

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	31/01/2020 18:26
Date Of Accident	30/01/2020 09:45
Exact Location Of Accident	AYE TOWARDS MCE BEFORE ALEXANDRA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC8099P
Insured/Policyholder	
Name Of Registered Owner	TEO CHUNG PIAW
NRIC No	SXXXX599G
Email Address	LAUHUEILEE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93361431
Alternative Phone No	OTHERS-81273829

Vehicle Particulars

Manufacturer	VOLVO
Model	S60
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	2100375072-05
Cover Note Number	

Driver

Name of Driver	LAU HUEI LEE
NRIC No	SXXXX184Z
Date Of Birth	16/09/1967
Occupation	INDOOR
Date Of Driving Pass	28/01/1988
Driving Experience	32 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93361431
Fax Number	
Contact Number	OTHERS-81273829
Email Address	LAUHUEILEE@YAHOO.COM

Address	BLK 19 HUME AVENUE #10-05
Postcode	598727
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	BNH4023 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	8
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4689999 - FAX NO: 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200130/2092

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	SKW1881R
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 SMK3923E
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 3

Vehicle Registration Number SMJ7325K
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 4

Vehicle Registration Number SLR1766E
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 5

Vehicle Registration Number BNH4023
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 6

Vehicle Registration Number FBF6065T
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)

DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number DCX4787
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)

DETAILS OF INJURED PERSON 1

Name LAU HUEI LEE
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SGC8099P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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/TIN No.:

Accident Sketch Plan

SKETCH PLAN

BEFORE ALEXANDRA EXIT

MCE

MCE

A - SGC 8099 P
B - SKW 1881 R
C - SMK 3923 E
D - SMJ 7325 K
E - SLR 1766 E
F - BNH 4023
G - FBF 6065 T
H - DCX 4787

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT NO. T/20200130/2092.

A - SGC 8099 P
B - SKW 1881 R
C - SMK 3923 E
D - SMJ 7325 K
E - SLR 1766 E
F - BNH 4023
G - FBF 6065 T
H - DCX 4787

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.:

Signature of the Reporting Centre Personnel

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999



T/20200130/2092

1 of 3

Report No. T/20200130/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2020 15:35	Vide Report No.: D/20200130/0043	Station Diary No.: 21
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Informant's Particulars			
Name of Informant: LAU HUEI LEE		Address: BLK 19 HUME AVENUE #10-05 SINGAPORE 598727	
ID Type / ID No.: NRIC NO / S1810184Z		Contact No.: Home/Office: Mobile: 81273829	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 52	Date of Birth: 16/09/1967	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Unemployed		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: 30/01/2020 09:45	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY towards City, exit 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
SGC8099P	Car				Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200130/2092

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

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Report No. T/20200130/2092

CONTINUATION OF REPORT

Brief Details.

On 30/01/2020 at about 0945hrs while I was driving my car bearing registration plate SGC8099P at about 70km/hr along the first lane from right of AYE heading towards City, suddenly a car ahead of me slowed down. Thus, I follow suit and applied brake to slow down.

Suddenly, I felt an impact from my car rear and notice that a car bearing registration plate SKW1881R had collided its front onto my rear car. The collision caused a further collision behind and in total, there are about 8 vehicles involved in the chain collision. Police and ambulance were subsequently activated. Two motorcyclist were conveyed to hospital.

I did not hit onto any vehicle ahead of me. I have an in car camera and the memory card has already been given to the police officer at the incident site. I am not injured and I am not sure if there are any government property damage.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200130/2092

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

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Report No. T/20200130/2092

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:
D /
Sgt 3 IBNU MUSALLI BIN HAMID

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI ONG CHEE HIEN
Contact No.: 65476437

Signature Of Informant:

Date/Time:
30/01/2020 15:35

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

