

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	08/02/2020 10:51
Date Of Accident	07/02/2020 16:40
Exact Location Of Accident	PIE TOWARDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD7478J
Insured/Policyholder	
Name Of Registered Owner	HU HAO
NRIC No	SXXXX507C
Email Address	STEVEN.HUH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98260454
Alternative Phone No	Others-98260454

Vehicle Particulars	
Manufacturer	AUDI
Model	A4-2.0 (A)
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	
Cover Note Number	

Driver	
Name of Driver	HU HAO
NRIC No	SXXXX507C
Date Of Birth	15/11/1976
Occupation	INDOOR
Date Of Driving Pass	23/07/2009
Driving Experience	10 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98260454
Fax Number	
Contact Number	OTHERS-98260454
EMail Address	STEVEN.HUH@GMAIL.COM
Address	2 JALAN RIANG
Postcode	358968
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	CHAIN COLLISION
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	7
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	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC3789S
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle CategoryPRIVATE 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 NumberSJQ9225B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle CategoryPRIVATE 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 NumberSMK33T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle CategoryPRIVATE 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 NumberSLV5778Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle CategoryPRIVATE 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 SMN5273T
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 SLT4863C
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 INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMD7478J
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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: 8/2/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Tony Fawc
NRIC/FIN No.: G 2040107X



SKETCH PLAN

G	
F	
E	
D	
A	
B	
C	
↑	

A= SMD7478J
 B= SKC3789S
 C= SJQ9225B
 D= SMK33T
 E= SLV5778Z
 F= SMN5273T
 G= SLT4863C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to the Police Report

DECLARATION

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

Policyholder's Signature

Date & Time: 8/2/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Tony Kony

NRIC/FIN No.: 6240147A



Police Report



**SINGAPORE
POLICE FORCE**



1/0200207/0156

Police Station Of Origin:
Serangoon N.P.C.
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No. 1800-4880999

1 of 3
Report No. 1/0200207/0156

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2020 21:58		Vide Report No.: E/20200207/0103	Station Diary No.: 79
Informant's Particulars			
Name of Informant: HU HAO		Address: 2 JALAN RIANG SINGAPORE 359968	
ID Type / ID No.: NRIC NO / S7676507C		Contact No.: Home/Office: Mobile: 98260454	
Nationality: CHINESE		Email:	
Sex: Male	Age: 43	Date of Birth: 15/11/1976	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PROJECT MANAGER		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: 07/02/2020 16:40	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
TOWARDS AIRPORT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SMD7478J	Car	AUDI	A4 SEDAN 2.0 TFSI S TRONIC (NAV)	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMD7478J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800103662	31/08/2018	30/09/2020

Police Report



SINGAPORE
POLICE FORCE



T/20200207/2156

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 3
Report No: T/20200207/2156

CONTINUATION OF REPORT

Brief Details.

I am the owner of SMD 7478 J.

On 07/02/2020 at about 1640hrs, I was travelling along Pan Island Expressway (PIE) towards Airport. I was driving in the first lane.

As I was driving, the car in front of me suddenly jammed braked. In an attempt to prevent colliding into the said vehicle, I also performed an emergency brake. I could not recall if I had hit the front vehicle however, in a split second, my car was being rear ended by the vehicle behind me.

After the impact, I went out of my vehicle to make a check. To my surprise, it was a chain collision which consisted of seven vehicles. My vehicle was the fifth vehicle in line. Not long later, the police and ambulance were present at scene. To my knowledge, three people were conveyed to the hospital.



I had an in car camera and it captured the whole incident. I then handed over the SD Memory Card over to TP Officer Sgt Faiz Sufyan as instructed. He also advised me to lodge a police report.

At the moment of incident, I did not feel any pain or injury on me. However, a few hours later, while clearing my nose, I noticed that my nose was bleeding.

I am planning to visit the doctor for a thorough check up.

That is all.

Police Report

SINGAPORE POLICE FORCE	
Police Station Of Origin: Gerangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129 Tel No: 1800-4880999	7/20200207/2196 3 of 3 Report No: 7/20200207/2196
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 / Sgt 2 MUHAMMAD SAIFUDDIN BIN HAMDAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2020 21:58
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case: SN 154
Authentication Stamp NP168	Signature:  Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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