

## 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	13/09/2019 13:57
Date Of Accident	12/09/2019 13:30
Exact Location Of Accident	JUNC TAMPINES AVE 5 & TAMPINES AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ3774Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOANNE CHUAN LENG PASCAL
NRIC No	S7474062F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90066412
Alternative Phone No	OFFICE-90066412

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180 BLUEEFFICIENCY
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	2100334409-06
Cover Note Number	

### Driver

Name of Driver	JOANNE CHUAN LENG PASCAL
NRIC No	S7474062F
Date Of Birth	06/12/1974
Occupation	INDOOR
Date Of Driving Pass	17/03/2006
Driving Experience	13 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90066412
Fax Number	
Contact Number	OFFICE-90066412
Email Address	NOEMAIL

Address	56 SENNETT AVENUE
Postcode	467064
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?	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)	3
Passenger 1	NAME: : SIMONE MARIE PASCAL GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190912/7020.

#### 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	FY1644H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### DETAILS OF INJURED PERSON 1

Name JOANNE CHUAN LENG PASCAL

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKJ3774Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name SIMONE MARIE PASCAL

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKJ3774Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE

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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 Person's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


- Refer to Police Report -

MY Passenger: Simone Marie Pascal  
708710604.

## 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/20190912/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190912/7020

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2019 16:40		Vide Report No.: G/20190912/0076		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JOANNE CHUAN LENG PASCAL			Address: 56 SENNETT AVENUE SINGAPORE 467064		
ID Type / ID No.: NRIC NO / S7474062F			Contact No.: Home/Office: Mobile: 90066412		
Nationality: MALAYSIAN			Email: joannepascal@gmail.com		
Sex: Female	Age: 44	Date of Birth: 06/12/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/09/2019 13:30	Type of Location: X-Junction
Location:  TAMPINES AVENUE 5				
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: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY1644H	Motorcycle				Seriously Damaged	0
SKJ3774Y	Car	MERCEDES BENZ	C 180 BLUEEFFICIENCY	Silver	Slightly Damaged	2

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKJ3774Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100334409-06	26/03/2019	25/03/2020

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190912/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190912/7020

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD IQBAL BIN HUSSAIN	ID No.	S9822367C
Related Vehicle	FY1644H (Motorcycle)	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	Slight
<b>Driver</b>			
Name	JOANNE CHUAN LENG PASCAL	ID No.	S7474062F
Related Vehicle	SKJ3774Y (Car)	Contact No.	90066412
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

### Brief Details.

ON 12/09/2019 AT ABOUT 13:30HR, I WAS DRIVING MY VEHICLE - SKJ3774Y, ALONG WITH MY DAUGHTER & HER FRIEND IN MY VEHICLE ON TAMPINES AVENUE 5 TOWARDS TAMPINES AVENUE 4. I WAS ON LANE 3 WHEN THE TRAFFIC LIGHT TURNED RED AND I STOPPED MY VEHICLE. MOMENTS LATER, I FELT AN IMPACT ON MY STATIONARY VEHICLE'S REAR PORTION. WHEN I GOT DOWN, I THEN REALISED THAT VEHICLE NUMEBER - FY1644H, HAD COLLIDED ONTO MY VEHICLE'S REAR LEFT PORTION.

SUBSEQUENTLY, THE MOTORCYCLIST WAS CONVEYED TO THE HOSPITAL AT THE ACCIDENT SCENE.

I WISH TO STATE THAT BEFORE THE TRAFFIC POLICE ARRIVE AT THE SCENE, THE FRIENDS OF THE SAID MOTORCYCLE, SHIFTED THE MOTORCYCLE FROM THE ACCIDENT SCENE.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190912/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190912/7020

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP/B /  
MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
12/09/2019 16:40

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



DAIMLER AG  
WDD2040312A819328  
2000 kg  
945 kg  
1085 kg  
MY2013  
775  
TYP: 204  
PZ: 6  
Made in Germany



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

