

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	10/06/2019 20:16
Date Of Accident	08/06/2019 16:05
Exact Location Of Accident	ALONG PIE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMG2759R
Insured/Policyholder	
Name Of Registered Owner	PLANT CULTURE PTE LTD
Co Reg No	200713569W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-89999999
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA2 HATCHBACK 1.5 AT DELUXE 2WD
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800148634
Cover Note Number	
Driver	
Name of Driver	KRISTIE CHIN
NRIC No	S9620213Z
Date Of Birth	07/06/1996
Occupation	INDOOR
Date Of Driving Pass	07/12/2017
Driving Experience	1 YEAR AND 6 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91178468
Fax Number	
Contact Number	OFFICE-91178468
EMail Address	NOEMAIL
Address	BLK 422 PASIR RIS DRIVE 6 #12-139
Postcode	510422
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190609/2087.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ3938E
Vehicle Make/Model/Colour	

Details Of Properties
Vehicle Category

PRIVATE CAR

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

SJP3427E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

SHD40T

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 INJURED PERSON 1

Name

KRISTIE CHIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMG2759R

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.



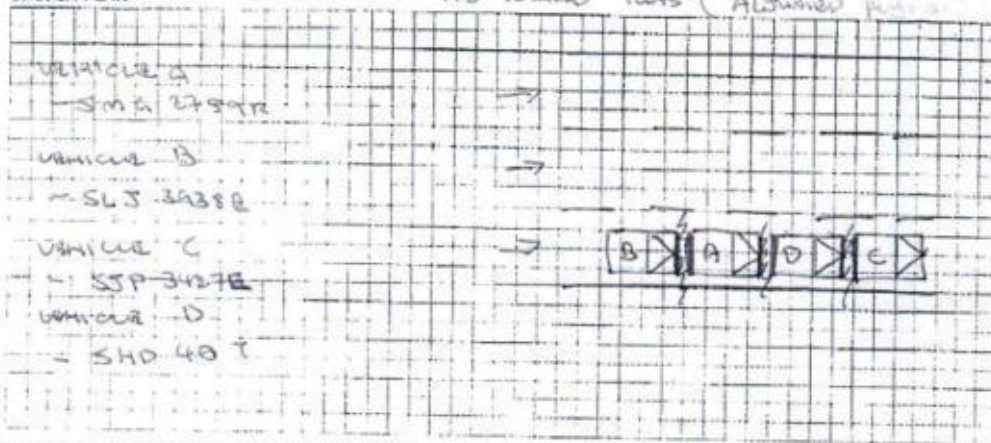
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG THE ROAD TOWARD THIS DIRECTION. I WAS ON THE EXTREME RIGHT LANE.

WHILE DRIVING STRAIGHT AHEAD, SUDDENLY THE VEHICLE IN FRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP.

SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE. WHICH THE IMPACT WAS SO GREAT THAT PUSHED ME FORWARD AND HIT ONTO THE VEHICLE IN FRONT.

ALIGHTED FROM MY VEHICLE SHORTLY, AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE NUMBER (SLJ 3938E) THAT COLLIDED TO THE REAR OF MY VEHICLE, THUS CAUSING ME TO HIT ONTO THE VEHICLE IN FRONT OF ME. IT WAS A ACCIDENT INVOLVING 4 VEHICLES.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SMG 2759R	VEHICLE B - SLJ 3938E
VEHICLE C - SJP 3427E	VEHICLE D - SHD 40T

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.:



**SINGAPORE
POLICE FORCE**



T/20190609/2087

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190609/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2019 16:25		Vide Report No.:		Station Diary No.: 84	
Informant's Particulars					
Name of Informant: KRISTIE CHIN		Address: APT BLK 422 PASIR RIS DRIVE 6 #12-139 SINGAPORE 510422			
ID Type / ID No.: NRIC NO / S9620213Z		Contact No.: Home/Office: Mobile: 91178468			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Female	Age: 23	Date of Birth: 07/06/1996	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: LANDSCAPE OPERATION MANAGER		Driving Licence Information: Class: 3A		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/06/2019 16:05	Type of Location: Flyover
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Tuas at the Ajunied Flyover.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SHD40T	Taxi				Slightly Damaged	0
SJP3427E	Car				Slightly Damaged	0
SLJ3938E	Car				Slightly Damaged	0
SMG2759R	Car				Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190609/2087

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190609/2087

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KRISTIE CHIN	ID No.	S9620213Z
Related Vehicle	SMG2759R (Car)	Contact No.	91178468
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	08/06/2019	Date Discharge	08/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 08/06/19 at about 1605hrs, I was driving my vehicle bearing the plate number SMG2759R along PIE towards Tuas. As I was driving on the extreme right lane along the Aljunied flyover, a vehicle bearing the plate number SHD40T which was in front of me suddenly brake to a complete stop. I then applied the brake too and was slowing down when the vehicle behind me hit the rear of my vehicle. the vehicle that hit onto the rear of my vehicle is SLJ3938E. The impact caused my vehicle to move forward and hit onto the rear of SHD40T and caused SHD40T to hit onto the rear end of the vehicle in front of it which is SJP3427E. I then came out of my vehicle and took some photos of the accident. The drivers then exchange contact detail and left the accident location.

As I was feeling pain on the neck area, I went to the hospital and was given 5 days of MC. After visiting the hospital, I went to lodge an accident report with my insurance company and was told to lodge a police report for the accident. I would also like to state that I had submitted my MC to the insurance company. There is also an in car camera installed in my vehicle and it was operating during the accident. No police or ambulance was called down for the accident.



SINGAPORE
POLICE FORCE



T/20190609/2087

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190609/2087

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:

G /
Sgt 2 JEREMY CHUNG

Signature Of Informant:

Date/Time:

09/06/2019 16:25

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /
Sgt 3 KOH CHEE SENG, KEVIN
Contact No.: 65472073

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

