

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 liability.
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	18/10/2018 14:21
Date Of Accident	17/10/2018 15:00
Exact Location Of Accident	STILL ROAD TOWARDS MARINE PARADE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM6154P
Insured/Policyholder	
Name Of Registered Owner	WANG XIAOMEI
NRIC No	S8178814F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82283483
Alternative Phone No	OTHERS-82283483

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 L 4-DOOR SEDAN SP.6EAT (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	2100508825-01
Cover Note Number	

Driver

Name of Driver	WANG XIAOMEI
NRIC No	S8178814F
Date Of Birth	22/01/1981
Occupation	INDOOR
Date Of Driving Pass	27/05/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82283483
Fax Number	
Contact Number	OTHERS-82283483
EEmail Address	NOEMAIL

Address	70 BAYSHORE ROAD #22-11
Postcode	469987
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : DERRICK WANG TIANYANG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD6669B
Vehicle Make/Model/Colour	VOLVO FMX370 64R DAYCAB
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOMASUNDARAM TAMIL SELVAM
NRIC/Passport Number	G2318440R
Contact Number	

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

DETAILS OF INJURED PERSON 1

Name WANG XIAO MEI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLM6154P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

DETAILS OF INJURED PERSON 2

Name DERRICK WANG TIANYANG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLM6154P
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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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:

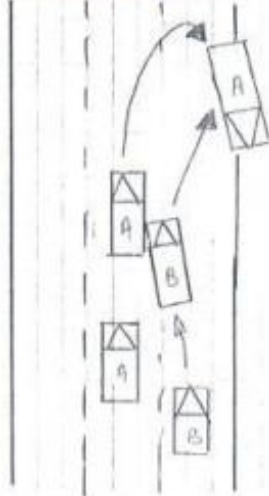
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

STILL ROAD TOWARDS MARINE PARADE ROAD



(A) SLM 6154 P
(B) XD 666 9B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT T/20181017/2125.

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/20181017/2125

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20181017/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2018 17:39	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: WANG XIAOMEI			Address: 70 BAYSHORE ROAD #22-11 COSTA DEL SOL SINGAPORE 469987		
ID Type / ID No.: NRIC NO / S8178814F			Contact No.: Home/Office: Mobile: 82283483		
Nationality: CHINESE			Email:		
Sex: Female	Age: 37	Date of Birth: 22/01/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Secretary			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/10/2018 15:00	Type of Location:
Location: Along Road 1 STILL ROAD TOWARDS MARINE PARADE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM6154P	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	Blue		0
XD6669B	Lorry	VOLVO	FMX370 64R DAYCAB	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181017/2125

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181017/2125

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM6154P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100508825-01	03/04/2018	02/04/2019

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	WANG XIAOMEI		ID No.	S8178814F	
Related Vehicle	SLM6154P (Car)		Contact No.	82283483	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL	Degree of Injury		NIL
Driver					
Name	SOMASUNDARAM TAMIL SELVAN		ID No.	G2318440R	
Related Vehicle	XD6669B (Lorry)		Contact No.	NIL	
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 17/10/2018 AT ABOUT 1500HRS AT STILL ROAD,

I WAS TRAVELLING ON THE SECOND LANE OF LANES AND THERE WAS A LORRY ON THE FIRST LANE. I WAS TRAVELLING BESIDE THE LORRY WHEN IT SUDDENLY DROVE INTO MY LANE. AS A RESULT, IT COLLIDED INTO THE RIGHT PORTION OF MY VEHICLE. MY VEHICLE THEN SWERVED TO THE RIGHT IN FRONT OF THE LORRY. THE LORRY WAS UNABLE TO STOP IN TIME AND COLLIDED INTO MY VEHICLE AGAIN. THIS TIME, IT PUSHED MY VEHICLE TO THE FIRST LANE AND MY VEHICLE ENDED UP MOUNTING THE CURB AND COLLIDED INTO THE BUSHES AT THE CENTRE DIVIDER. MY VEHICLE THEN CAME TO A STOP FACING THE OPPOSITE DIRECTION.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
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T/20181017/2125

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Report No. T/20181017/2125

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20181017/2125

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Report No. T/20181017/2125

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:
TP /
LEE KWANG HONG KENDRICK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
17/10/2018 17:39

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Wang Xiaomei

License Number: **S8178814F**

Name: **WANG XIAOMEI**

Birth Date: **22 Jan 1981**

Issue Date: **27 May 2016**

Barcode: 002572033K

REPUBLIC OF SINGAPORE

Identity Card No. **S8178814F**

Portrait photo of Wang Xiaomei

Name: **WANG XIAOMEI**

王肖梅

Race: **CHINESE**

Date of Birth: **22-01-1981**

Sex: **F**

Place of birth: **CHINA**

AS 178814F

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

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 3500kg

EFFECTIVE DATE 27 May 2016

NP 428A



9784348

Barcode

NRIC No: **S8178814F**

Portrait photo of Wang Xiaomei

Nationality: **CHINESE**

Date of issue: **23-06-2006**

70 BAYSHORE ROAD #22-11
COSTA DEL SOL SINGAPORE 489867

NRIC No: **S8178814F** Date: **29/03/2017**

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 418135335 Vehicle Registration No: SLM 6154 P
Name (as shown in NRIC) : Wang Xiao Mei NRIC/FIN/Passport No : S817 8814 F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 70 Bayshore Road # 22-11 Costa Del Sol Singapore (469987)
Contact (Tel) : _____ Mobile No. : 8228 3483
Email Address : _____
Date of Accident : 17/10/18 Time of Accident : 15:00 hrs
Place of Accident : Sil Road towards Marine Parade Road
Insurance Company : AG Asia Pacific Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

UPDATE DRAWING. DUE ERROR.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Kashin
NRIC/FIN No.: _____
Date: 18/10/2018