

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	06/08/2019 15:13
Date Of Accident	05/08/2019 12:00
Exact Location Of Accident	ALONG FARRER ROAD TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA5254C
Insured/Policyholder	
Name Of Registered Owner	VIVIAN SHAH YIEN (VIVIAN SHI YAN)
NRIC No	S7344805J
Email Address	SHAHYIEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98365325
Alternative Phone No	OTHERS-98365325

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT-1.4 (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	REPORTING ONLY
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	2100478357-02
Cover Note Number	

Driver

Name of Driver	VIVIAN SHAH YIEN (VIVIAN SHI YAN)
NRIC No	S7344805J
Date Of Birth	21/11/1973
Occupation	INDOOR
Date Of Driving Pass	06/12/2005
Driving Experience	13 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98365325
Fax Number	
Contact Number	OTHERS-98365325
Email Address	SHAHYIEN@GMAIL.COM

Address	BLK 121 KIM TIAN PLACE #13-76
Postcode	160121
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	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSR3029 (PRIVATE CAR)
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190806/2050

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	JSR3029
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD RAZALI SIDEK BIN JAMALUDIN
NRIC/Passport Number	850425065223
Contact Number	+60197413741
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

3
NAME: :
GENDER: :

Passenger 2

NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name VIVIAN SHAH YIEN (VIVIAN SHI YAN)
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SJA5254C
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: 

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the traffic junction waiting for the light to turn green when vehicle (B) came from behind and hit my car (A).

We exchanged particulars thereafter.

I wished to state that driver of vehicle (B) told me that he could not stop in time.

I am doing this report because I don't feel well and need to visit the doctor.

POLICE REPORT + 1/24/06/2010

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190806/2050

1 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190806/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2019 13:00		Vide Report No.:		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: VIVIAN SHAH YIEN			Address: APT BLK 121 KIM TIAN PLACE #13-76 SINGAPORE 160121		
ID Type / ID No.: NRIC NO / S7344805J			Contact No.: Home/Office: Mobile: 98365325		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 45	Date of Birth: 21/11/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: IMDA - SENIOR MANAGER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/08/2019 12:00	Type of Location: Straight Road
Location: Along Road 1 FARRER ROAD				
TOWARD PIE				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: between moving vehicle and stationary vehicle head to rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSR3029	Car				Slightly Damaged	2
SJA5254C	Car	SUZUKI	SWIFT 1.4 AT SPECIAL EDITION	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJA5254C	AIG ASIA PACIFIC INSURANCE PTE. LTD	2100478357-02	10/08/2018	09/08/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190806/2050

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4718999

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Report No. T/20190806/2050

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHD RAZALI S IDEEK BIN JAMALUDIN	ID No.	850425065223
Related Vehicle	JSR3029 (Car)	Contact No.	+60197413741
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	VIVIAN SHAH YIEN	ID No.	S7344805J
Related Vehicle	SJA5254C (Car)	Contact No.	98365325
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 5/8/2019 at about 12pm, i was traveling along FARRER ROAD toward PIE driving my vehicle with the carplate number of SJA5254C and i was at the stationary position waiting at the traffic junction waiting for the traffic light to turn green. Suddenly, i felt an impact from my rear side and i got off my vehicle and i saw an Malaysia car with the car plate number of JSR3029 hit my rear side of my vehicle causing a dent at the bumper as the rear side to be damage.

As there were no traffic at the point of time, i asked the driver and he told me that he was unable to stop in time. We exchanged particulars and agree to settle privately. The driver also gave me \$300 Ringget as he does not have any Singapore Dollar, verbally he also said to pay me a sum of money on a monthly basis for the repair.

No one was injure during the moment of accident. no police was call to scene. The cost to repair for my damage bumper was \$1200/- SGD.

I lodging this police report for my own record purposes as well as i don't feel well and need to visit the doctor.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190806/2050

4 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No: T/20190806/2050

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:

D /
Sgt 2 CHIEW BENJAMIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /
Staff SGT WONG SIEU LUI
Contact No: 65474885

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

06/08/2019 13:00

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



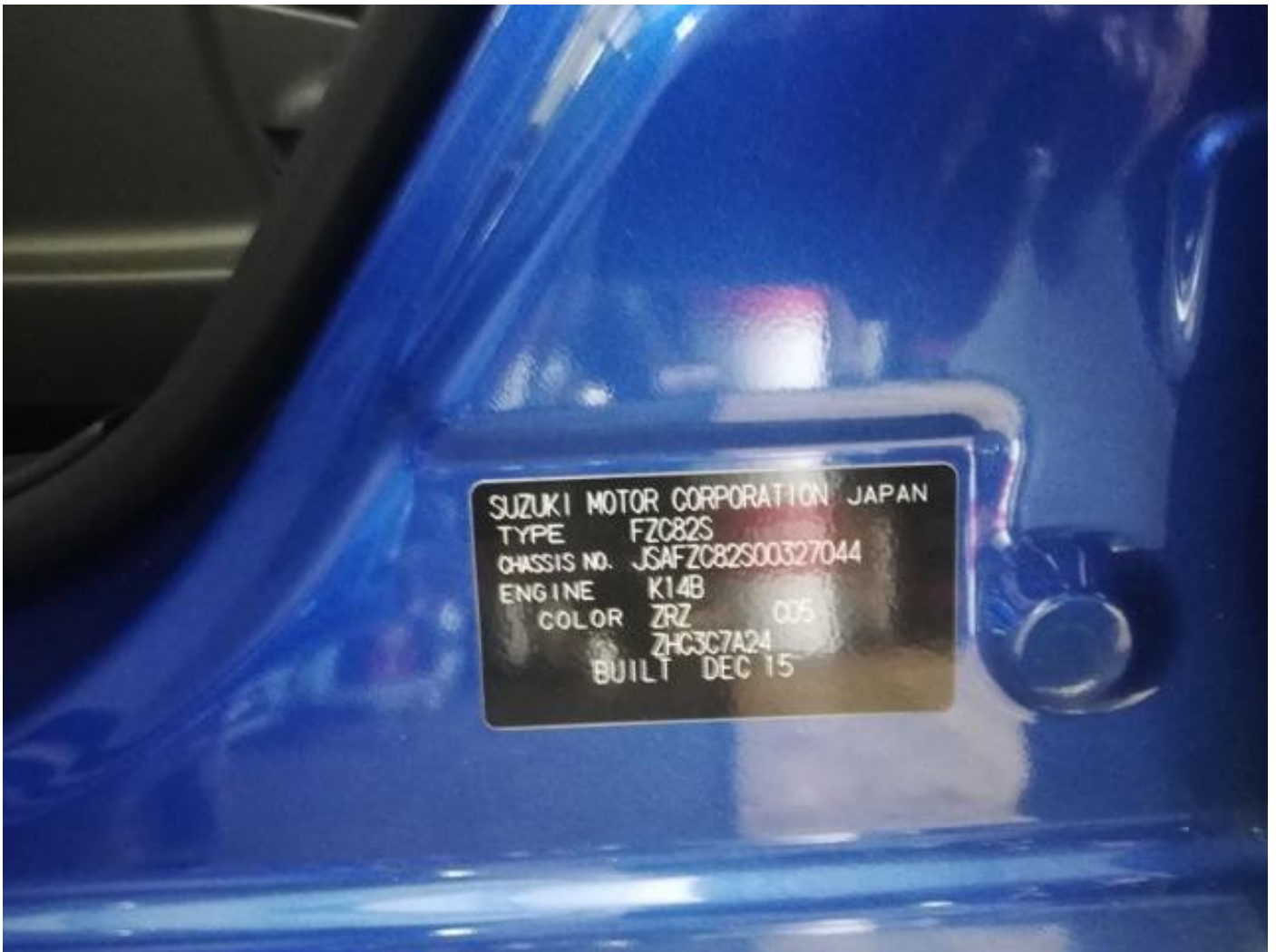
Accident Photo



Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7344805J

Name: MYN CHAN TEN (MYN SHI YAH)

Valid Until: 21 Nov 2015

Issue Date: 06 Dec 2005

0413658000

3545488

0730448805J

For LKK/NAC Use Only

Date of Issue: 07-12-2010

APT BLK 120 KIM TIAN PLACE #13-78
SINGAPORE 180121

APR 2011 0730448805J

Expiry: 30/07/2017