

## 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	31/08/2019 10:38
Date Of Accident	30/08/2019 10:15
Exact Location Of Accident	CTE TOWARDS SLE BEFORE CLEMENCEAU EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG7077R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA CHOO SIAN
NRIC No	S2007077C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96779068
Alternative Phone No	OTHERS-96779068

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K
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	2100303224-07
Cover Note Number	

### Driver

Name of Driver	CHIA CHOO SIAN
NRIC No	S2007077C
Date Of Birth	08/08/1949
Occupation	INDOOR
Date Of Driving Pass	29/04/1976
Driving Experience	43 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96779068
Fax Number	
Contact Number	OTHERS-96779068
EEmail Address	NOEMAIL

Address	131 SERANGOON AVENUE 3 #06-03 CHILTERN PARK
Postcode	556112
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	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	3
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SGQ4353H
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	SLG8804R
-----------------------------	----------

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 INJURED PERSON 1**

Name CHIA CHOO SIAN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKG7077R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

# Accident Sketch Plan

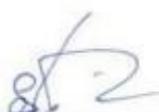
## SKETCH PLAN

### 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. 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.

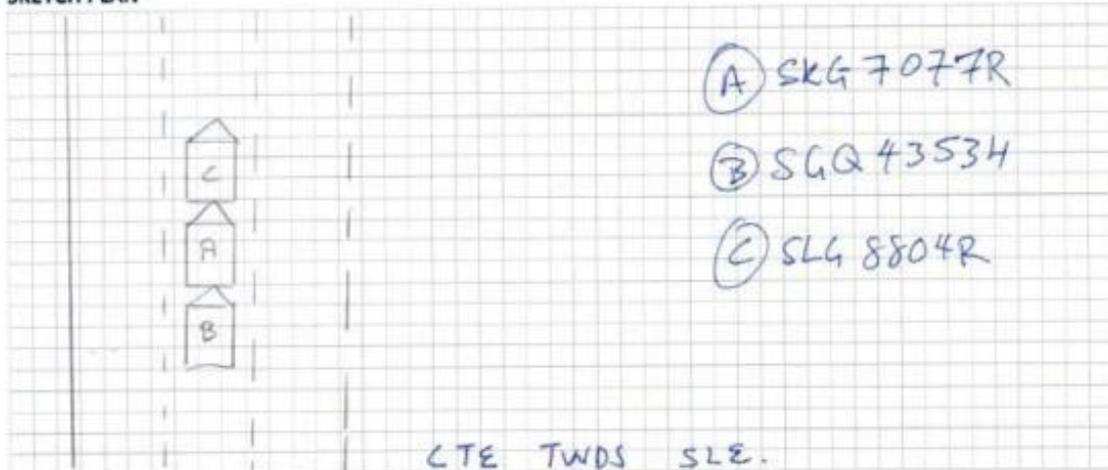
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20 AUG 2019 @ 1015 HRS, I WAS DRIVING ALONG CTE TWDS SLE. WHEN THE FRONT VEHICLE STOPPED. I FOLLOW SUIT. SUDDENLY VEHICLE B COLLIDED INTO ME AND PUSHED ME FWD.

POLICE REPORT 7/20190830/2019

DECLARATION

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

[Signature]  
 Policyholder's Signature  
 Date & Time:

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

[Signature] 31/08/2019  
 Reporting Centre Personnel's Signature  
 Name: [Signature]  
 NRIC/FIN No.:

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190830/2079

1 of 3

Report No. T/20190830/2079

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/08/2019 13:02	Vide Report No.: E/20190830/0063	Station Diary No.: 18
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: CHIA CHOO SIAN		Address: 131 SERANGOON AVENUE 3 #06-03 SINGAPORE 556112	
ID Type / ID No.: NRIC NO / S2007077C		Contact No.: Home/Office: Mobile: 96779068	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 70	Date of Birth: 08/08/1949	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SALES DIRECTOR		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/08/2019 10:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY  ALONG CTE TOWARDS SLE AFTER OUTRAM EXIT				
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: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGQ4353H	Car				Slightly Damaged	0
SKG7077R	Car	MERCEDES BENZ	C 180 KOMPRESSOR	Grey	Slightly Damaged	0
SLG8804R	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190830/2079

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

2 of 3

Report No. T/20190830/2079

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG7077R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100303224-07	06/06/2019	05/06/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIA CHOO SIAN	ID No.	S2007077C
Related Vehicle	SKG7077R (Car)	Contact No.	96779068
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/08/2019	Date Discharge	30/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the above-mentioned date, time and place, I was travelling along the left lane of the two lane road along CTE towards SLE after Outram exit. Suddenly, the vehicle in front of me, SLG8804R, braked and came to a stop. I braked as well and managed to stop in time. However, that was when I felt an impact to the rear of my vehicle, caused by the vehicle travelling behind me, SGQ4353H. The impact caused my vehicle to surge forward, colliding into the vehicle in front of me. In total, it was a 3-car collision. All 3 drivers came out of our vehicles to inspect on our vehicles. One of the other drivers then called for TP and ambulance. Both soon arrived and the driver of the third vehicle was conveyed to hospital. We were also provided with TP reference no. E/ 20190830/0063.

After the accident, I felt some pain on my neck areas and went to seek medical treatment at a clinic and was given 3-days outpatient MC.

I do not have any in-car camera.

Police Report



SINGAPORE  
POLICE FORCE



T/20190830/2079

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

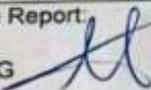
3 of 3  
Report No. T/20190830/2079

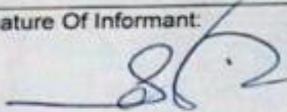
CONTINUATION OF REPORT

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 /  
Staff Sgt SHAWN YUEN CHI WENG 

Signature Of Informant: 

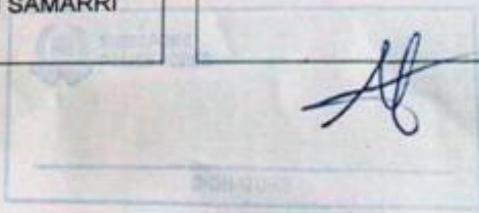
Signature Of Interpreter:  
Not applicable

Date/Time:  
30/08/2019 13:02

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI  
Contact No.: 65476904

Classification Of Case:

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S2007077C**



Name  
*For LKK/NAC Use Only*  
**CHIA CHOO SIAN**  
**谢 芝 炫**



Race  
**CHINESE**

Date of Birth **08-08-1949** Sex **F**

Country of Birth  
**MALAYSIA**



Identification Card



Driving License



Driving License

