

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	29/04/2019 19:59
Date Of Accident	26/04/2019 16:10
Exact Location Of Accident	ALEXANDRA ROAD TOWARDS TELOK BLANGAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT5290Z
Insured/Policyholder	
Name Of Registered Owner	LOW PUAY HIA (LIU PEIXIA)
NRIC No	S7637192Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91263044
Alternative Phone No	OTHERS-91263044

Vehicle Particulars

Manufacturer	MAZDA
Model	CX-3-2.0 SKYACTIV-G 6AT (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	1700079835-01
Cover Note Number	

Driver

Name of Driver	CHOY KIT YEE (CAI JIEYI)
NRIC No	S8112932J
Date Of Birth	11/04/1981
Occupation	INDOOR
Date Of Driving Pass	01/03/2000
Driving Experience	19 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91263044
Fax Number	
Contact Number	OTHERS-91263044
Email Address	NOEMAIL

Address	6 DOVER RISE #04-10
Postcode	138678
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : NATHAN LOW LUCK KAI GENDER: : MALE

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

PLEASE REFER TO POLICE REPORT T/20190426/7017

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	CB6534R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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 SHD3489M
Vehicle Make/Model/Colour
Details Of Properties
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 3

Vehicle Registration Number SBS8560Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category BUS
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 CHOY KIT YEE (CAI JIEYI)
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLT5290Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NATHAN LOW LUCK KAI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLT5290Z
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) 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:



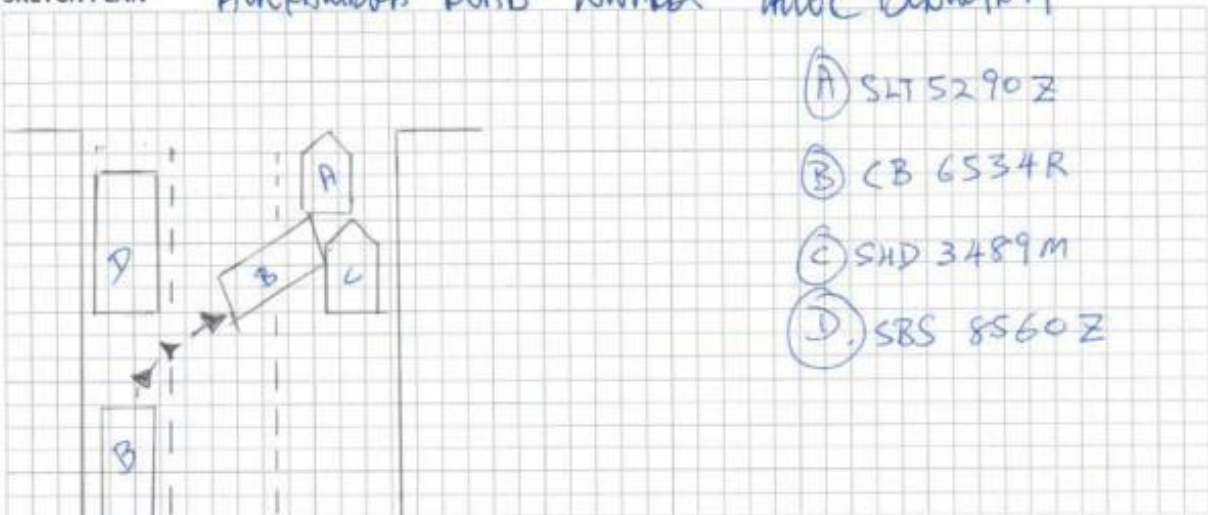
29/09/2018

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

Accident Sketch Plan

SKETCH PLAN

ALEXANDRA ROAD TOWARDS INK BLENCH



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT T/20190426/2017.

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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/20190426/7017

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

1 of 3

Report No, T/20190426/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2019 18:48		Vide Report No.: D/20190426/0069		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHOY KIT YEE			Address: 6 DOVER RISE #04-10 SINGAPORE 138678		
ID Type / ID No.: NRIC NO / S8112932J			Contact No.: Home/Office: Mobile: 93679494		
Nationality: SINGAPORE CITIZEN			Email: kitchoy@gmail.com		
Sex: Female	Age: 38	Date of Birth: 11/04/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/04/2019 16:10	Type of Location: Straight Road
Location: ALEXANDRA ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
CB6534R	Bus/Coach/Minibus (School Children)			White	Seriously Damaged	20
SBS8560Z	Bus/Coach/Minibus			Red	Slightly Damaged	0
SHD3489M	Car			Blue	Seriously Damaged	0
SLT5290Z	Car					0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190426/7017

2 of 3

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

Report No. T/20190426/7017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	NATHAN LOW LUCK KAI	ID No.	T1124855H
Related Vehicle	SLT5290Z (Car)	Contact No.	NIL
Hospital/Clinic	NORTHEAST (BUONA VISTA) MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/04/2019	Date Discharge	26/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHOY KIT YEE	ID No.	S8112932J
Related Vehicle	SLT5290Z (Car)	Contact No.	93679494
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	Slight

Brief Details.

I WAS WAS WAITING FOR THE TRAFFIC LIGHT TO TURN INTO MY FAVOR. I WAS STATIONARY ON LANE 1 OF 3 LANES AND WAS THE FIRST VEHICLE OF THE QUEUE. OUT OF A SUDDEN, I FELT AN GREAT IMPACT FROM THE REAR, THE IMPACT WAS SO HUGE THAT IT PUSHED ME FORWARD ACROSS THE PEDESTRIAN CROSSING. I ALIGHTED FROM MY CAR AND REALISED THAT A PRIVATE BUS (CB6534R) HAD LOST CONTROL AND COLLIDED ONTO THE REAR OF MY VEHICLE AFTER THE COLLISION WITH A SBS BUS (SBS8560Z). A TAXI (SHD3489M) WAS ALSO INVOLVED IN THE ACCIDENT. IN TOTAL, 4 VEHICLES WERE INVOLVED.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190426/7017

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

3 of 3

Report No: T/20190426/7017

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 / TPB /
YEO CHUN JIAN
Contact No.: 65476213

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:
26/04/2019 18:48

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



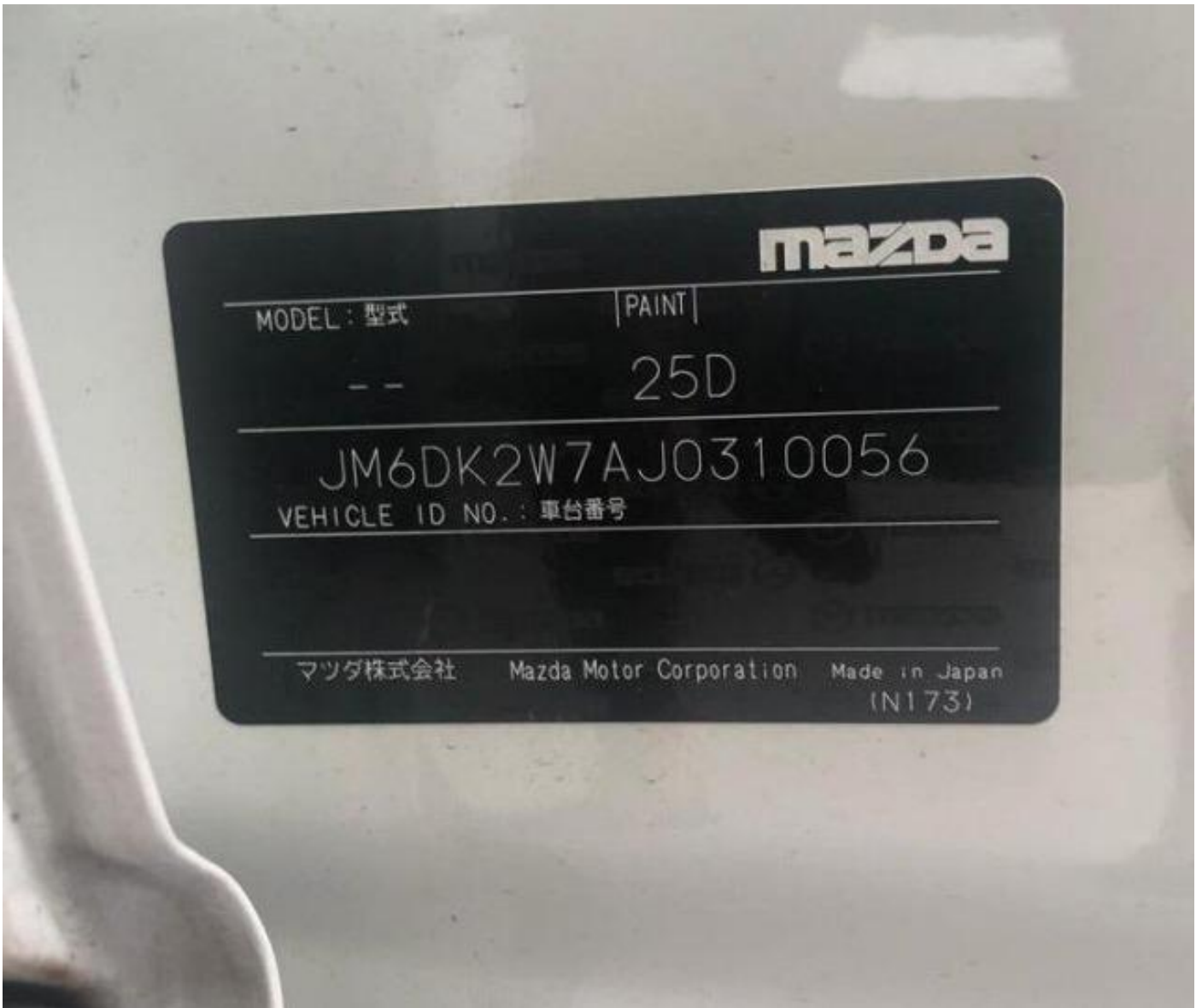
Accident Photo



Accident Photo



Accident Photo



Identification Card



Driving License

