

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	18/03/2019 19:55
Date Of Accident	18/03/2019 13:40
Exact Location Of Accident	NEAR BLK 745 BEDOK RESERVOIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1959C
Insured/Policyholder	
Name Of Registered Owner	YEO SIN HUAT ALAN
NRIC No	S7234580J
Email Address	CHUASCJ@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81834553
Alternative Phone No	OTHERS-97627890

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	2100499465-01
Cover Note Number	

Driver

Name of Driver	CHUA SOK CHENG (CAI SHUZHEN)
NRIC No	S7212834F
Date Of Birth	15/04/1972
Occupation	INDOOR
Date Of Driving Pass	31/05/1995
Driving Experience	23 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81834553
Fax Number	
Contact Number	OTHERS-97627890
Email Address	CHUASCJ@YAHOO.COM.SG

Address	49 JURONG EAST ANENUE 1 #08-03
Postcode	609781
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 - HEAD TO REAR
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: : SIM LEA TONG GENDER: : FEMALE
Passenger 2	NAME: : LIM JIA HUEY GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190318/2144

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	SJF4971X
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KENG PAU

NRIC/Passport Number	S1511644G
Contact Number	96836640
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LIM JIA HUEY
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLK1959C
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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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:

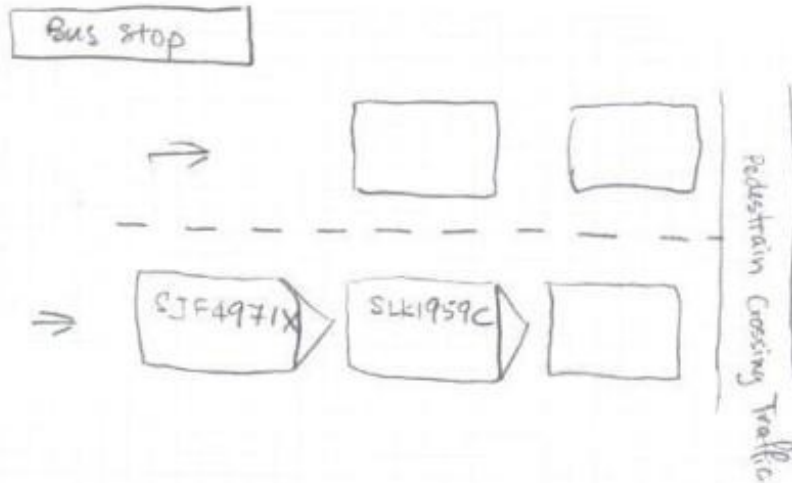

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/3/2019 4:17pm


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

Accident Sketch Plan

745 Bedok Reservoir Road

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Stopping at the Red traffic light and waiting for the light to turn green. Once the light turn Green, I feel the bang immediately before I can move off. The behind car bang me on the back. I step out of the car and check with the behind car, he also get down and say that he thought that I have move off, and claim that the reflection of the sun, and he cannot see my car properly. so he accelerate and bang onto my car.

RS REFER TO POLICE REPORT 7/20190318/2144

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/20190318/2144

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

1 of 4

Report No. T/20190318/2144

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2019 18:08	Vide Report No.:	Station Diary No.: 57
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Informant's Particulars			
Name of Informant: CHUA SOK CHENG		Address: 49 JURONG EAST AVENUE 1 #08-03 SINGAPORE 609781	
ID Type / ID No.: NRIC NO / S7212834F		Contact No.: Home/Office: Mobile: 97627890	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 46	Date of Birth: 15/04/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/03/2019 13:40	Type of Location: Minor pedestrian crossing traffic light
Location: BEDOK RESERVOIR ROAD Along Bedok Reservoir Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SJF4971X	Car					0
SLK1959C	Car				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/20190318/2144

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20190318/2144

CONTINUATION OF REPORT

Driver			
Name	NG KENG PAU		ID No. S1511644G
Related Vehicle	SJF4971X (Car)		Contact No. 96836640
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	CHUA SOK CHENG		ID No. S7212834F
Related Vehicle	SLK1959C (Car)		Contact No. 97627890
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/03/2019 at about 1340hrs, I was driving my vehicle bearing the registration number SLK1959C along Bedok Reservoir Rd with my mother was seated at the rear passenger seat and my friend was seated at the front passenger seat. When I was driving beside block 745 of Bedok Reservoir Rd, I approached a red traffic light. I stopped my vehicle at the stopping line while waiting it to turn green.

After the traffic light turn green, I just wanted to move off when a vehicle bearing the registration number SJF4971X collided onto the rear part of my vehicle. The impact had caused my vehicle to inch forward. I then went out from the car to check my car and my car suffered dent on the bumper area. We exchange particulars and as there was no one required any immediate medical attention at that point of time, we both left the scene. I have an in-build car camera install in my vehicle.

I wish to state that my friend felt pain on her back and neck area thus she went to seek medical attention at LC Clinic and was given 3 days of medical leave. I wish to state that my mother also felt some pain at her chest area when I was driving her back home however she has yet see any doctor.

My friend particular as follows;

Name: Lim Jia Huey
NRIC: S7274107B
H/P: 91281057

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190318/2144

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20190318/2144

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190318/2144

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Report No. T/20190318/2144

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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:
D /
Sgt 3 MUHAMMAD RAFIQ KHAN BIN DAUD

Signature Of Informant:

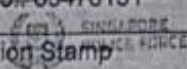
Signature Of Interpreter:
Not applicable

Date/Time:
18/03/2019 18:08

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

Classification Of Case:

Authentication Stamp
NP168



SN 40

SIGNATURE

LC CLINIC MEDICAL SURGERY AESTHETICS

Blk 446 Clementi Ave 3 #01-191 Singapore 120446

Tel: 64640932 Fax: 64640241

Medical Certificate

Date : 18 Mar 2019

MC No. : 0000034158

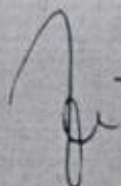
This is to certify that :

Name : LIM JIA HUEY

NRIC : S7274107B

is Unfit for work for 3 days

from 18/03/2019 to 20/03/2019 inclusive.



LC Clinic
Medical Surgery Aesthetics
Blk 446 Clementi Ave 3
#01-191 Singapore 120446
Tel: +65 6464 0932 Fax: +65 6464 0241
Licence No.: 14M0014/02/152

DR LIM CHOO

MBBS, GDFM

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Mercedes-Benz

DAIMLER AG

WDD2120472A524854

2185 kg

1050 kg

1180 kg

Made in Germany