

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	11/04/2018 14:37
Date Of Accident	10/04/2018 19:30
Exact Location Of Accident	ALONG SLE AFT LENTOR AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK4436Z
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597k
Email Address	REPORTING@AUTOINSURE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-31572626

Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE-1.6 ABS AIRBAG 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995109
Cover Note Number	

Driver	
Name of Driver	AEISHAH BINTE ABU BAKAR
NRIC No	S7231564B
Date Of Birth	31/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1996
Driving Experience	21 YEARS AND 8 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-88212626
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	6 MARSILING LANE
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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: : NA Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	SLR8607K
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	HU WEN FA
NRIC/Passport Number	S8482484D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JKU2465
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM BOON KED
NRIC/Passport Number	G7291921T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180411/2005

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 4

Report No. T/20180411/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2018 01:26		Vide Report No.: F/20180410/0189		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: AEISHAH BINTE ABU BAKAR			Address:		
ID Type / ID No.: NRIC NO / S7231564B			Contact No.: Home/Office:		Mobile:
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 45	Date of Birth: 31/08/1972	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Private tutor (academic)			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2018 19:30	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY After Lentor ave exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JKU2465	Car	PROTON		Red		2
SJK4436Z	Car	HYUNDAI		Maroon	Slightly Damaged	1
SLR8607K	Car	CHEVROLET		White		3

Details of Person Involved

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

Accident Sketch Plan



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Report No. T/20180411/2005

CONTINUATION OF REPORT

Driver			
Name	LIM BOON KED	ID No.	G7291921T
Related Vehicle	JKU2465 (Car)	Contact No.	
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	AEISHAH BINTE ABU BAKAR	ID No.	S7231564B
Related Vehicle	SJK4436Z (Car)	Contact No.	
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
Driver			
Name	HU WEN FA	ID No.	S8482484D
Related Vehicle	SLR8607K (Car)	Contact No.	
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 the 10/04/2018 at around 1930hrs, I was driving my car SJK4436Z along SLE fastest lane. As I was passing by Lentor Ave exit, there was jam due to an accident ahead of me. Thus I came to a stop behind a Malaysian car JKU2465(Mr Lim Boon Ked G7291921T HP: 94527644). A few seconds after I stopped, I spotted a car SLR8607K (Hu Wen Fa S8482484D HP: 97765618) driving at a high speed approaching towards me from my rear. The car then hit onto my car boot and the impact made me inch forward to hit the Malaysian car in front of me.

All of us alighted and made a check. No one was injured and we then called the police. There was 2 adult passengers in JKU2465 and there is 2 adult and a baby in SLR8607K. My daughter is in my car and she is not injured. Mr Wen Fa informed me that he was not able to stop his car in time as he did not spot my stationary car. Traffic police came over and took over the scene. After everything was settled, we all left

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20180411/2005

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Report No. T/20180411/2005

CONTINUATION OF REPORT

scene and towed our cars.

There are dents on my bonnet and boot. My whole bumper is damaged and loose. My boot is jammed and I am not able to open it. I do not know the cost of repair.

I wish to add that my daughter reached home and vomited thus she went down to Ng Teng Fong hospital to visit the doctor.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20180411/2005

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Report No. T/20180411/2005

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:
J /
Staff Sgt CHAN WAI HONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/04/2018 01:26

Officer In Charge Of Case:
TP / GIT /
SSI TAN CHIN YONG
Contact No.: 65476178

Classification Of Case:

Authentication Stamp
NP168

Accident Sketch Plan

SKETCH PLAN

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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.

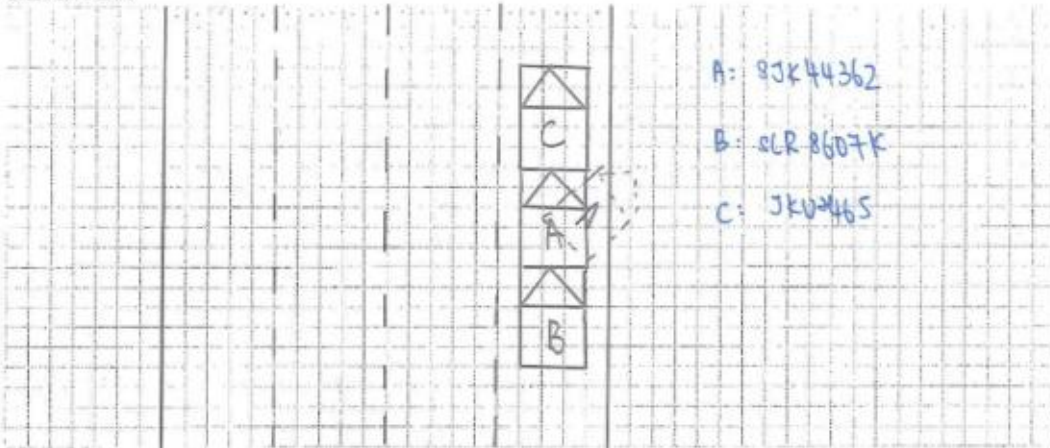
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11 APRIL 2018 1310 HRS

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

T/ 20180411/2005

Upon impact from car B, coming from the back at a very high speed of at least above 100km/h, my car jerked forward and the car A swerved to the right and grazed against the right-side divider of the expressway.

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:

11 APRIL 2018
1307 HRS

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7231564B**

Name: **AEISHAH BINTE ABU BAKAR**

Birth Date: **31 Aug 1972**
Issue Date: **09 May 2006**

001416704B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7231564B**

Name: **AEISHAH BINTE ABU BAKAR**

عائشه بنت ابو بكر

Race: **MALAY**
Date of Birth: **31-08-1972** Sex: **F**
Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

PASS DATE

06 Aug 1996

NP 428A

Licence No: **S7231564B**

765186

S7231564B

APC No: **S7231564B**

APR No: **S7231564B**

Blood Group: **B+** Date of Issue: **03-02-1994**

APT BLK 486 SEGAR ROAD #04-528
SINGAPORE 670486
S7231564B 28/11/2013

Accident Photo



Accident Photo



Accident Photo



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