

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	09/07/2018 17:08
Date Of Accident	08/07/2018 21:10
Exact Location Of Accident	PIE TWDS CHANGI @ SIMS AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9585A
Insured/Policyholder	
Name Of Registered Owner	CHUA KIM SING(CAI JINSHENG)
NRIC No	S7419725F
Email Address	KIMSING.CHUA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97648480
Alternative Phone No	OTHERS-97648480

Vehicle Particulars

Manufacturer	AUDI
Model	A4
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	2100495782-01
Cover Note Number	

Driver

Name of Driver	CHUA KIM SING(CAI JINSHENG)
NRIC No	S7419725F
Date Of Birth	15/06/1974
Occupation	INDOOR
Date Of Driving Pass	05/02/1997
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97648480
Fax Number	
Contact Number	OTHERS-97648480
EEmail Address	KIMSING.CHUA@GMAIL.COM

Address	9 LORONG 27A GEYLANG #01-14
Postcode	388134
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)	4
Passenger 1	NAME: : KHIN KHIN CHO GENDER: : FEMALE
Passenger 2	NAME: : CHAM PUAY HOON PAULINE GENDER: : FEMALE
Passenger 3	NAME: : CHUA CHE WAN XANDER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180709/2041

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL4512G
Vehicle Make/Model/Colour	TOYOTA WISH

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	SJV8038E
Vehicle Make/Model/Colour	NISSAN LATIO
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 3

Vehicle Registration Number	SLH8817Z
Vehicle Make/Model/Colour	MAZDA
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 INJURED PERSON 1

Name	KHIN KHIN CHO
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLJ9585A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHAM PUAY HOON PAULINE
Approximate Age	
Injuries Sustain	SLIGHT

Injured person in which vehicle?	SLJ9585A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	CHUA CHE WAN XANDER
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLJ9585A
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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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

KPE / ECP	D	→ SLH8817Z
	A	→ SLJ9585A
	B	→ SJL4512G
	C	→ SJV8038E
↑	↑	PIE towards Changi at Sim Ave Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report NO : T/20180704 / 2041

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:

 09/07/18

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180709/2041

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20180709/2041

CONTINUATION OF REPORT

Passenger			
Name	CHAM PUAY HOON PAULINE	ID No.	S7424639G
Related Vehicle	SLJ9585A (Car)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2018	Date Discharge	09/07/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	CHUA KIM SING	ID No.	S7419725F
Related Vehicle	NIL	Contact No.	97648480
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

Brief Details.

On 08/07/2018 at about 2108hrs, I was driving my vehicle bearing license plate number SLJ9585A along Pan Island Expressway (PIE) towards Changi Airport near to Sim Ave exit. The traffic at that time was moderate. Suddenly, my front vehicle bearing license plate number SLH8817Z braked and stopped. As such, I also applied my brakes and came to a complete stop. Suddenly, I heard a loud bang from behind and when I alighted from my vehicle, I saw that it was another vehicle bearing license plate number SJL4512G had hit onto my rear portion. Due to the impact, my vehicle moved forward and hit the vehicle in front of me. This caused damage to the front and rear of my vehicle.

It was a chain collision of a total of four vehicles. After ambulance arrived, my wife, my son and my domestic helper whom was in my car at that time, were then conveyed to Tan Tock Seng Hospital for treatment.

I wish to inform that my wife was given a total of 2 days medical leave, my son was given 1 day of medical leave and my helper was given a total of 4 days of medical leave. I have also forwarded the in-car camera footage to the traffic police IO (Ivan Ho). That is all.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180708/2041

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1820
SINGAPORE 470629
Tel No: 1800-4438889

1 of 4

Report No. T/20180708/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2018 12:09		Vide Report No.: G/20180708/0309		Station Diary No.: 17
Informant's Particulars				
Name of Informant: CHUA KIM SING		Address: 9 LORONG 27A GEYLANG #01-14 SINGAPORE 388134		
ID Type / ID No.: NR/C NO / S7419725F		Contact No.: Home/Office: Mobile: 97649480		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 44	Date of Birth: 15/05/1974	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: IT PROJECT 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: 08/07/2018 21:05	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY ALONG PIE TOWARDS CHANGI AIRPORT AT SIMS AVE EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL4512G	Car	TOYOTA	WISH 1.8X A	Grey	Seriously Damaged	1
SJV8038E	Car	NISSAN	LATIO 1.5 CVT SPORTS ABS D/AB SR 2WD 5DR	Silver	Slightly Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20180709/2041

Police Station Of Origin:
Eunos NPP
529 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No: T/20180709/2041

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH8817Z	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L 8P.6EAT	White	Slightly Damaged	1
SLJ9585A	Car	AUDI	A4 1.4 TFSI S TRONIC	Blue	Seriously Damaged	4

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLJ9585A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100495782-01	30/12/2017	29/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	KHIN KHIN CHO		ID No.	X3812165J
Related Vehicle	SLJ9585A (Car)		Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2018		Date Discharge	09/07/2018
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Passenger				
Name	CHUA CHE WAN XANDER		ID No.	T0523038H
Related Vehicle	SLJ9585A (Car)		Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2018		Date Discharge	09/07/2018
No. of Days granted Medical Leave	01		Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**



T/20180708/2041

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Date Treatment	08/07/2018	Date Discharge	09/07/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	CHUA KIM SING	ID No.	S7419725F
Related Vehicle	NIL	Contact No.	97648480
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

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Police Report



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T/20180709/2041

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Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No: T/20180709/2041

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:

G /

Sgt 2 CHOO YOU CHENG, EUGENE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/07/2018 12:09

Officer In Charge Of Case

TP / GIT /

SI THABAGESH JEYATHESH

Contact No: 65476232

Classification Of Case:

Authentication Stamp
NF168



SINGAPORE
POLICE FORCE

SIGNATURE