

## 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	20/09/2019 17:31
Date Of Accident	20/09/2019 14:00
Exact Location Of Accident	CTE TWDS CITY NEAR EXIT 8B
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE755E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEAVE PTE LTD
Co Reg No	-
Email Address	KAREN@WEAVE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63043286

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	REPORTING ONLY
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	2100426144-04
Cover Note Number	

### Driver

Name of Driver	KAREN WONG XUE QI
NRIC No	S9171368C
Date Of Birth	09/01/1991
Occupation	INDOOR
Date Of Driving Pass	04/01/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97215419
Fax Number	
Contact Number	
Email Address	KAREN@WEAVE.COM.SG

Address	BLK 355 WOODLANDS AVE 1 #02-705
Postcode	730355
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	COLLISION - CHANGE/CROSS LANE
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?	YES
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	<b>ROAD:</b> 21 KAMPONG JAVA ROAD , <b>POSTCODE:</b> 228892 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2959999 - <b>FAX NO:</b> 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190920/2136. SOME OF THE DAMAGES & SCRATCHES WAS PREVIOUS DAMAGE FROM OTHER DRIVER.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	88094662
Address	

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

DETAILS OF INJURED PERSON 1	
Name	UNKNOWN
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

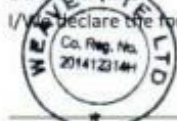


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pts refer to the police report: 7/20190920/2136*

## DECLARATION

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



Policyholder's Signature

Date & Time:

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 20/09/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



SINGAPORE  
POLICE FORCE



T/20190920/2136

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

2 of 3

Report No. T/20190920/2136

CONTINUATION OF REPORT

**Brief Details.**

On 20/09/2019 at about 1400hrs I was driving along CTE towards Upper Serangoon road, as I was driving along the CTE and there is a taxi (SHC156Z) driving in front of me. After which the taxi started to jammed break and I got no time to react as such I decided to change to the right lane as I saw that there was an empty space, as I was turning and that is when I realised that I have collided with a motorcycle.

I wish to state that I do not know what is the motorcycle vehicle plate number, as I stopped in front of the motorcycle about 100meters away that is near the exit.

Motorist contact: 8809 4662



Accident Photo



**Accident Photo**





**Accident Photo**



Accident Photo



Accident Photo



# Police Report



**POLICE FORCE**



T/20190920/2136

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

1 of 3

Report No. T/20190920/2136

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2019 16:31	Video Report No.: E/20190920/0083	Station Diary No.: 104
--------------------------------------------	--------------------------------------	---------------------------

Informant's Particulars				
Name of Informant: KAREN WONG XUE QI			Address: APT BLK 355 WOODLANDS AVENUE 1 #02-705 SINGAPORE 730355	
ID Type / ID No.: NRIC NO / S9171368C			Contact No.: Home/Office: Mobile: 97215419	
Nationality: MALAYSIAN			Email:	
Sex: Female	Age: 28	Date of Birth: 09/01/1991	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: VIDEO PRODUCER			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Driver: No	Date/Time of Accident: 20/09/2019 14:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY UPPER SERANGOON ROAD CTE towards Upper Serangoon Rd before exit 8B				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE756E	Van				Slightly Damaged	0

Police Report



SINGAPORE  
POLICE FORCE



T/20190920/G-138

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

3 of 3

Report No. T/20190920/G-138

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

E /

Sgt 1 JOEL PHUA JIAN WEI

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

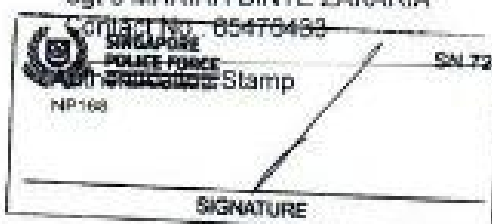
20/09/2019 16:31

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Classification Of Case:



## Police Report



SINGAPORE  
POLICE FORCE



T/20190920/2136

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

2 of 3

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Motorist contact: 8809 4862