

## 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	22/03/2018 10:58
Date Of Accident	21/03/2018 16:15
Exact Location Of Accident	ANG MO KIO AVE 1 TWDS BISHAN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM331X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAK YUET MUI@MAK YINMEI
NRIC No	S1408579C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96156013
Alternative Phone No	OTHERS-96156013

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	2100361130-04
Cover Note Number	

### Driver

Name of Driver	MAK YUET MUI@MAK YINMEI
NRIC No	S1408579C
Date Of Birth	18/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1979
Driving Experience	38 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96156013
Fax Number	
Contact Number	OTHERS-96156013
Email Address	NOEMAIL

Address	16 UPPER SERANGOON CRESCENT #05-43
Postcode	534028
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
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180321/7013

#### 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	SHA4650Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	MAK YUET MUI@MAK YINMEI
Approximate Age	
Injuries Sustain	SHOULDER & BACK PAIN
Injured person in which vehicle?	SKM331X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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.:

# Accident Sketch Plan

## SKETCH PLAN

A = SKM 331X  
B = SHA 4650Y  
Ang Mo Kio Ave 1  
towards Bishan


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report  
Report No: T/2018 0321 / 7013

## 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)  
Date & Time:

 22/03/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180321/7013

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

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Report No. T/20180321/7013

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	Unknown	ID No.	UNKNOWN
Related Vehicle	SHA4650Y (TAXI)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/03/2018	Date Discharge	21/03/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	MAK YUET MUI	ID No.	S1408579C
Related Vehicle	SKM331X (Car)	Contact No.	96156013
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LIM THYE SING	ID No.	S0164596Z
Related Vehicle	NIL	Contact No.	NIL
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

Brief Details.

On 21.03.18 at about 16:18hours at along Ang Mo Kio Ave 1 towards Bishan, while I was travelling on the third lane on the total of four lanes and traffic light in front was red and my front vehicle slow down hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted, I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle (A). I wish to state that I am alone in the vehicle (A). The passenger in the taxi was conveyed by ambulance to Tan Tock Seng. I am not feeling well and will also proceed to see the doctor.

Vehicle (A): SKM 331X

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180321/7013

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

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Report No. T/20180321/7013

CONTINUATION OF REPORT

Vehicle (B): SHA 4650Y

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

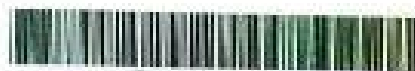




# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180321/7013

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

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Report No: T/20180321/7013

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2018 18:48		Vide Report No.: F/20180321/0132		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MAK YUET MUI			Address: APT BLK 18 UPPER SERANGOON CRESCENT #05-43 SINGAPORE 534029		
ID Type / ID No.: NRIC NO / S1408579C			Contact No.: Home/Office: Mobile: 96158013		
Nationality: SINGAPORE CITIZEN			Email: serenemak1@yahoo.com.sg		
Sex: Female	Age: 58	Date of Birth: 18/03/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES AND MARKETING MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/03/2018 16:18	Type of Location: Straight Road
Location:  ANG MO KIO AVENUE 1  Ang Mo Kio Ave 1 towards Bishan				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SHA4850Y	TAXI	HYUNDAI	SONATA	Blue		0
SKM331X	Car	MERCEDES BENZ	C180	Black		0

## Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T20180321/7013

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

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Report No: T20180321/7013

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	Unknown	ID No.	UNKNOWN
Related Vehicle	SHA4650Y (TAXI)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/03/2018	Date Discharge	21/03/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	MAK YUET MUI	ID No.	S1408579C
Related Vehicle	SKM331X (Car)	Contact No.	96156013
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LIM THYE SING	ID No.	S0164596Z
Related Vehicle	NIL	Contact No.	NIL
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

### Brief Details:

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Vehicle (A): SKM 331X

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20180321/7013

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

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Report No: T/20180321/7013

CONTINUATION OF REPORT

Vehicle (B): SHA 4850Y



Police Report



**SINGAPORE  
POLICE FORCE**



T/20180321/7013

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

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Report No: T/20180321/7013

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  
NP188

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

Date/Time:  
21/03/2018 18:46

Classification Of Case: