

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 | 29/11/2018 16:07 |
| Date Of Accident | 28/11/2018 21:20 |
| Exact Location Of Accident | YISHUN AVE 1 AND YISHUN STREET 41 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLB2097E |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|-----------------------|
| Name Of Registered Owner | CHIN KIM HONG IRENE |
| NRIC No | S8002895D |
| Email Address | AUGIN_80@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-98797196 |
| Alternative Phone No | Others-98797196 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | MAZDA |
| Model | MAZDA 6 |
| 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? | YES |
| If No, Please state action to be taken | |
| 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 | 2100459157-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | CHIN KIM HONG IRENE |
| NRIC No | S8002895D |
| Date Of Birth | 11/02/1980 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/01/2001 |
| Driving Experience | 17 YEARS AND 10 MONTHS |

| | |
|---|-------------------------------|
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-98797196 |
| Fax Number | |
| Contact Number | OTHERS-98797196 |
| E-Mail Address | AUGIN_80@YAHOO.COM.SG |
| Address | 73 YISHUN AVENUE 11 #10-06 |
| Postcode | 768859 |
| 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? | 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) | 1 |

Details of Police Action

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

Circumstances of Accident

REFER TO SKETCH PLAN, STATEMENT AND 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 | SKE9905Z |
| Vehicle Make/Model/Colour | VOLKSWAGON PASSAT |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |

| | |
|-------------------------------------|----------------------|
| Name of Driver | FRANCIS MICHAEL MARK |
| NRIC/Passport Number | S2661316G |
| Contact Number | 92310928 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|-------------------------------|
| Name | CHIN KIM HONG IRENE |
| Approximate Age | 38 |
| Injuries Sustain | NECKPAIN, HEADACHE, DIZZINESS |
| Injured person in which vehicle? | SLB2097E |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | 73 YISHUN AVENUE 11 #10-06 |
| Postcode | 768859 |

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

Policyholder's Signature


Date & Time:


29 NOV 18
2:22pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 NA

Reporting Centre Personnel's Signature

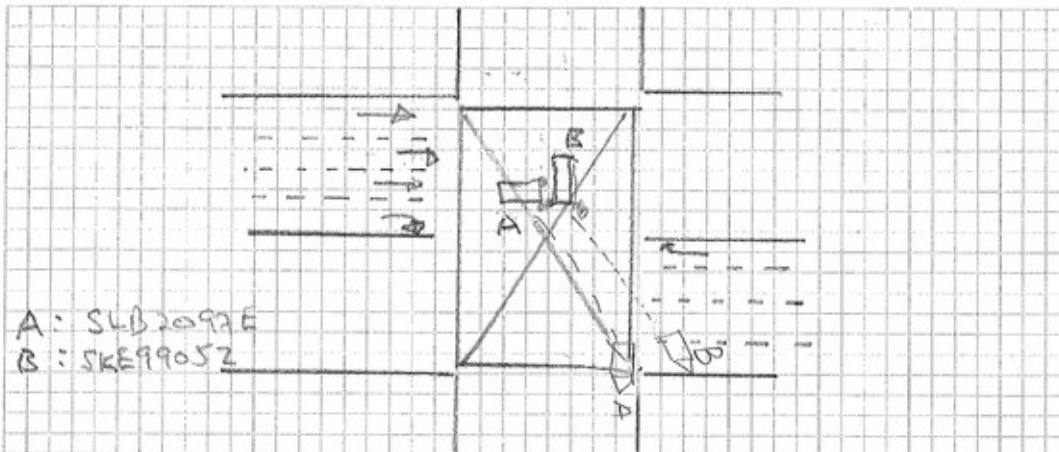
Name:

NRIC/FIN No.:



Refer to Police Report. Email to in charge.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO:

ACCIDENT DATE:

CONTACT NUMBER:

ACCIDENT TIME:

EMAIL:

LOCATION:

refer to police report.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE:

☒ CLAIM OWN POLICY

☐ CLAIM THIRD PARTY

☐ REPORTING ONLY

DECLARATION

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

Policyholder's Signature

Date & Time: 29 Nov 18
2:24 pm

GUARD: SketchPlanForm_V3

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/20181129/7005

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

1 of 3

Report No. T/20181129/7005

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 29/11/2018 13:10 | | Vide Report No.: L/20181128/0149 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: CHIN KIM HONG IRENE | | | Address: 73 YISHUN AVENUE 11 #10-06 SINGAPORE 768859 | | |
| ID Type / ID No.: NRIC NO / S8002895D | | | Contact No.: Home/Office: Mobile: 98797196 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: augin_80@yahoo.com.sg | | |
| Sex: Female | Age: 38 | Date of Birth: 11/02/1980 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Business Manager- Banking | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|----------------------------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 28/11/2018 21:20 | Type of Location: X-Junction |
| Location: YISHUN AVENUE 1 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 60 Km/h |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------------|----------------------------------|-------|------------------|-----------------|
| SKE9905Z | Car | VOLKSWAGON | Passat | Black | Slightly Damaged | 1 |
| SLB2097E | Car | MAZDA | MAZDA6+4-DOOR+SEDAN+2.0L+SP.6EAT | Grey | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**



T/20181129/7005

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

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Report No. T/20181129/7005

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLB2097E | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 2100459157-02 | 30/03/2018 | 29/03/2019 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------------|-----|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | Francis Michael Mark | | ID No. | S2661316G |
| Related Vehicle | SKE9905Z (Car) | | Contact No. | 92310928 |
| 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 | CHIN KIM HONG IRENE | | ID No. | S8002895D |
| Related Vehicle | SLB2097E (Car) | | Contact No. | 98797196 |
| 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.

At around 9:20 pm (28 Nov 2018), I was at the junction of Yishun Ave 1 and Yishun Street 41. i stopped the car at the stop line before the junction due to red light but subsequently i move off from stationery position. The next moment (within the T junction), i collided with another vehicle and hit on the right side of that vehicle (SKE 9905Z) driven by Mr Francis Michael Mark. My car spin to 80 degrees to the right before coming to a stop. One cyclist and another caucasian lady (live in the nearby townhouses) came forward to help. The cyclist told me to off my engine and help me to move out of the car by the front passenger seat as my driver side door could not be open fully. I was in a dizzy state, someone called the police and ambulance. Ambulance came and i was sent to Khoo Teck Phua Hospital as i have dizziness, neck pain and headache.



**SINGAPORE
POLICE FORCE**



T/20181129/7005

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

3 of 3
Report No. T/20181129/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
29/11/2018 13:10

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo

