## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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 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.
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	ACCIDENT STATEMENT
Data Of Papart	29/03/2019 14:04
Date Of Report  Date Of Accident	28/03/2019 20:00
Exact Location Of Accident	
Country/State of Loss	PAN ISLAND EXPRESSWAY TOWARDS TUAS (EXIT 26A) SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR3719D
Insured/Policyholder	CLIOT 13E
Name Of Registered Owner	OU ZIQUN,ANDY
NRIC No	S8936906A
Email Address	ANNDY.OU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97700527
Alternative Phone No	Others-62641036
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
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	1700035966
Cover Note Number	
Driver	
Name of Driver	OU ZIQUN,ANDY
NRIC No	S8936906A
Date Of Birth	12/10/1989
Occupation	INDOOR
p=	

09/07/2009

9 YEARS AND 8 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-97700527

Fax Number

**Contact Number** OTHERS-62641036

**EMail Address** ANNDY.OU@GMAIL.COM

Address BLK 329 TAH CHING ROAD #09-96

Postcode 610329 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 AFTER RAIN IN EVENING BUT DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JRW438 (MOTORCYCLE)

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

YES

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

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

TEL NO: 65470000 - FAX NO: **Police Station Contact** 

Was notice of intended Prosecution given?

If Yes, against whom?

NO

**Circumstances of Accident** 

**REFER TO ATTACHMENT** 

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? Was there any audio recorded? NO

**Details of Witness 1** 

Name **ROSLY BIN SANAN** 

Phone Number 81988677

**Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SFQ368D

Vehicle Make/Model/Colour BMW/WH

Vehicle Make/Model/Colour BMW/WHITE

Details Of Properties SFQ368D SUFFERED REAR DENT ON BUMPER

Vehicle Category PRIVATE CAR
Name of Driver ROSLY BIN SANAN

NRIC/Passport Number S1787777A Contact Number 81988677

Address Postcode

Insurance Company Name

Nature Of Damage SFQ368D SUFFERED REAR DENT ON BUMPER

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number JRW438

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver PHANG PUI YUNE

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 SKV6347P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SHI HUI

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name PHANG PUI YUNE

Approximate Age

Injuries Sustain ABRASION ON FEET/HAND

Injured person in which vehicle?

Were seat belts worn?

NO

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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:

21 3 2017 (10:30)

Driver's Signature

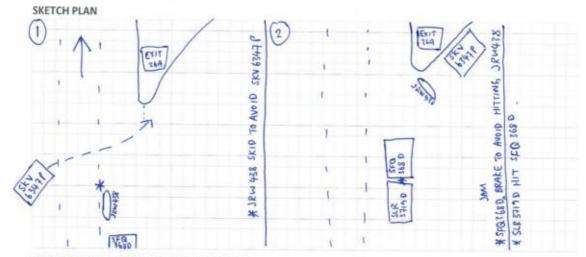
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MOTOR VEHICLE ACCIDENT HAPPEN AT PIE TOWARDS THAS BEFORE DUNEARN RD CLEMANTIR
EXIT (EXIT 26A).
SKV 6347P FILTER OUT LATE AND CUT ACROSS FROM LANE 3 TO EXIT 264, CAUSE
JEW 438 TO SKID DUE TO BRAKING ( NUT SURE JEW 438 HIT / CONTACTED EXVERY SFO 3680 WHICH WAS BEHIND JRW 438 JAM BRAKE TO AVOID HITTING RIDER
WHOM WAS ON THE FLOOR ( LANE I ). SLR 3719D WHOM WAS TRAVELLING MORE
THAN 3 VEHICLE LENGTH ALLAY BEHIND SERBLED ALSO APPLICED BRAKE. HOWEL
COLLISON COULD NOT BE MERTED.
SF & 3 680 SUFFERED DENT ON REAR BUMPER, DRIVER NO INJURY.
SLK 3719D SUFFERED MAJOR FRONT BODY PAMAGES. DRIVER NO INSCRIGS.
ACCIDENT BEING RELORDED FROM CLR 3717 D DASH CAM.

DECLARATION

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

Policyholder's Signature Date & Time:

20 3 17

10:10

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:































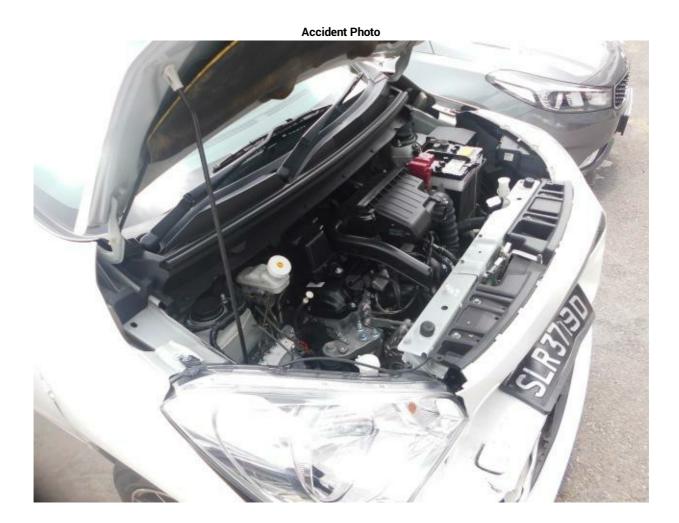




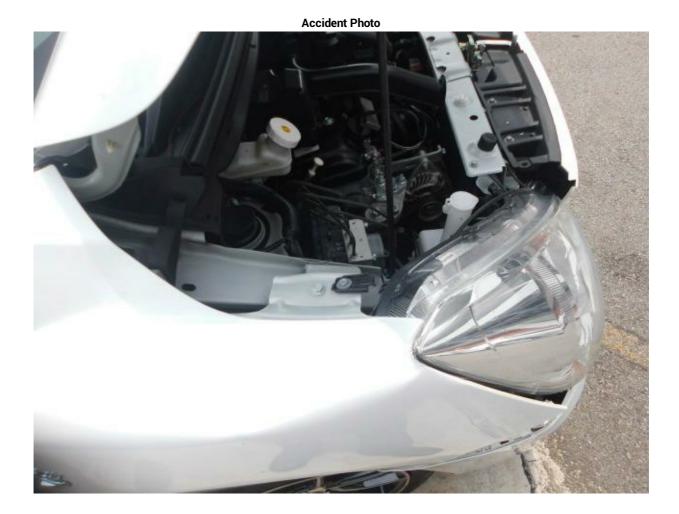


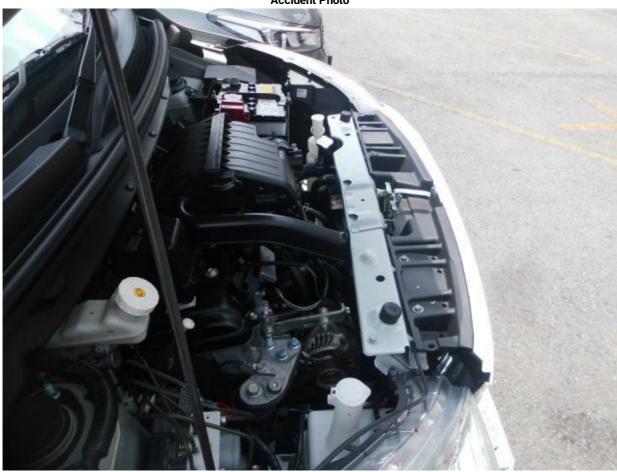


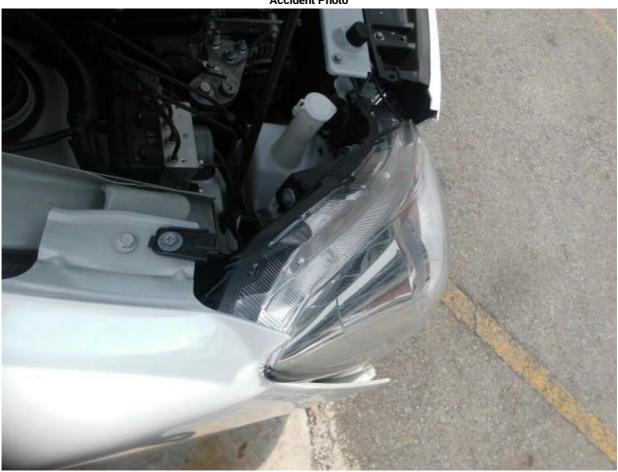
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 4 Report No. T/20190329/7002

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2019 09:25		Aade;	Vide Report No.: Station Dian		
Informa	nt's Partic	ulars	tonia - a - a - a - a - a - a - a - a - a -		
	Informant: JN, ANDY		Address: APT BLK 329 TAH CHING ROAD #09-96 SINGAP 610329		
ID Type	/ ID No.:	06A	Contact No.:		
NRIC N	D / S893690		Home/Office: Mobile: 97700527		
Nationality:			Email:		
SINGAPORE CITIZEN			anndy.cu@gmail.com		
Sex:	Age:	Date of Birth:	Type of Informant:		
Male	29	12/10/1989	Driver		
Race:			Language: Institution / School N		
Chinese			English		
Occupation:			Driving Licence Information:		
Fire-fighting and rescue officer			Class: Date of Expiry:		

Type of Accident	Injury Attended by Police	Drink Drive: No	Date/Time of Accident 28/03/2019 20:0	Type of Location Straight Road
Location:				AV.
PAN ISLAND	EXPRESSWAY			
THE HOLF HAD	EN NEGOTIA			
		Road Surface:		Road Speed Limit
Clear		Dry		90 Km/h
Weather: Clear Traffic Flow: One Way				

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
JRW438	Motorcycle		101-00000		Seriously Damaged	0
SFQ368D	Car	BMW		White	Slightly Damaged	0
SKV6347P	Car	TOYOTA	Corolla Altis	Grey	Slightly Damaged	1
SLR3719D	Car	MITSUBISHI	ATTRAGE 1.2 CVT	White	Seriously Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408885 Tel No: 65470000

2 or 4 Report No. T/20190329/7002

#### CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR3719D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700035968-01	14/08/2018	13/08/2019

Any Pedestrian II	n involved					
No. of Pedestrian			Use of Pedestrian Crossing: NA			
Rider	is injured; ivit.	_	Use of Pec	sestriar	Cross	sing: N/A
Name	PHANG PULYUNE			10.11		Takes at the same
Name	PHANG PULTUNE			ID No		WP 515813187
Related Vehicle	JRW438 (Motorcycl	(e)		Conta	ct No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disci	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		Sligh	t
Driver		manye.			- Carrier	
Name	ROSLY BIN SANAN		ID No.		S1798777A	
Related Vehicle	SFQ368D (Car)		Contact No.		81988677	
Hospital/Clinic	NIL		Class Drivin Licens Expiry	g	Class; NIL Date of Expiry: NIL	
Date Treatment	NIL Da		Date Disci	harge	NIL	
	led Medical Leave	NIL	Degree of			
Driver				1000		Contract of the Contract of th
Name	SHI HUI			ID No.		S7361617D
Related Vehicle	SKV6347P (Car)		Conta	ct No.	NIL	
Hospital/Clinic	NIL		Class Drivin Licery Expiry	0	Class: NIL, Date of Expiry: NIL	
Date Treatment	NIL		Date Disci	harge	NIL	
NI C PS	ted Medical Leave	Degree of	Initiany	NIL		





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

#### CONTINUATION OF REPORT

Driver			150 100		20.00	
Name	OU ZIQUN, ANDY			ID No	0	\$8936906A
Related Vehicle	SLR3719D (Car)			Conta	ct No.	97700527
Hospital/Clinic	NIL.			Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

#### Brief Details

Bird Details.

Motor vehicle accident happen at PIE towards Tuas, before Duneam Rd/Clementi Rd exit (Exit 28A), involving the following parties:

1st Vehicle: Driver Ms Shi Hui (\$7361617D) / Grey Metallic Toyota Altis (\$KV6347P)

2nd Vehicle: Rider Mr Phang Put Yune (FIN: F7312551R WP 515813187) / Motorcycle (JRW438)

3rd Vehicle: Driver Mr Roaly Bin Sanan (\$1798777A) / White BMW (\$F0358D)

4th Vehicle: Driver Mr Ou Ziqun Andy (\$8936905A) / White Mitsubishi Attrage (\$LR3719D)

#### VIDEO/PICTURES available and larger than 2MB.

SKV6347P filter out late from lane 3 of expressway and struptly move towards Exit 26A.

JRW438 was travelling in between lane 1 and 2. He jammed his brake to avoid collision with SKV6347P which caused him to self skid.

SFQ368D was directly behind JRW438 when he self skid. As a result, SFQ368D also had to brake abruptly to avoid hitting JRW438.

SLR3719D was travelling more than 3 car length behind SFQ368D, brakes were applied but collision could not be affected.

[All points above could be view through SLR3719D dash cam video]

SKV6347P suffered minor scratches on rear bumper of vehicle. Driver/passenger no injury. JRW438 rider suffered abrasion on arms and feet. A152 was in attendance. JRW438 had to be towed out of expressway due to the damages. SFC368D suffered dent on rear bumper of vehicle. Driver no injury. SLR3719D suffered major front body damage to vehicle. Driver no injury.

Additional points:
-SFQ368D driver clearly see SKV6347P cutting through 3 lanes.
-It was overheard during the conversation between TP in attendance and SKV6347P driver that the driving school did not teach them that they can't filter out 3 lanes.



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



4 of 4

Report No. T/20190329/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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: 29/03/2019 09:25
Officer in Charge Of Case: TP / TPIB / TAN CHIN YONG Contact No.: 65476178	Classification Of Case:
Authorities Classe	

## **Identification Card**



