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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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
11/03/2019 18:34
09/03/2019 22:00
PIE TOWARDS TUAS BEFORE BKE EXIT
SINGAPORE
ETAILS OF OWN VEHICLE
SKS8262C
CHEN LU
G5113623W
NOEMAIL
(LOCAL) +65-93880796
OTHERS-93880796
NISSAN
X-TRAIL
PRIVATE USE
NO
THIRD PARTY
PRIVATE CAR
AIG ASIA PACIFIC INSURANCE PTE. LTD.
COMPREHENSIVE
NO
2100411966-03
CHEN LU
G5113623W

Name of Driver CHEN LU
Passport No/FIN G5113623V
Date Of Birth 09/01/1971
Occupation INDOOR
Date Of Driving Pass 22/05/2012

Driving Experience 6 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93880796

Fax Number

Contact Number OTHERS-93880796

EMail Address NOEMAIL

Address 13 WOODGROVE WALK

Postcode 738156

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 (including own vehicle)

involved in the accident

4

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) 1

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

NO

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

on Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ain at ...b and O

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190310/7001

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE TOO LARGE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG1379R

Vehicle Make/Model/Colour

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 SKW7158G

Vehicle Make/Model/Colour

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 SKM9525U

Vehicle Make/Model/Colour

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 CHEN LU

Approximate Age

Injuries Sustain NECK AND BACK PAIN

Injured person in which vehicle? SKS8262C

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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- 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)
 - (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:

iver's Signature

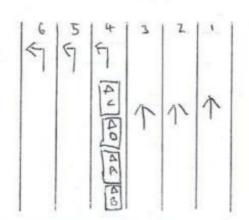
no

(If driver is not the policyholder)

Date & Time:

Accident Sketch Plan

SKETCH PLAN



A- SKS 8262C B- GAG 1379R C- SKW 7158 G D- SKM 95254.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was travelling
on my lane at PIE TURS Before BUE exit, Suddenly all the
Vehicle ahead of me come to a complete Stop and 1
followed Suit, after awille I selt a huge impact from the
rear 22 my vehicle and coasymy vehicle to move
formerly - after , stepped out of my vehicle , rearised that
I am involved in a four cors Accident. That is all.
POLICE REPORT 7/20190310/7001

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 Perso

NRIC/FIN No.:

POLICE REPORT





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

1 of 3 Report No. T/20190310/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2019 12:16		Made;	Vide Report No.: E/20190309/0191	Station Diary No.	
Informan	t's Partic	ulars			
Name of Informant: CHEN LU			Address: 13 WOODGROVE WALK #03 SINGAPORE 738156	3-03 CENTURY WOODS	
ID Type / ID No.: FIN NO / G5113623W			Contact No.: Home/Office:	Mobile: 93880796	
Nationality: AMERICAN			Email: rchen2000@hotmail.com		
Sex: Female	Age: 48	Date of Birth: 09/01/1971	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Housewife			Driving Licence Information: Class: 3A	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/03/2019 22:00	Type of Location Straight Road	
PAN ISLAND Weather:	EXPRESSWAY	Road Surface:		Road Speed Limit:	
Clear				noad Speed Limit.	
Clear		Dry			
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	

Vehicle No.		Make	Model	Color	Condition	No of Passenge
GBG1379R	Car /					0
SKM9525U	Car /			_		0
SKS8262C	Car					0
SKW7158G	Car /		-			0

POLICE REPORT



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

2 of 3 Report No. T/20190310/7001

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	CHEN LU		ID No		G5113623W	
Related Vehicle	SKS8262C (Car)			Conta	ict No.	93880796
Hospital/Clinic	BANYAN CLINIC PTE LTD.			Class Drivin Licent Expiry	g	Class: 3A Date of Expiry: NIL
Date Treatment	10/03/2019 Date Di			harge	10/03	/2019
No. of Days gran	ted Medical Leave	02		e of Injury Slight		The same of the sa

Brief Details.

On the stated date and time, I Vehicle A was travelling on my designated lane along PIE Tuas before BKE exit. Traffic was heavy and when the vehicle in front of me came to a complete stop I followed suit. After coming to a complete stop for about 1 second, i suddenly felt a huge impact hitting me from the rear causing me to propel forward and hence hitting the car in front. I am making this report as I have sustained injuries and have seemed medical attention and was given medical leave and medication. That

POLICE REPORT





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

3 of 3 Report No. T/20190310/7001

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/03/2019 12:16
Officer In Charge Of Case: TP / TPHQ / MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:
Authentication Stamp	



