

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 | 25/02/2019 17:18 |
| Date Of Accident | 23/02/2019 18:30 |
| Exact Location Of Accident | CTE (AYE) NEAR YIO CHU KANG FLYOVER |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKC3216D |
| Insured/Policyholder | |
| Name Of Registered Owner | WENDY TAN PHAIK SIM |
| NRIC No | S7568349I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91132699 |
| Alternative Phone No | OFFICE-91132699 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | AUDI |
| Model | Q7 3.0 QUATTRO 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 | 2100382117-04 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | WEE THAI HOCK |
| NRIC No | S1129704H |
| Date Of Birth | 08/04/1955 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/09/1986 |
| Driving Experience | 32 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91130273 |
| Fax Number | |
| Contact Number | OFFICE-91130273 |
| EEmail Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 955 HOUGANG AVENUE 9 #07-522 |
| Postcode | 530955 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| 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 | 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) | 3 |
| Passenger 1 | NAME: : WENDY TAN PHAIK SIM GENDER: : FEMALE |
| Passenger 2 | NAME: : BERNICE WEE MEI SHAN GENDER: : FEMALE |

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

REFER TO POLICE REPORT - T/20190225/7011.

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 | FBP1329M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | NUR SHAZRIQAH BINTE ATSANI |

| | |
|-------------------------------------|-----------|
| NRIC/Passport Number | S9914594C |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | WEE THAI HOCK |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SKC3216D |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|---------------------|
| Name | WENDY TAN PHAIK SIM |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SKC3216D |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 3

| | |
|---|----------------------|
| Name | BERNICE WEE MEI SHAN |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SKC3216D |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

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. 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.

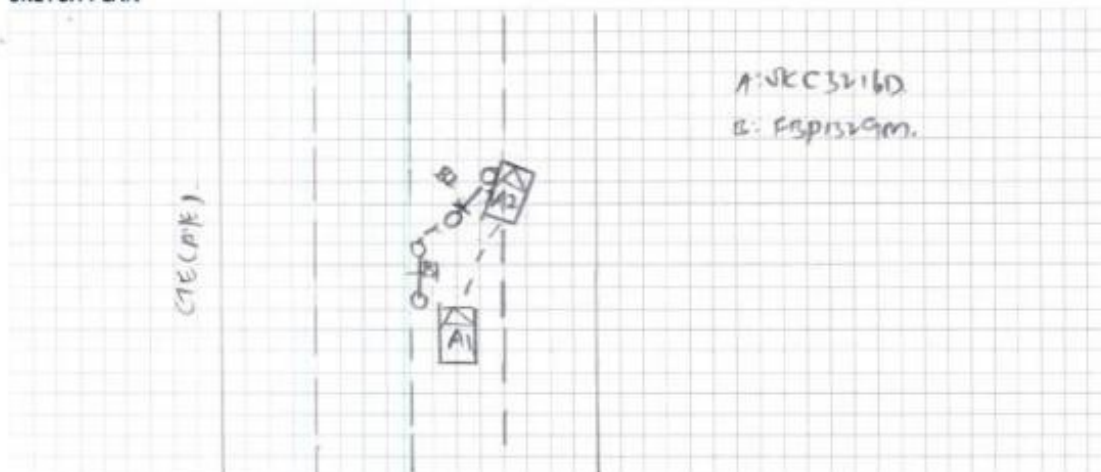
Policyholder's Signature
Date & Time: _____

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. - 7/20/90225/7011.

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/20190225/7011

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

1 of 4

Report No. T/20190225/7011

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 25/02/2019 12:13 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant: WEE THAI HOCK | | | Address: APT BLK 955 HOUGANG AVENUE 9 #07-522 SINGAPORE 530955 | | |
| ID Type / ID No.: NRIC NO / S1129704H | | | Contact No.: Home/Office: Mobile: 91130273 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: wendytanps@gmail.com | | |
| Sex: Male | Age: 63 | Date of Birth: 08/04/1955 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Retiree | | | 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: 23/02/2019 18:30 | Type of Location: Straight Road |
| Location: SELETAR EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 90 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|--------|-------|------------------|-----------------|
| FBP1329M | Motorcycle | HONDA | pgm-f1 | Black | Slightly Damaged | 0 |
| SKC3216D | Car | AUDI | Q7 | Black | Slightly Damaged | 2 |

Details of Person Involved

| | | | |
|---------------------------------|--------------------------------|--|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA | | |

police report



**SINGAPORE
POLICE FORCE**



T/20190225/7011

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

2 of 4

Report No. T/20190225/7011

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------|--|-----------------------------------|
| Driver | | | |
| Name | WEE THAI HOCK | ID No. | S1129704H |
| Related Vehicle | SKC3216D (Car) | Contact No. | 91130273 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 23/02/2019 | Date Discharge | 24/02/2019 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | Slight |
| Passenger | | | |
| Name | Bernice Wee Mei Shan | ID No. | T0375279D |
| Related Vehicle | SKC3216D (Car) | Contact No. | 91132699 |
| Hospital/Clinic | K K WOMEN'S CLINIC | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 23/02/2019 | Date Discharge | 24/02/2019 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Serious |
| Passenger | | | |
| Name | Wendy Tan Phaik Sim | ID No. | S7568349I |
| Related Vehicle | SKC3216D (Car) | Contact No. | 91132699 |
| Hospital/Clinic | HALLEY MEDICAL CLINIC | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 23/02/2019 | Date Discharge | 23/02/2019 |
| No. of Days granted Medical Leave | 02 | Degree of Injury | Slight |

Brief Details.

I was travelling straight on my vehicle bearing carplate number (SKC3216D) on CTE towards AMK on lane 2 when vehicle B (FBP1329M) which was travelling on my left hand side of my car swerved into my lane and collided side to side of my vehicle. I wish to state that my wife left the scene with my daughter to KKH as our daughter was not feeling well after the impact, she was hospitalised on 23rd and discharged on 24th after the treatment and was given 5 days hospitalization leave. Both me and my wife also consulted the doctor after the accident as we felt pain and was also given 7 days and 2 days medical leave respectively.

police report



**SINGAPORE
POLICE FORCE**

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



T/20190225/7011

3 of 4

Report No. T/20190225/7011

CONTINUATION OF REPORT

police report



**SINGAPORE
POLICE FORCE**



T/20190225/7011

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

4 of 4

Report No. T/20190225/7011

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 / TPIS /
LEE GUANG HUI
Contact No.: 65476138

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:
25/02/2019 12:13

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

