

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	18/10/2019 15:08
Date Of Accident	17/10/2019 17:25
Exact Location Of Accident	NEWTON ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCP5500X
Insured/Policyholder	
Name Of Registered Owner	WILSON CHU WAI SHUN
NRIC No	S2617591G
Email Address	CHUWS5@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96825500
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA HYBRID 2.4X A
Exact Purpose for which vehicle was being used at time of accident	
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	
Cover Note Number	
Driver	
Name of Driver	MABEL CHUA
NRIC No	S2617590I
Date Of Birth	19/10/1960
Occupation	INDOOR
Date Of Driving Pass	14/11/1992
Driving Experience	26 YEARS AND 11 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97703188
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	25 TAN KIM CHENG ROAD #19-25
Postcode	266625
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	NO
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	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE 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	SHD376A
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	83988819
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

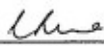
Vehicle No: _____

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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.:



**SINGAPORE
POLICE FORCE**



T/20191017/2184

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20191017/2184

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2019 22:24	Vide Report No.:	Station Diary No.: 81
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Informant's Particulars

Name of Informant: MABEL CHUA			Address: 25 TAN KIM CHENG ROAD #19-25 SINGAPORE 266625	
ID Type / ID No.: NRIC NO / S26175901			Contact No.: Home/Office: Mobile: 97703188	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 58	Date of Birth: 19/10/1960	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Retired			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/10/2019 17:25	Type of Location: Straight Road
Location: Along Road 1 NEWTON ROAD				
Newton Road, towards Newton Circus, at a traffic light.				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SCP5500X	Car	TOYOTA	ESTIMA HYBRID 2.4X A	Purple	Slightly Damaged	0
SHD376A	Car	-			Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCP5500X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100200049-09	19/03/2019	18/03/2020



**SINGAPORE
POLICE FORCE**



T/20191017/2184

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20191017/2184

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MABEL CHUA	ID No.	S26175901
Related Vehicle	SCP5500X (Car)	Contact No.	97703188
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

At the above-mentioned date, time, and location, I was driving in vehicle SCP5500X, towards the Salvation Army at Jln Bukit Merah. At a red-light along Bukit Timah Rd, I stopped at the middle lane, behind a Transcab taxi with the license plate SHD376A. I think I misjudged the distance between our cars and I felt a small impact. I thought my car touched the taxi in front of me but the taxi driver got out of the car to inform me that he heard a sound and felt an impact. My front car license plate has slight scratches and the taxi's rear bumper has a long scratch and small dent. The vehicle camera in my car was not switched on. No ambulance was called for but the taxi driver told me that his passengers would be going to the ambulance for a medical check. I am lodging this report for record purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20191017/2184

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Report No. T/20191017/2184

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 /
ASP FELICIA SOH WEITING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/10/2019 22:24

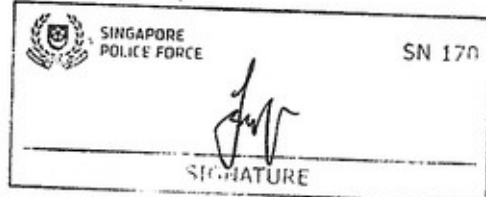
Officer In Charge Of Case:

TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

