

## 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	10/01/2019 16:01
Date Of Accident	08/01/2019 23:50
Exact Location Of Accident	BESIDE CITY PLAZA TOWARDS GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7017U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JENNY TAN SUAT CHIN
NRIC No	S1611987C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81008456
Alternative Phone No	OFFICE-81008456

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 L (A)
Exact Purpose for which vehicle was being used at time of accident	
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	2100418857-03
Cover Note Number	

### Driver

Name of Driver	JOELYN LIM JIA YAN
NRIC No	S9106917B
Date Of Birth	07/02/1991
Occupation	INDOOR
Date Of Driving Pass	07/12/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-84993221
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 9 HAIG ROAD #05-409
Postcode	430009
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
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: : LING HUNG BING GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20190109/2073.

#### 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	SHA9943U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
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

SHB5063E

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE C

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

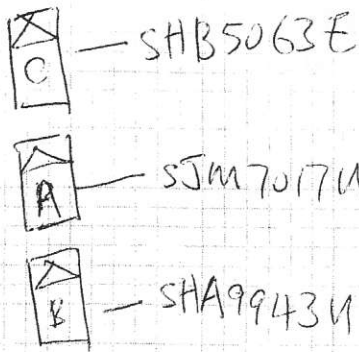
Policyholder's Signature  
Date & Time:

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

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

Save

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

all stop at Traffic light, suddenly veh B hit  
my veh from behind & push my veh forward & hit  
veh C.

DECLARATION

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

Policyholder's Signature

Date & Time:

10/1/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20190109/2073

1 of 3

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20190109/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/01/2019 13:08	Vide Report No.:	Station Diary No.: 36
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**Informant's Particulars**

Name of Informant: JOELYN LIM JIA YAN			Address: APT BLK 9 HAIG RD #05-409 SINGAPORE 430009		
ID Type / ID No.: NRIC NO / S9106917B			Contact No.: Home/Office: Mobile: 84993221		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 27	Date of Birth: 07/02/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name.
Occupation: Interior Designer			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/01/2019 23:45	Type of Location: Bend
Location: Along Road 1 TANJONG KATONG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA9943U	Car					0
SHB5063E						0
SJM7017U	Car				Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20190109/2073

Police Station Of Origin:

Serangoon N.P.C

'50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

2 of 3

Report No. T/20190109/2073

**CONTINUATION OF REPORT**

**Brief Details.**

On 08/01/2018 at about 2345hrs, I was driving my vehicle SJM7017U along Tanjong Katong Road turning left towards Geylang Road. I stopped at the junction as the traffic light was red. All of a sudden, I felt an impact from the rear and the impact caused my vehicle to move forward and collided into the vehicle (SHB5063E) in front. The driver of vehicle SHA9943U came out to check if I was alright. I did not get off my vehicle for a moment as I was in shock. After obtaining my composure, I came out of my vehicle to take photo of the accident. Thereafter, the driver of vehicle SHA9943U asked me to send my vehicle to his workshop and they will do the claims from there as he knows the insurance company and he can claim everything for me. I then told him that I have my own tow truck and insurance. After the whole incident, I went to see a doctor at Parkway East Hospital and was given 3 days of MC from 09/01/2019 to 11/01/2019.



**SINGAPORE  
POLICE FORCE**



T/20190109/2073

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Report No. T/20190109/2073

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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:

F /

Sgt 2 NGIO HAN BOON, DARREN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/01/2019 13:08

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED YUSUFF KHAN BIN

YAKUB KHAN

Contact No.: 97437849

Authentication Stamp

NP168

Classification Of Case:

ON 151



Signature: