |
| NRIC No | S8514234H |
| Date Of Birth | 22/05/1985 |
| Occupation | INDOOR |
| Date Of Driving Pass | 24/05/2011 |
| Driving Experience | 6 YEARS AND 9 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96150041 |
| Fax Number | |
| Contact Number | OTHERS-96150041 |
| Email Address | ELISSAGOH@GMAIL.COM |

| | |
|---|--------------------------------|
| Address | BLK 6 GHIM MOH ROAD #02-184 |
| Postcode | 270006 |
| 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 | COLLISION - HEAD TO REAR |
| 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? | 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) | 1 |

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 - SINGAPORE CITY |
| 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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180320/7008

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 | GBC6311Z |
| Vehicle Make/Model/Colour | ISUZU PICKUP |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | LIEW YAN |
| NRIC/Passport Number | S2708967D |
| Contact Number | 85881301 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name GOH YI LING ELISSA

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SKM4057L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

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:

19/3/18 3:37pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/3/18 3:37pm

Reporting Centre Personnel's Signature

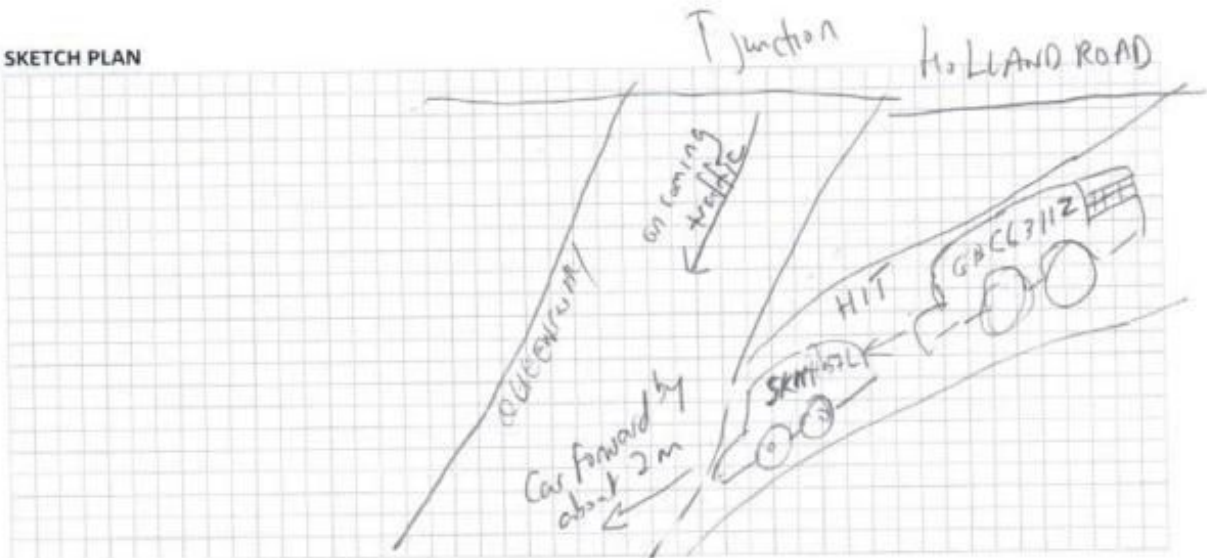
Name:

NRIC/FIN No.:

20/03/2018
Kee Li Wai

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19th March 2018 at 10.30am, I was driving from Holland Road towards Queensway alone in the car. The weather condition was clear and bright. The roads were dry. I turned left on the filter lane towards Queensway and slowed down to a stop ^{at the give way line} to give way to oncoming traffic at the T-junction from Farrer Road to Queensway.

My car was at a complete stop at the give way line on the left filter lane. At that point, my car was hit from the back by an Isuzu truck, car plate number GBC 6311 Z, causing my car to be pushed forward about 2 metres from the give way line. My upper body was also pushed forward towards steering wheel.

The impact on my car is that the rear of my car is dented, the rear bumper is dented and scratched, rear car plate came off. The impact on me was that I was shocked and traumatised, had dizziness and headache, and pain at the base of my head and on my neck.

Police Report T/20180320/7008

DECLARATION

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

Policyholder's Signature

Date & Time: 19/3/18 3:37pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/3/18 3:37pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180320/7008

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

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Report No. T/20180320/7008

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 20/03/2018 16:57 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| Informant's Particulars | | | |
|--|------------|--|------------------------------|
| Name of Informant: GOH YI LING ELISSA | | Address: APT BLK 6 GHIM MOH ROAD #02-184 SINGAPORE 270006 | |
| ID Type / ID No.: NRIC NO / S8514234H | | Contact No.: Home/Office: Mobile: 96150041 | |
| Nationality: SINGAPORE CITIZEN | | Email: elissagoh@gmail.com | |
| Sex: Female | Age: 32 | Date of Birth: 22/05/1985 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: TEACHER | | Driving Licence Information: Class: 3 Date of Expiry: | |

| General Information of the Accident | | | | |
|---|------------------|-----------------------|--|-------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 19/03/2018 10:30 | Type of Location: |
| Location: HOLLAND ROAD FILTER LANE FROM HOLLAND RD INTO QUEENSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|---------------|----------------|-------|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| GBC6311Z | Pick-up truck | ISUZU | | | | 0 |
| SKM4057L | Car | VOLKSWAGO N | polo | White | | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|---|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SKM4057L | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 1700049840 | 09/09/2017 | 08/09/2018 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180320/7008

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

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Report No. T/20180320/7008

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | LIEW YAN | ID No. | S2708967D |
| Related Vehicle | GBC6311Z (Pick-up truck) | Contact No. | 85881301 |
| 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 |
| Driver | | | |
| Name | GOH YI LING ELISSA | ID No. | S8514234H |
| Related Vehicle | SKM4057L (Car) | Contact No. | 96150041 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 19/03/2018 | Date Discharge | 19/03/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 19th March 2018 at 10.30am, I was driving from Holland Road towards Queensway alone in the car. The weather condition was clear and bright. The roads were dry. I turn left on the filter lane towards Queensway and slowed down to a stop at the give way line to give way to oncoming traffic at the T-junction from Farrer Road to Queensway.

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180320/7008

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

3 of 3

Report No. T/20180320/7008

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 / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
20/03/2018 16:57

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : N/A40037651 Vehicle Registration No : 8KM 4057L

Name (as shown in NRIC) : GOH YI LINH ELISSA NRIC/FIN/Passport No : S8514234H

(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 96150041

Email Address : _____

Date of Accident : 19/03/2018 Time of Accident : 10:30

Place of Accident : FIGHTER LANE FROM HOLLAND ROAD INTO QUEENSWAY

Insurance Company : ALG

(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:

to insert POLICE REPORT 7/20180320/7008

Policyholder / Driver's Signature
Date:

20/03/2018
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]
Date: