

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	26/03/2018 15:42
Date Of Accident	23/03/2018 17:45
Exact Location Of Accident	CTE TWDS AYE B4 BALESTIER EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE79B
Insured/Policyholder	
Name Of Registered Owner	TAY WEN HUI CANDY
NRIC No	S9010547G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98563380
Alternative Phone No	OTHERS-93801876

Vehicle Particulars

Manufacturer	BMW
Model	535I A
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	-
Cover Note Number	5100028734

Driver

Name of Driver	TAY WEN HUI CANDY
NRIC No	S9010547G
Date Of Birth	26/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98563380
Fax Number	
Contact Number	OTHERS-93801876
E-Mail Address	NOEMAIL

Address	BLK 468C FERNVALE LINK #19-555
Postcode	763468
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : SIM LINYAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SBN2188G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH7692P
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 TAY WEN HUI CANDY
Approximate Age
Injuries Sustain BACK, STOMACH, RIGHT LEG
Injured person in which vehicle? SFE79B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SIM LINYAN
Approximate Age
Injuries Sustain BACK & HEAD
Injured person in which vehicle? SFE79B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

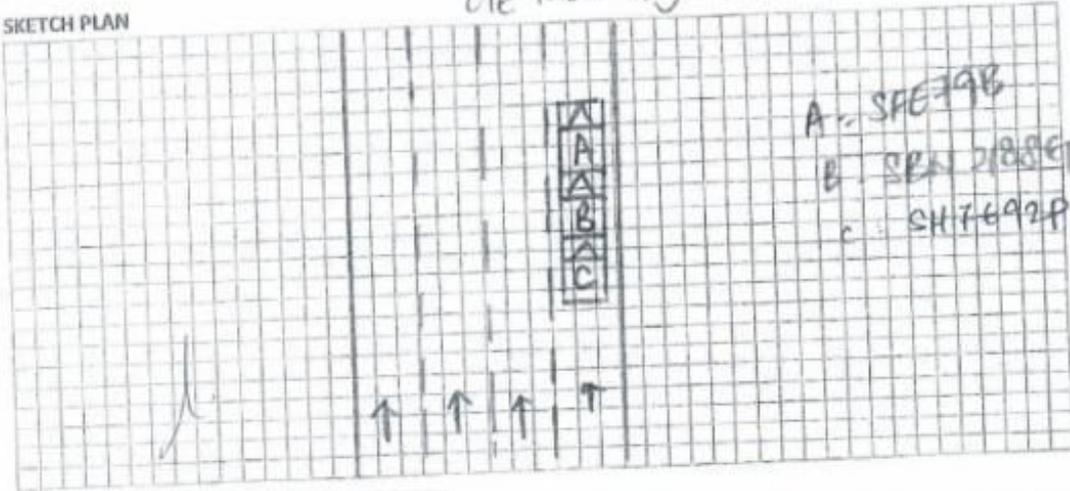


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to
Traffic Police report
7/2018 0324/2119

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:


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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180324/2119

1 of 3

Report No. T/20180324/2119

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2018 18:12	Vide Report No.: A/20180323/0094	Station Diary No.: 139
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Informant's Particulars			
Name of Informant: TAY WEN HUI, CANDY		Address: APT BLK 468C FERNVALE LINK #19-555 SINGAPORE 793468	
ID Type / ID No.: NRIC NO / S9010547G		Contact No.: Home/Office: Mobile: 98563380	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 27	Date of Birth: 26/03/1990	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/03/2018 17:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY AYER RAJAH EXPRESSWAY BEFORE BALESTIER EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SBN2188G	Car	HYUNDAI	AVANTE 1.6 AT ABS D/AB 2WD 4DR	Silver	Seriously Damaged	0
SFE79B	Car	BMW	535I A	White	Seriously Damaged	1
SH7692P	Car	MERCEDES BENZ	E 220 CDI BLUEEFFICIENCY	White	Seriously Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180324/2119

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Report No. T/20180324/2119

Police Station Of Origin
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SFE79B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800021212	13/03/2018	12/03/2019

Details of Person Involved				
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA		
No. of Pedestrians Injured: NIL				
Driver				
Name	TAY WEN HUI, CANDY	ID No.	S9010547G	
Related Vehicle	SFE79B (Car)	Contact No.	98563380	
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 3	Degree of Injury	Slight	
Passenger				
Name	SIM LINYAN	ID No.	S9050825C	
Related Vehicle	SFE79B (Car)	Contact No.	90915210	
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 2.5	Degree of Injury	Slight	

Brief Details.

On 23/03/2018 at about 1745hrs, I was driving along CTE before Balestier exit on the most right lane. The traffic was heavy. While the vehicles were slowing down, the vehicle in front of my car (SFE79E) did an emergency brake, I managed to stop in time. However my vehicle was being hit by the vehicle behind (SBN2188G) due to the sudden brake. I felt pain on my back and my tummy. I was then conveyed to Tan Tock Seng Hospital, and was referred to KKH. KKH had given me a total of 3 days MC dated from 23/03/2018 to 25/03/2018.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180324/2119

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Report No. T/20180324/2119

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Staff Sgt LOI SHI HUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/03/2018 18:12
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP168 Signature: Singapore Police Force	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



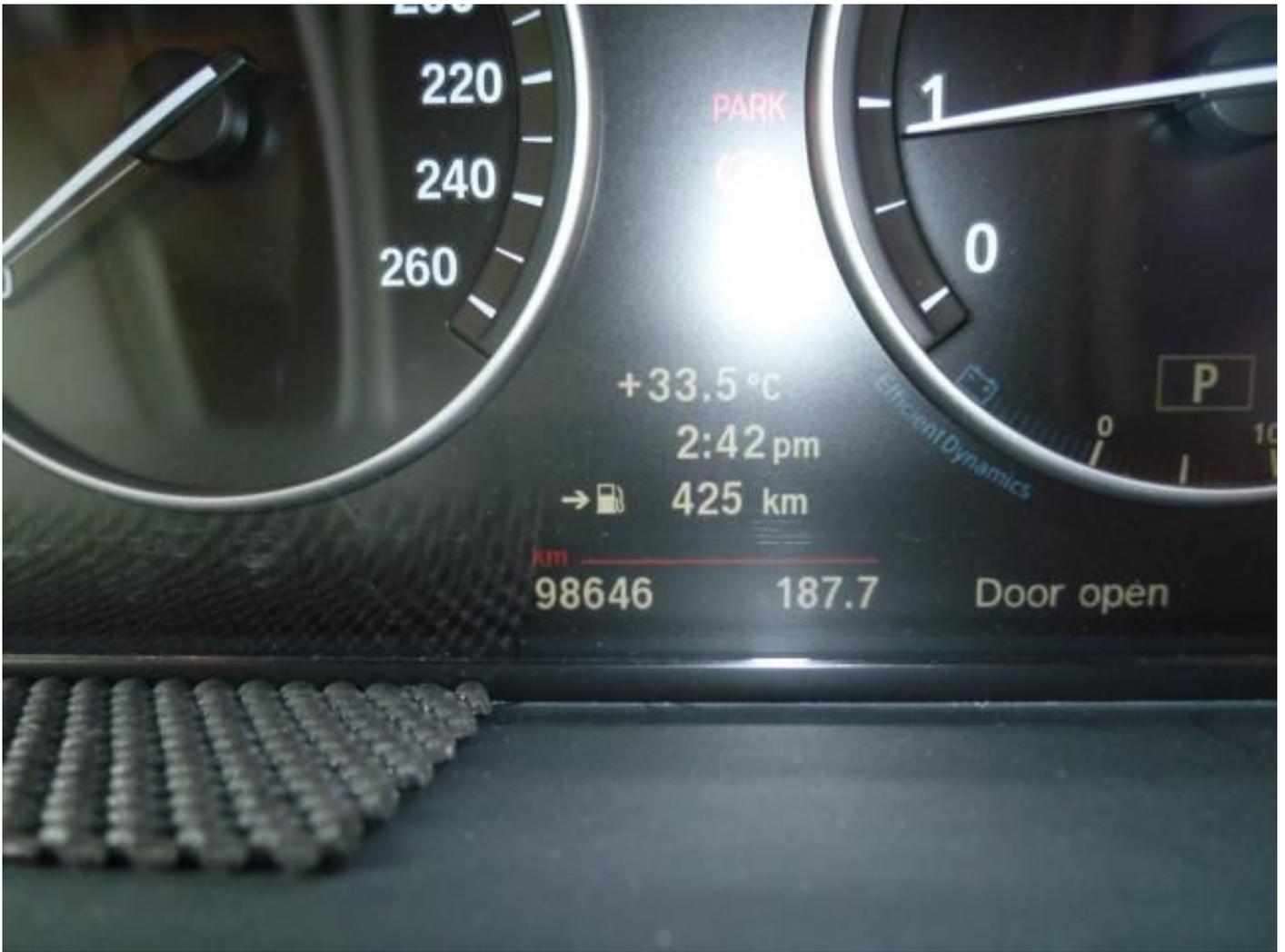
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