

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	26/04/2019 15:20
Date Of Accident	26/04/2019 12:35
Exact Location Of Accident	ANG MO KIO AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT9188K
Insured/Policyholder	
Name Of Registered Owner	FOO CHIEH HSIA ISABEL
NRIC No	S8811763H
Email Address	ISABEL.SWISS31502@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96707046
Alternative Phone No	Office-96707046
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T (A)
Exact Purpose for which vehicle was being used at time of accident	
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	1700079251-01
Cover Note Number	
Driver	
Name of Driver	FOO CHIEH HSIA ISABEL
NRIC No	S8811763H
Date Of Birth	09/04/1988
Occupation	INDOOR
Date Of Driving Pass	24/02/2016
Driving Experience	3 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96707046
Fax Number	
Contact Number	OFFICE-96707046
E-Mail Address	ISABEL.SWISS31502@GMAIL.COM
Address	210 PETIR RD #11-475
Postcode	670210
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 - MAJOR/MINOR RD
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACH

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD TAKEN BY POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1046G
Vehicle Make/Model/Colour	

Details Of Properties	
Vehicle Category	TAXI
Name of Driver	THINAGARAN S/O THANGARAJOO
NRIC/Passport Number	S0274958J
Contact Number	81619421
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAXI PASSENGER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB1046G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

Vehicle No:

SLT9188K

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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.:

SKETCH PLAN

on the pavement, hit onto town council's barricade

taxi

my car

car park

My Vehicle No (A): SLT9188K


am / pm

Refer police Report
T/20190426/2067.

- O t h e r V e h i c l e I n v o l v e D e t a i l s -

(B)	Veh No: <u>SAB1046G</u>	Hp:	Pax:	Driver Name:
(C)	Veh No:	Hp:	Pax:	Driver Name:

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.:



**SINGAPORE
POLICE FORCE**



T/20190426/2067

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20190426/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2019 14:54			Vide Report No.: F/20190426/0056		Station Diary No.: 117
Informant's Particulars					
Name of Informant: FOO CHIEH HSIA, ISABEL			Address: APT BLK 210 PETIR ROAD #11-475 SINGAPORE 670210		
ID Type / ID No.: NRIC NO / S8811763H			Contact No.: Home/Office: Mobile: 96707046		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 31	Date of Birth: 09/04/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: IT PROJECT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/04/2019 12:35	Type of Location: T-Junction
Location: Along Road 1 ANG MO KIO AVENUE 10 Block 532 Ang Mo Kio				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB1046G	Car				Seriously Damaged	1
SLT9188K	Car	NISSAN	QASHQAI 1.2 DIG-T CVT	Grey	Seriously Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry	Date
SLT9188K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700079251-01	16/11/2018	15/11/2019	



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T/20190426/2067

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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20190426/2067

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	THINAGARAN S/O THANGARAJOO	ID No.	S0274958J
Related Vehicle	SHB1046G (Car)	Contact No.	NIL
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	FOO CHIEH HSIA, ISABEL	ID No.	S8811763H
Related Vehicle	SLT9188K (Car)	Contact No.	96707046
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 26th April 2019 at about 1236 hours, I was driving my car vehicle bearing registration number SLT9188K and was about to exit from the carpark. Before exiting the carpark, I did my safety checks and saw two vehicles on the left lane signaling to go into the carpark. The right lane was Kclear hence I drove off. While making the right turn, the taxi bearing registration number SHB1046G appeared and both our vehicles hit onto each other. The taxi swerve to his right and ended up on the passenger pathway.

Ambulance came and conveyed the taxi driver's passenger to the hospital. Traffic police also came to scene and took one Papago 16GB memory card from my vehicle camera. The front right side of my vehicle was completely damaged and my vehicle needs to be towed. The driver's side airbag was activated. The taxi's front wheel was badly damaged as his vehicle collided with the town council barriers.

I wish to state that this is the first time such an incident happened and I have not went to see the doctor yet.



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T/20190426/2067

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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20190426/2067

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:

F /

Sgt 2 MASLINA BINTE MOHAMAD ALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/04/2019 14:54

Officer In Charge Of Case:

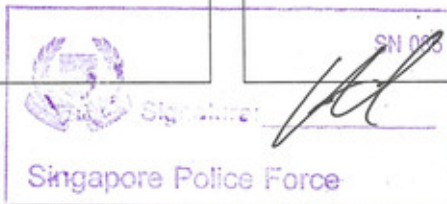
TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Scene Photo



Scene Photo



Scene Photo



Scene Photo

