

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	13/01/2020 16:25
Date Of Accident	10/01/2020 18:15
Exact Location Of Accident	AYE TWDS CITY BEFORE CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM2412J
Insured/Policyholder	
Name Of Registered Owner	XIE HANLIN
NRIC No	SXXXX530J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84203428
Alternative Phone No	OFFICE-84203428

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS PLUS (AUTO)
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	1900111357
Cover Note Number	

Driver

Name of Driver	LIU NING
NRIC No	SXXXX661G
Date Of Birth	01/05/1989
Occupation	INDOOR
Date Of Driving Pass	07/12/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96517567
Fax Number	
Contact Number	OFFICE-96517567
EEmail Address	NOEMAIL

Address	15 JURONG WEST AVENUE 5 #09-19
Postcode	649490
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	WET

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: : XIE HANLIN GENDER: : FEMALE
Passenger 2	NAME: : REN KAI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200111/2010.

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	SJF6727Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KAVITA D/O PADMANAPPAN

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

DETAILS OF INJURED PERSON 1

Name LIU NING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMM2412J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name XIE HANLIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMM2412J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name REN KAI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMM2412J
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

Vehicle A = SMM 2412 J

Vehicle B = SJF 6727 Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

(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.:

FORM 1 (Accident Report) 1/1

Police Report



**SINGAPORE
POLICE FORCE**



T/20200111/2010

1 of 4

Police Station Of Origin:
Ang Mo Kio South N P C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No: T/20200111/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2020 01:31		Vide Report No.:		Station Diary No.: 20
Informant's Particulars				
Name of Informant: LIU NING		Address: 58 LAKESIDE DRIVE #12-35 SINGAPORE 648319		
ID Type / ID No.: NRIC NO / S8984661G		Contact No.: Home/Office: Mobile: 96517567		
Nationality: CHINESE		Email:		
Sex: Male	Age: 30	Date of Birth: 01/05/1989	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: RESEARCH FELLOW		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2020 18:15	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE TOWARDS CTE BEFORE CLEMENTI AVE 6 EXIT				
Weather: Clear		Road Surface: Wet	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
SJF6727Y	Car	HONDA		Silver		0
SMM2412J	Car	TOYOTA	PRIUS PLUS	Brown	Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20200111/2010

Police Station Of Origin:
Ang Mo Kio South N.P.C.
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No. 1800-4519999

2 of 4

Report No. T/20200111/2010

CONTINUATION OF REPORT

Driver			
Name	KAVITHA D/O PADMANAPPAN	ID No.	S9542065F
Related Vehicle	SJF6727Y (Car)	Contact No.	90289592
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
Passenger			
Name	REN KAI	ID No.	G1457176R
Related Vehicle	SMM2412J (Car)	Contact No.	83746058
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/01/2020	Date Discharge	11/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIU NING	ID No.	S8984661G
Related Vehicle	SMM2412J (Car)	Contact No.	96517567
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	11/01/2020	Date Discharge	11/01/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	XIE HANLIN	ID No.	S9083530J
Related Vehicle	SMM2412J (Car)	Contact No.	84203428
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/01/2020	Date Discharge	11/01/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**



T/20200111/2010

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 4

Report No. T/20200111/2010

CONTINUATION OF REPORT

Brief Details.

On 10/01/2020 at about 1815hrs, I was driving my brown Toyota Prius Plus (SMM2412J) along AYE towards City before Clementi Ave 6 exit on the first lane. I have two passengers inside my car and it was heavy traffic. When I was driving on a straight road, suddenly the car in front of me jam braked. I also jam braked. However, one silver colour Honda car (SJF6727Y) which was behind me did not stop in time and hit onto the rear portion of my car. Due to this, my car had damages on the rear bumper, boot door and tail light.

My passengers and I were injured due to the accident. As such, we went to the clinic and were all issued Medical Certificates.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200111/2010

4 of 4

Report No. T/20200111/2010

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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:

F /

Staff Sgt MUHAMMAD AZRI BIN ABDUL RAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/01/2020 01:31

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

SN 085

Authentication Stamp

NP188

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

