

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	04/05/2018 15:58
Date Of Accident	03/05/2018 19:25
Exact Location Of Accident	PIE TOWARDS TUAS 12.5KM LANE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9543Z
Insured/Policyholder	
Name Of Registered Owner	MAI KAOJIE
NRIC No	S8200402E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87866000
Alternative Phone No	OTHERS-87866000

Vehicle Particulars

Manufacturer	AUDI
Model	A4-1.4 TFSI S TRONIC (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	1700063007
Cover Note Number	

Driver

Name of Driver	MAI KAOJIE
NRIC No	S8200402E
Date Of Birth	12/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2004
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87866000
Fax Number	
Contact Number	OTHERS-87866000
Email Address	NOEMAIL

Address	BLK 124 TAMPINES STREET 11 #04-418
Postcode	521142
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	2
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180504/2085

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	SGV9073G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MAI KAOJIE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLS9543Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

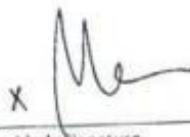
SKETCH PLAN

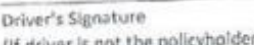
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

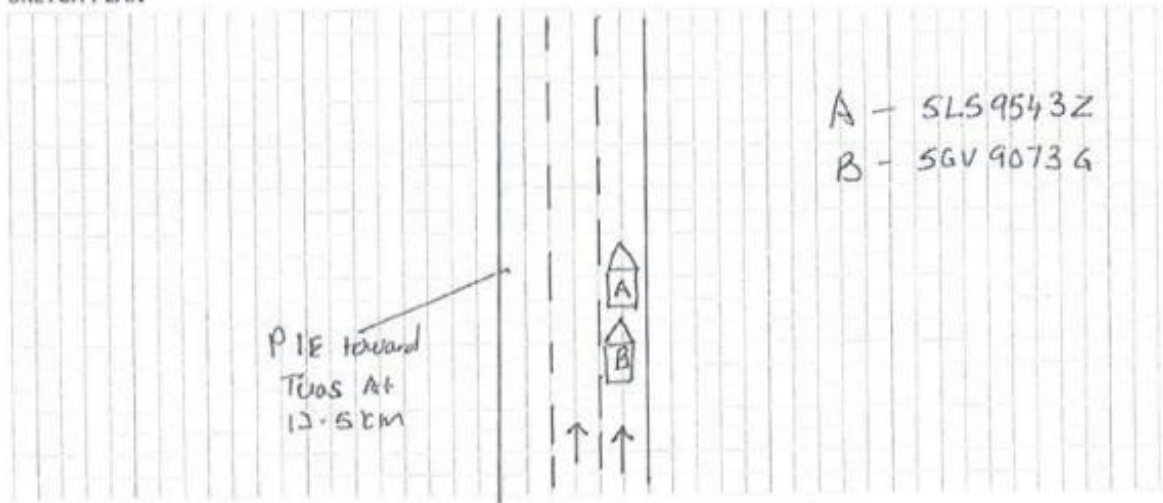
X 
Policyholder's Signature
Date & Time:


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



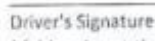
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20180504/2065

DECLARATION

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

X 
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/20160504/2085

1 of 3

Report No. T/20160504/2085

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
04/05/2018 15:19

Video Report No.:

Station Diary No.:
118

Informant's Particulars

Name of Informant:
MAI KAOJIE

Address:
APT BLK 124 TAMPINES STREET 11 #04-418 SINGAPORE
521124

Contact No.:
Home/Office: Mobile: 87866000

ID Type / ID No.:
NRIC NO / S8200402E

Email:

Nationality:
SINGAPORE CITIZEN

Type of Informant:
Driver

Sex: Age: Date of Birth:
Male 36 12/01/1982

Institution / School Name:

Race:
Chinese

Language:
English

Occupation:
Real estate agent

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:
03/05/2018 19:30

Type of Location:
Expressway

Location:
J Road 1
ISLAND EXPRESSWAY

AT LANE 1, 12.5KM MARK HEADING TOWARDS TUAS

Weather:
Clear

Road Surface:
Wet

Road Speed Limit:

Traffic Flow:
Dual Carriage Way

Traffic Control:
Not Controlled

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

SGV9073G	Car	TOYOTA	Altis	Silver	Seriously Damaged	1
SL89543Z	Car	AUDI	A4 1.4 TFSI S TRONIC	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Co.	Insurance No.	Effective	Expiry Date
SL89543Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700063007	11/10/2017	10/10/2018

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POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Bedok North N.P.C.
30 Bedok North Road SINGAPORE 460678
Tel No: 1800-2449999



2 of 3
Report No: 10N180504/0265

CONTINUATION OF REPORT

Details of Person Involved		Use of Pedestrian Crossing: NA	
Any Pedestrian Involved: No		ID No	S8039740G
No. of Pedestrians Injured: NIL		Contact No	98392120
Name	KOK CHEE KEAN	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Related Vehicle	SGV9073G (Car)	Date Discharge	NIL
Hospital/Clinic	NIL	Degree of Injury	NIL
Date Treatment	NIL	ID No	S6200402E
No. of Days granted Medical Leave	NIL	Contact No	87866000
Name	MAI KAOJIE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: Nil
Related Vehicle	SLS9543Z (Car)	Date Discharge	NIL
Hospital/Clinic	TAMPINES CLINIC AND SURGERY PTE LTD	Degree of Injury	Slight
Date Treatment	04/05/2018		
No. of Days granted Medical Leave	03		

Brief Details.

On 03/05/2018 at about 1930hrs, I was driving my car (SLS 9543Z) at lane 1 along Pan Island Expressway (PIE) heading towards TUAS. Subsequently at the 12.5km marking, there was taxi ahead of me which slowed down. I then slowed down and eventually came to a stop. After awhile, the taxi then moved off, there was another car that suddenly hit my rear bumper.

I made a check and there was a slight dent at my car's rear bumper. However, the front portion of the other car was seriously damaged. I suffered some back pain and I felt that my chest was tight. No ambulance was at scene but I was given a three days medical certificate. I managed to get the other driver's particulars. Thus I am lodging this accident report.

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POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180504/2085

3 of 3

Report No. T/20180504/2085

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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:

Sgt ZARIFAH ADILAH BINTE ZAINOL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/05/2018 15:19

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No: 65476326

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

