

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 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. 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	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
Driving Experience	12 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97637632
Fax Number	
Contact Number	

Email Address	NOEMAIL
Address	
Postcode	
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 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?	YES
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	NO

Details of Police Action

Was the accident reported to the police?	YES
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?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER ATTACHED POLICE REPORT

Are accident photos available for attachment?	YES
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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

Name	VALRIE WEE HUI LING
Approximate Age	40
Injuries Sustain	BRUISES LHR ARM & RH NECK
Injured person in which vehicle?	SGJ7933B
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
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

SKETCH PLAN

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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' 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;

(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' 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.

 03/01/2015
020 hrs

Policyholder's Signature / Date & Time

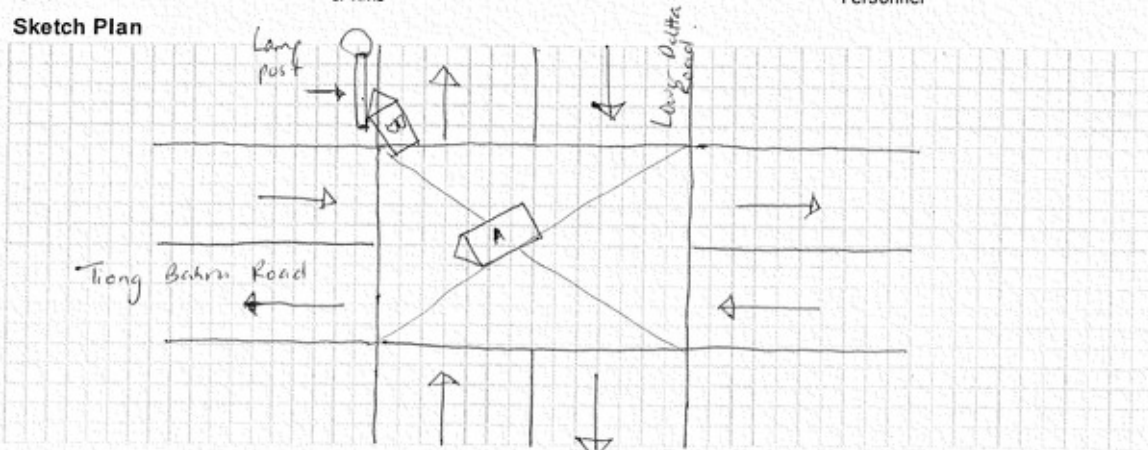
 03/1/2015
0920 hrs

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

TAN CHONG MOTOR SALES PTE LTD
913 BUKIT TIMAH ROAD
SINGAPORE 589623
TEL : 6466 7711 FAX : 6469 7472

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer to the police report as attached

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

03/01/2015
0920 hrs

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

TAN CHONG MOH OR SALES PTE LTD
913 BUKIT TIMAH ROAD
SINGAPORE 58923
TEL : 6466 7711 FAX : 6469 7472

Witnessed by Reporting Centre
Personnel

TAN CHONG MOTOR SALES PTE LTD
313 BUKIT TIMAH ROAD
SINGAPORE 589223
TEL : 6466 7711 FAX : 6469 7472

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



T/20150102/2158

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Report No. T/20150102/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2015 21:39		Vide Report No.: A/20150102/0063		Station Diary No.: 81	
Informant's Particulars					
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: English		Institution / School Name:
Occupation: DEPUTY DIRECTOR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information 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 and Road 2 LOWER DELTA ROAD TIONG BAHRU ROAD				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

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			Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SGJ7933B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	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 SINGAPORE 149073
Tel No: 1800-4719999



T/20150102/2158

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Report No. T/20150102/2158

CONTINUATION OF REPORT

Driver			
Name	VALERIE WEE HUI LING	ID No.	S7474225D
Related Vehicle	SGJ7933B (Car)	Contact No.	97637632
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/01/2015	Date Discharge	02/01/2015
No. of Days granted Medical Leave (MC)	08	Degree of Injury	Serious

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 IN FRONT 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



T/20150102/2158

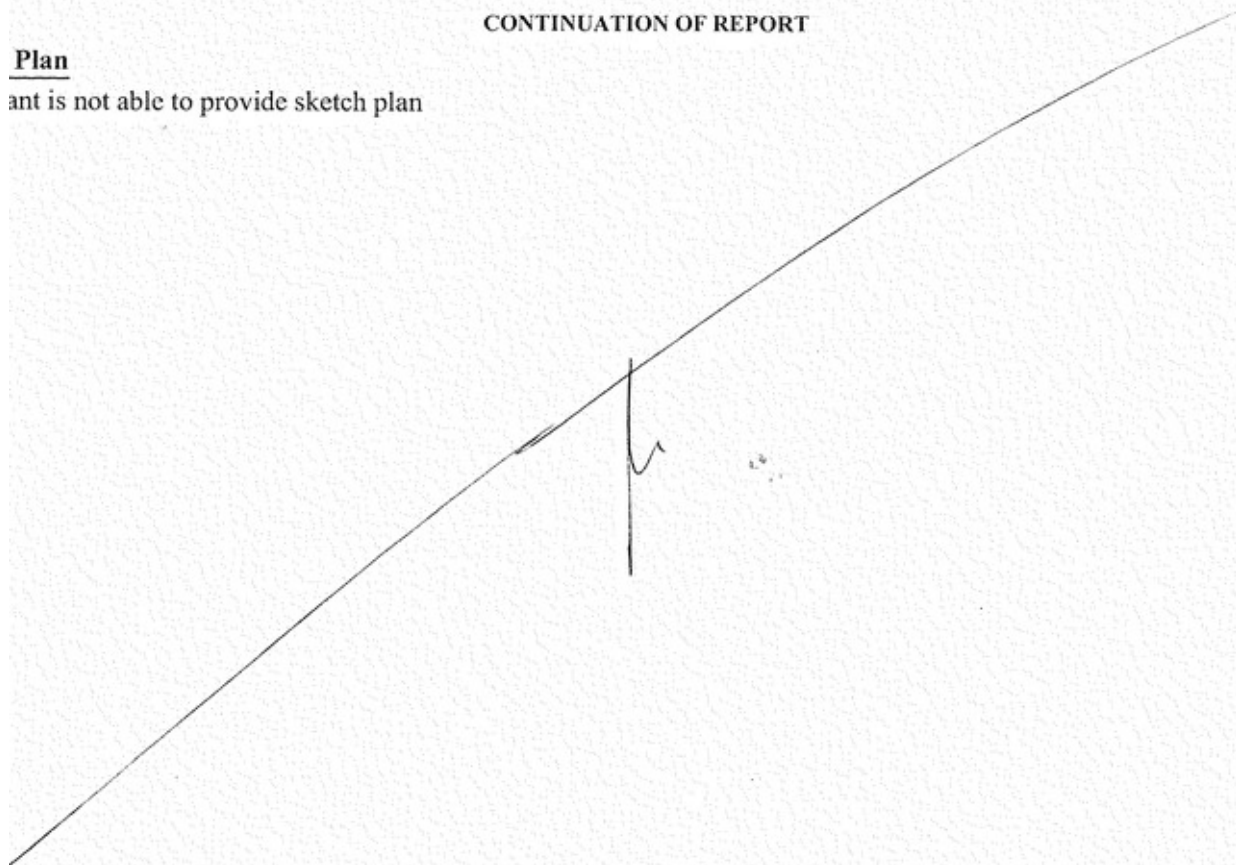
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Report No. T/20150102/2158

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.

ire Of Officer Recording The Report:

VEI KHAI

ire Of Interpreter:
plicable

Signature Of Informant:

Date/Time:
02/01/2015 21:39

In Charge Of Case:

T /
FAIZAL SAFAR
t No.: 65472076

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



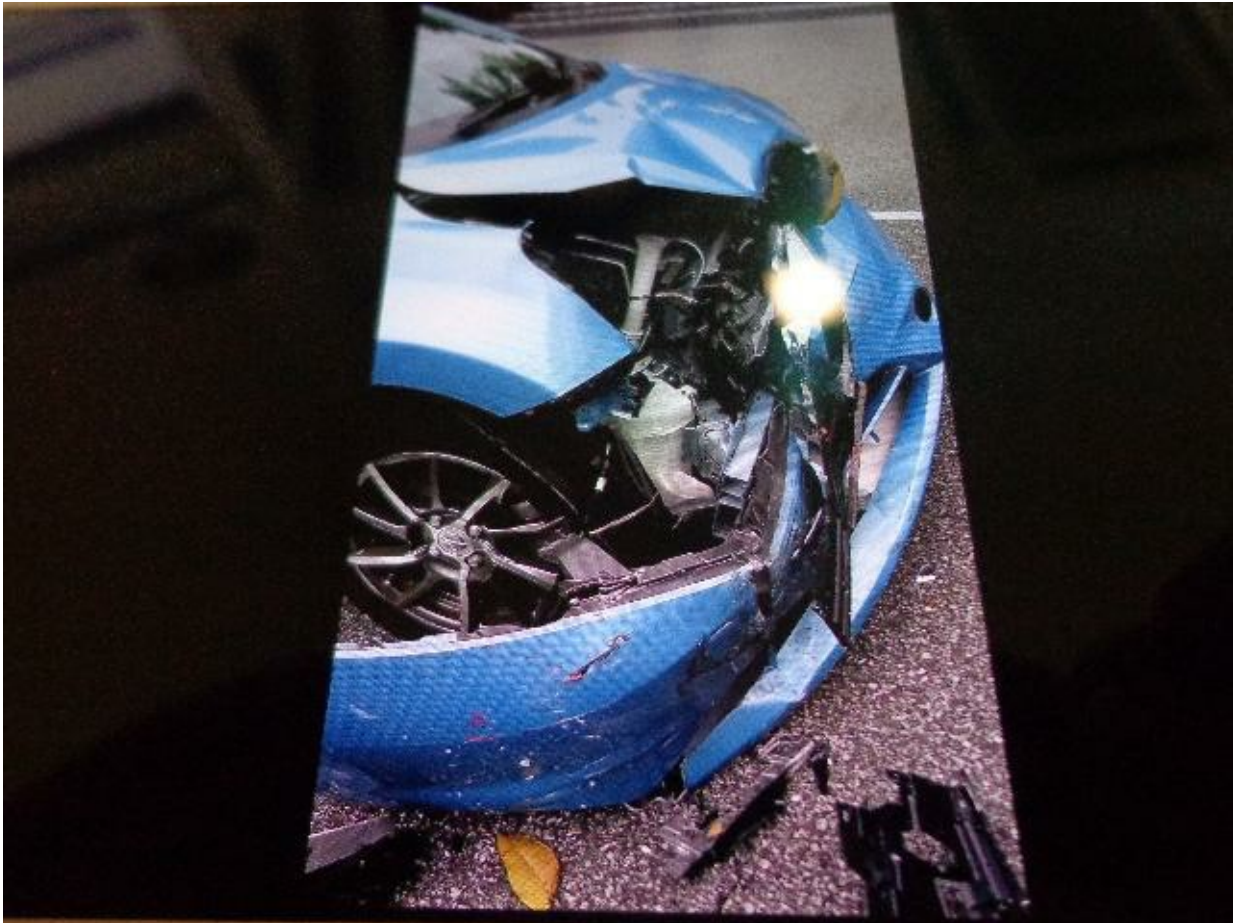
Accident Photo



Accident Photo



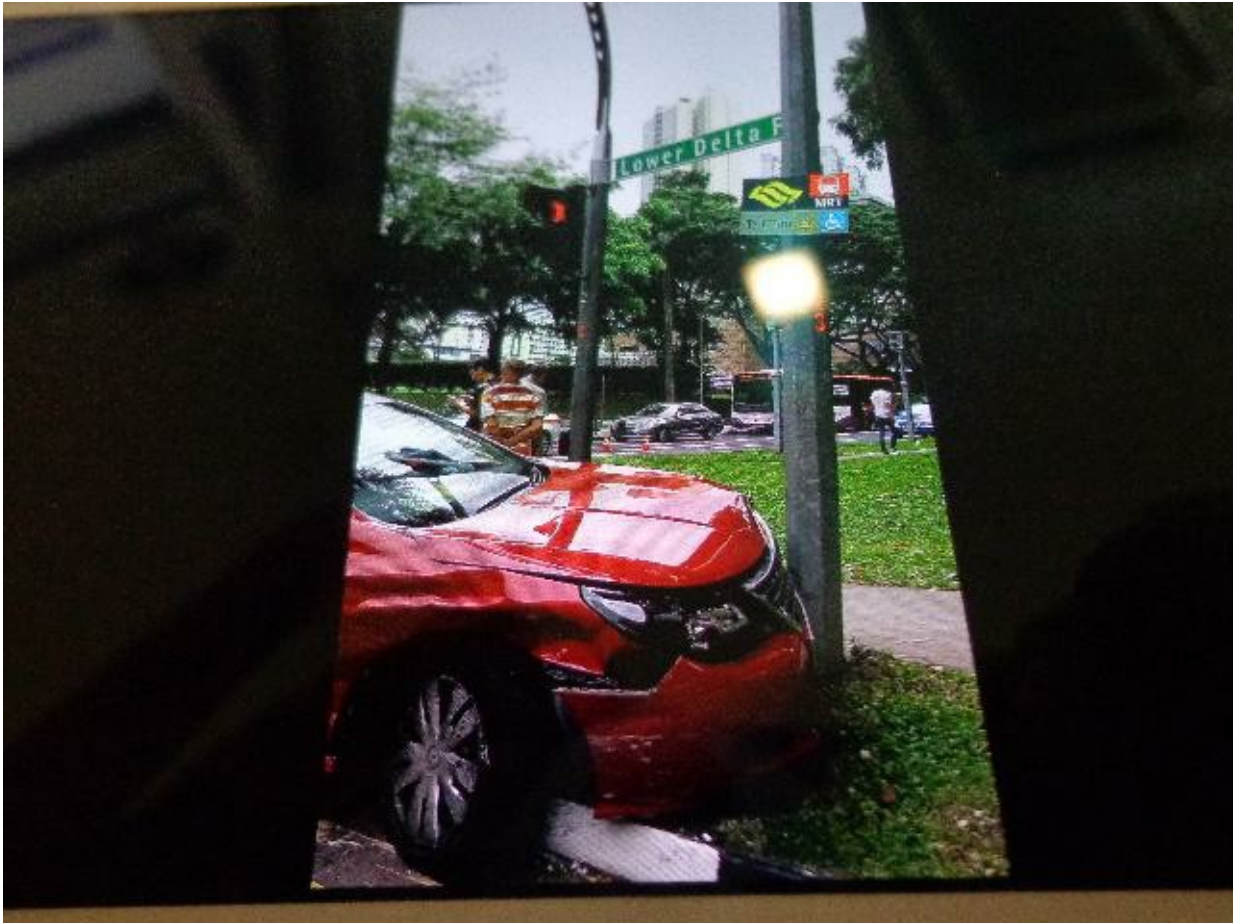
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