

## 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	30/04/2018 10:26
Date Of Accident	27/04/2018 21:00
Exact Location Of Accident	ALONG SERANGOON RD TURNING INTO PIE AT THE SLIP RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2842U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KANG AI LING
NRIC No	S7832474J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84981782
Alternative Phone No	OFFICE-84981782

### Vehicle Particulars

Manufacturer	BMW
Model	Z4 SDRIVE35IS SMT D/AB 2WD 2DR GAS/D NAV
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00409865
Cover Note Number	-

### Driver

Name of Driver	KANG AI LING
NRIC No	S7832474J
Date Of Birth	31/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	31/07/1998
Driving Experience	19 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84981782
Fax Number	
Contact Number	OFFICE-84981782
EEmail Address	NOEMAIL

Address	BLK 403D FERNVALE LANE #15-153
Postcode	794403
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	POTONG PASIR NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 142 POTONG PASIR AVENUE 3 , <b>POSTCODE:</b> 350142 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2829999 - <b>FAX NO:</b> 62815964
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	PA8936C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	KANG AI LING
Approximate Age	
Injuries Sustain	NECK & BACK & HEADACHE
Injured person in which vehicle?	SJU2842U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN

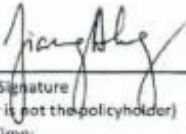
#### IMPORTANT NOTICE

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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:

  
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

SKETCH PLAN

A - SJU28424  
B - PA8936C

Serangem Road

P/E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report T/20180428/2070

## 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/20180428/2070

1 of 4

Report No. T/20180428/2070

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/04/2018 12:40	Vide Report No.:	Station Diary No.: 13
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**Informant's Particulars**

Name of Informant: KANG AI LING		Address: APT BLK 403D FERNVALE LANE #15-153 SINGAPORE 794403	
ID Type / ID No.: NRIC NO / S7832474J		Contact No.: Home/Office: Mobile: 84981782	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 39	Date of Birth: 31/10/1978	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SALES DIRECTOR		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: 27/04/2018 21:00	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 SERANGOON ROAD PAN ISLAND EXPRESSWAY Along Serangoon Road turning into PIE, at the filter lane				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA8936C	Bus/Coach/Mi nibus	ISUZU	LT134P	Multi-Colored		0
SJU2842U	Car	BMW	Z4 SDRIVE35IS SMT D/AB 2WD 2DR GAS/D NAV	Grey	Slightly Damaged	0



POLICE REPORT



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T/20180428/2070

Report No. T/20180428/2070

CONTINUATION OF REPORT

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective / Expiry Date
SJU2842U	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00409865	07/09/2017 / 06/09/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PAKKIRISAMY VEERASEKARAN	ID No.	G8119406N
Related Vehicle	PA8936C (Bus/Coach/Minibus)	Contact No.	83748240
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	KANG AI LING	ID No.	S7832474J
Related Vehicle	SJU2842U (Car)	Contact No.	84981782
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/04/2018	Date Discharge	28/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 27/04/18 at about 2100hrs, I was travelling alone along Serangoon Road in my vehicle bearing registration no. SJU2842U. As I intended to turn into PIE via the filter lane, I gradually braked and came to a complete stop before the stop line to look out for on-coming traffic first. However, about 3 seconds later, I suddenly felt an impact from the rear of my vehicle. It was then I realised that a bus had collided onto the rear of my vehicle.

Both the other driver and I then alighted from our vehicles to see if anyone requires immediate medical attention and to inspect our vehicle damages. After exchanging our particulars, we then left the scene. I noted no visible injuries on the other driver.

I felt pains on the back of the neck and suffered a headache, as such I went to see the doctor soon after the accident occurred, and I was given 3 days of MC. I wish to state that I do not have a camera installed in my vehicle.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999



T/20180428/2070

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Report No. T/20180428/2070

CONTINUATION OF REPORT

520 H2

SINGAPORE  
POLICE FORCE



SIGNATURE



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180428/2070

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Report No. T/20180428/2070

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

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:

E /  
Sgt 2 MARCUS TEO

*[Signature]*

Signature Of Informant:

*[Signature]*

Signature Of Interpreter:

Not applicable

Date/Time:  
28/04/2018 12:40

Officer In Charge Of Case:

TP / AEIT /  
Sgt 2 YEO KIA HUAT  
Contact No.: 65476325



SINGAPORE  
POLICE FORCE

Classification Of Case:

SN 057

Authentication Stamp  
NP169

*[Signature]*  
SIGNATURE

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

