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 <u>completed by the Policyholder and/or the Authorised Driver.</u>
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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. But he ledgement of this report to the incurers you hereby concept to the graphicing of this report at the centre and to conice of the report height made available

By the lodgement of this report to the insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/01/2015 09:26
Date Of Accident	02/01/2015 12:00
Exact Location Of Accident	JUNCTION OF RD 1 & RD 2 LOWER DELTA & TIONG BAHRU
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ7933B
Insured/Policyholder	
Name Of Registered Owner	EUGENE YUEN YEW CHUNG
NRIC No	S7313322Z
Vehicle Particulars	
Manufacturer	NISSAN
Model	NOTE-1.2 DIG-S (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	2100384501-00000
Cover Note Number	
Driver	
Name of Driver	VALERIE WEE HUI LING
NRIC No	S7474225D

Date Of Birth 25/08/1974 Occupation **INDOOR Date Of Driving Pass** 08/01/2002

12 YEARS AND 11 MONTHS **Driving Experience**

Gender **FEMALE**

Mobile Number (LOCAL) +65-97637632

Fax Number **Contact Number** **EMail Address** Address

NOEMAIL

Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

NO

SPOUSE

Insurance Company of Driver's Own Vehicle

YES

YES

NO

YES

General Information of the Accident

Type Of Accident **COLLISION- HEAD ON COLLISION**

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident?

Was any other material or property damaged?

Was there any video captured by Car Camera?

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER ATTACHED POLICE REPORT

Are accident photos available for attachment? YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB9753X Vehicle Make/Model/Colour TRANS TAXI

Details Of Properties

Name of Driver TAN KEE CHONG

NRIC/Passport Number S0195890I

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

VALRIE WEE HUI LING Name

Approximate Age

Injuries Sustain BRUISES LHR ARM & RH NECK

Injured person in which vehicle? SGJ7933B

YES Were seat belts worn? YES

Was injured conveyed to hospital by ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name PEDASTRIAN WAITING FOR TRAFFIC LIGHT

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by the insurers of the GA 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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;
- (ii) 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")

Time

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policy

Driver's Signature (If driver is not the policyholder) / Date & Time

913 BUKIT TIMAH ROAD SINGAPORE 589623 TEL: 6466 7711 FAX: 6469 7472

Witnessed by Reporting Centre Personnel

Sketch Plan

Out

Post

Tieng Behrn Road

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La co	011	20hrs	D.:	C				10			and the
holder's Sig	nature / Date	8	& Time	s Signature	(If driver is	not the p	olicyholder)	/ Date	Witnessed Personnel	by Reporting	Centre

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999





1 of 3

Report No. T/20150102/2158

REPORT OF A TRAFFIC ACCIDENT

	02/01/2015 21:39		A/20150102/0063	Station Diary No.: 81		
Informan	t's Particu	lars				
Name of Informant: VALERIE WEE HUI LING			Address: 85 FABER GREEN SINGAPORE 129305			
ID Type / ID No.: NRIC NO / S7474225D			Contact No.: Home/Office: Mobile: 97637632			
Nationality: MALAYSIAN			Email:			
Sex: Female	Age: 40	Date of Birth: 25/08/1974	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: DEPUTY DIRECTOR			Driving Licence Information: Class: 3	Date of Expiry:		

General Informatio	on of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/01/2015 12:00	Type of Location X-Junction	
Location: Junction of Road 1 LOWER DELTA F TIONG BAHRU R	ROAD				
Weather: Cloudy		Road Surface: Dry		d Speed Limit: Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Worki		Traffic Volume: Heavy	
Type of Collision: Between Moving V	ehicles - Head On			one conveyed by bulance:	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ7933B	Car	NISSAN	NOTE 1.2	Blue	Seriously Damaged	0
SHB9753X	Car	ee mankasiasi	a Receive	Red	at masses	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date		
SGJ7933B	AIG ASIA PACIFIC INSURANCE PTE.	2100384501-00000	30/08/2014	29/08/2015		

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

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPOR

3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999





2 of 3

Report No. T/20150102/2158

CONTINUATION OF REPORT

Driver		September 200			
Name	VALERIE WEE HUI LING).	S7474225D
Related Vehicle	SGJ7933B (Car)			ct No.	97637632
Hospital/Clinic	ALEXANDRA HOSPITAL			of ng ce & y Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/01/2015	Date Discl	narge	02/01	/2015
No. of Days grant	ed Medical Leave (MC) 08	Degree of		Serio	us

Brief Details.

ON 02/01/2015 AT ABOUT 1200HRS, AS I WAS TRAVELLING ALONG LOWER DELTA ROAD AND WAS TURNING INTO TIONG BAHRU ROAD. I DID NOT NOTICE ANY VEHICLE APPROACHING FROM THE OPPOSITE DIRECTION, AND SO I MAKE A RIGHT TURN AT THE JUNCTION, FOLLOWING THE CAR INFRONT OF ME. A TAXI SUDDENLY APPEAR OUT NOWHERE IN A FAST SPEED AND CRASHED INTO MY CAR. I SUFFERED BRUSIES AND CUT ON MY LEFT ARMS, CUTS ON THE NECK AND BURN ON THE LEFT FOREARMS, CUTS AND BRUSIES ON THE LOWER LIPS. I ALSO SUFFER PAIN IN MY LOWER NECK (SPINE AREA) AND LOWER BACK. DUE TO THE ACCIDENT MY FRONT BUMPER WAS TOTALLY DAMAGED. I SEEKED MEDICAL TREATMENT AT ALEXANDRA HOSPITAL AND RECEIVED 8 DAYS OF MEDICAL LEAVE.

I WOULD LIKE TO ADD ON THAT THERE WAS A PEDESTRIAN WHO WAS HIT BY THE TAXI AND WAS CONVEYED BY AMBULANCE FROM THE SCENE OF ACCIDENT.

Station Of Origin: stown N.P.C nsway #01-03 SINGAPORE 149073 : 1800-4719999





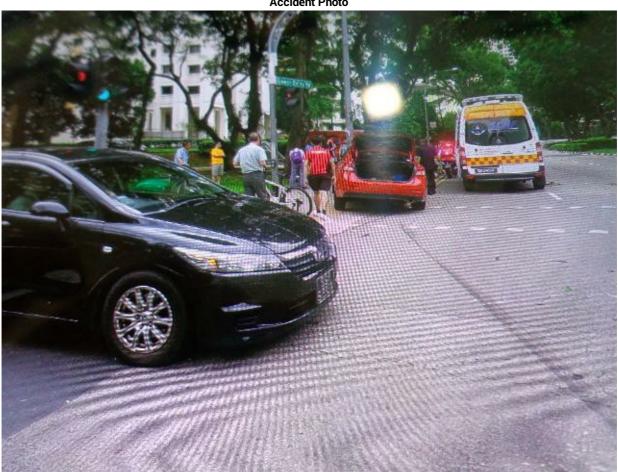
3 of 3

Report No. T/20150102/2158

CONTINUATION OF REPORT Plan ant is not able to provide sketch plan TANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the te with you now, please fax a copy to 65474885 stating the report number as reference.

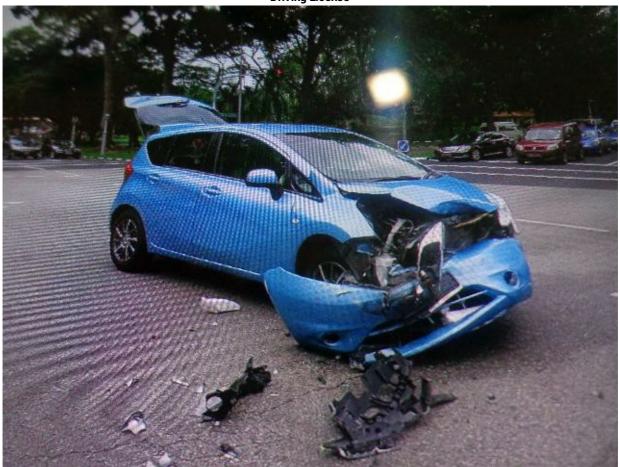
are Of Officer Recording The Report:	Signature Of Informant:		
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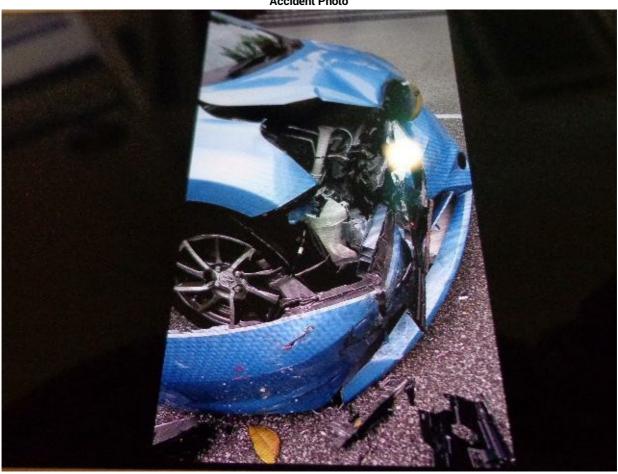
Driving License













Accident Photo

