

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	10/05/2019 16:13
Date Of Accident	07/05/2019 19:45
Exact Location Of Accident	TOMLINSON ROAD TOWARDS TANGLIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB4478M
Insured/Policyholder	
Name Of Registered Owner	JACQUEMOTTE JACQUES ROBERT J
Passport No/FIN	G5848590Q
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93398835
Alternative Phone No	OTHERS-93398835

Vehicle Particulars

Manufacturer	AUDI
Model	Q5 3.2 FSI
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	2100260989-07
Cover Note Number	

Driver

Name of Driver	DA COSTA SILVA ANA CRISTINA
Passport No/FIN	G5853371N
Date Of Birth	19/09/1968
Occupation	INDOOR
Date Of Driving Pass	19/12/2006
Driving Experience	12 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93398835
Fax Number	
Contact Number	OTHERS-93398835
Email Address	NOEMAIL

Address	NO.8 MINBU ROAD
Postcode	308162
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190508/2215

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	WC4742C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	DA COSTA SILVA ANA CRISTINA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKB4478M
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:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, i vehicle 'A' was travelling on my designated lane along Tomlinson Road. I was turning right onto Tanglin Road when suddenly i felt a impact on my rear right portion. I got down from my vehicle to realised that vehicle 'B' has collided into me while turning. That is all.

POLICE REPORT T/20190508/2215

DECLARATION

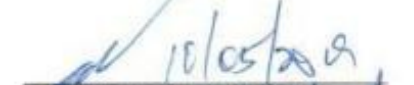
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:



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

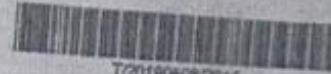
 10/05/2019

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190508/2215

1 of 3

Report No. T/20190508/2215

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
08/05/2019 19:53

Vide Report No.:
E/20190507/0126

Station Diary No.:
411

Informant's Particulars

Name of Informant: DA COSTA SILVA ANA CRISTINA		Address: APT BLK 8 MINBU ROAD #28-05 MONTEBLEU SINGAPORE 308162	
ID Type / ID No. FIN NO / G5853371N		Contact No.: Home/Office: Mobile: 93398835	
Nationality: PORTUGUESE		Email:	
Sex: Female	Age: 50	Date of Birth: 19/09/1968	Type of Informant: Driver
Race: Others		Language: English	Institution / School Name:
Occupation: Housewife		Driving Licence Information: Class: 3 Date of Expiry: 18/12/2021	

General Information of the Accident

Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 07/05/2019 19:45	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 TOMLINSON ROAD TANGLIN ROAD JUNCTION OF TOMLINSON ROAD AND TANGLIN ROAD, BESIDE ST REGIS HOTEL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
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
SKB4478M	Car				Slightly Damaged	0
WC4742C	TRUCK					0

Any Pedestrian involved: NA
No of Pedestrian involved: NA

Any Roadway Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190508/2215

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Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20190505/2215

CONTINUATION OF REPORT

Driver			
Name	DA COSTA SILVA ANA CRISTINA	ID No.	G5853371N
Related Vehicle	SKB4478M (Car)	Contact No.	93396835
Hospital/Clinic	ATLAS SPINE & ORTHOPAEDIC SURGERY SURGERY CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 18/12/2021
Date Treatment	08/05/2019	Date Discharge	08/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details:

07/05/2019, at about 1945hrs, I was driving my vehicle SKB4478M along Tomlinson Road back home. After which, I stopped at the junction of Tomlinson Road and Tanglin Road as the traffic light was not in my favour. I recalled I was on lane 3 out of 4 lanes.

As I moved off by making a right turn, I felt an impact from the rear. I alighted from the vehicle and discovered a truck WC4742C collided into the rear right wheel of my vehicle. The driver of WC4742C also alighted from the vehicle and we exchanged particulars. I made a check on my vehicle and discovered there was a dent on my rear right wheels, rear right passenger door, rear right fender and rear right bumper. There were also some scratches on the rear right fender.

After the accident, I called for Police assistance, but subsequently the driver and me left the location as we are causing a massive jam. At that juncture, I did not experience any discomfort.

On 08/05/2019, I experienced strain on my neck and also mentally stress due to the accident. As such, I sought medical attention and was given 3 days of Medical Certificate from the period of 08/05/2019 to 10/05/2019. The medical center that I visited was Atlas Spine & Orthopaedic Surgery Centre located at No.3 Mount Elizabeth, Mount Elizabeth Centre #06-09 S(228510).

Lastly, my vehicle does not have any in built camera.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190508/2215

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228882
Tel No. 1800-2959999

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Report No. T/20190508/2215

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Handwritten: No. 1

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report:
E/
Sgt2 TAN JUN WEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AET /
SIANG YI TING, STEPHANIE
Contact No. 65478414

Authentication Stamp:
NP188

Signature Of Informant:

Handwritten signature

Date/Time:
01/03/2019 19:53

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



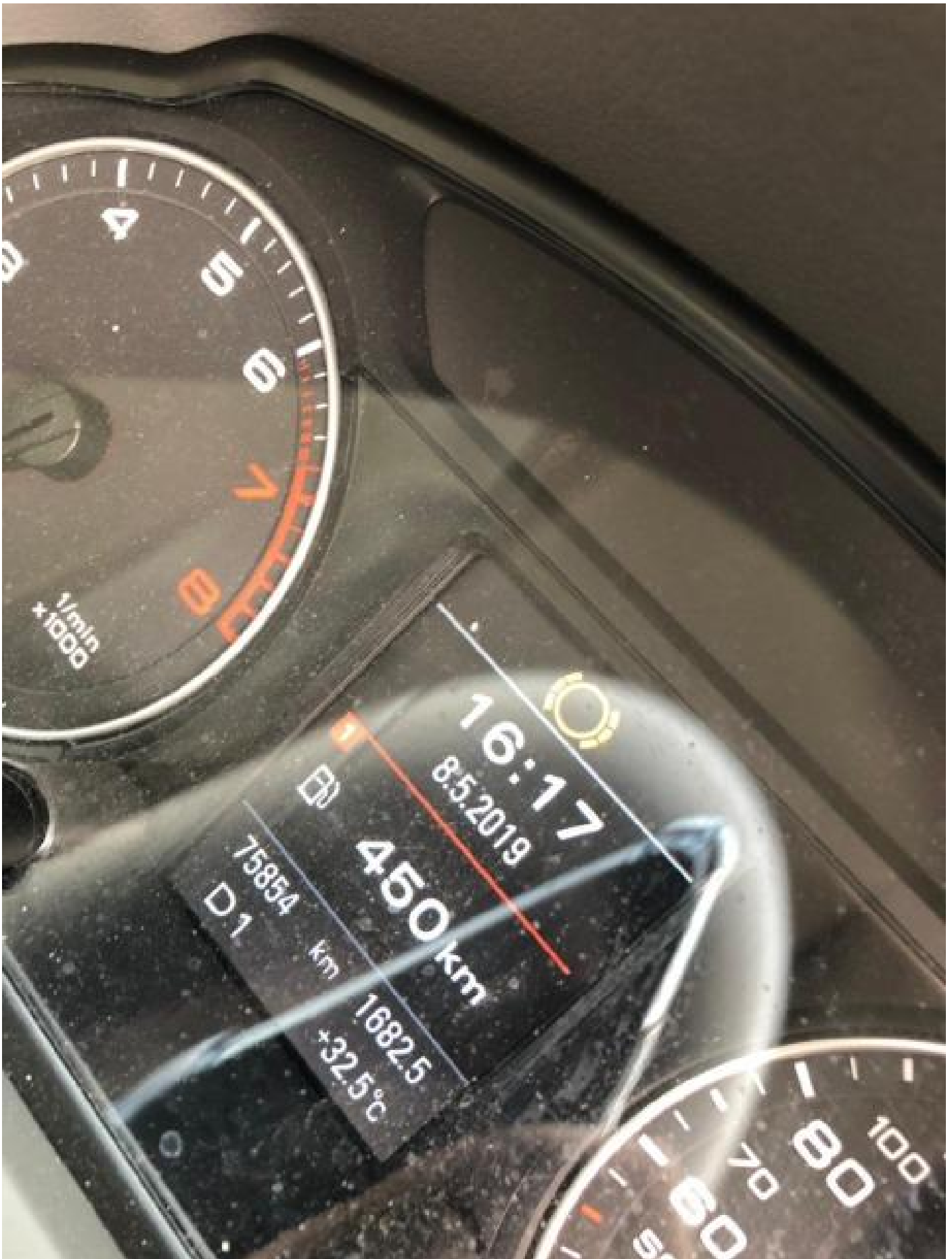
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

