

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 | 07/03/2020 14:30 |
| Date Of Accident | 06/03/2020 17:15 |
| Exact Location Of Accident | ALONG PIE TWDS TUAS B4 CLEMENTI RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMS5642K |
| Insured/Policyholder | |
| Name Of Registered Owner | CAI LI |
| NRIC No | SXXXX873A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92265677 |
| Alternative Phone No | OTHERS-92265677 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | VIOS |
| 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 | 2070030766 |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | CAI LI |
| NRIC No | SXXXX873A |
| Date Of Birth | 20/01/1988 |
| Occupation | INDOOR |
| Date Of Driving Pass | 08/11/2016 |
| Driving Experience | 3 YEARS AND 3 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-92265677 |
| Fax Number | |
| Contact Number | OTHERS-92265677 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | 104 WOODLANDS AVE 5 #07-10 |
| Postcode | 739012 |
| 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 | 3 |
| 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) | 5 |
| Passenger 1 | NAME: : CAI XUANYUE GENDER: : MALE |
| Passenger 2 | NAME: : WONG ZIXUAN,JUSTIN GENDER: : MALE |
| Passenger 3 | NAME: : WONG ZIHAN,JOEL GENDER: : MALE |
| Passenger 4 | NAME: : GAN GUIMEI GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes,Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes,against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200307/7004

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | GBB513C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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 | SHD5774B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| 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 | CAI LI |
| Approximate Age | |
| Injuries Sustain | SERIOUS |
| Injured person in which vehicle? | SMS5642K |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|-------------|
| Name | CAI XUANYUE |
| Approximate Age | |
| Injuries Sustain | SERIOUS |
| Injured person in which vehicle? | SMS5642K |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 3

| | |
|------------------|--------------------|
| Name | WONG ZIXUAN,JUSTIN |
| Approximate Age | |
| Injuries Sustain | SERIOUS |

| | |
|---|----------|
| Injured person in which vehicle? | SMS5642K |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 4

| | |
|---|------------|
| Name | GAN GUIMEI |
| Approximate Age | |
| Injuries Sustain | SERIOUS |
| Injured person in which vehicle? | SMS5642K |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 5

| | |
|---|-----------------|
| Name | WONG ZIHAN,JOEL |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SMS5642K |
| 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.
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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.

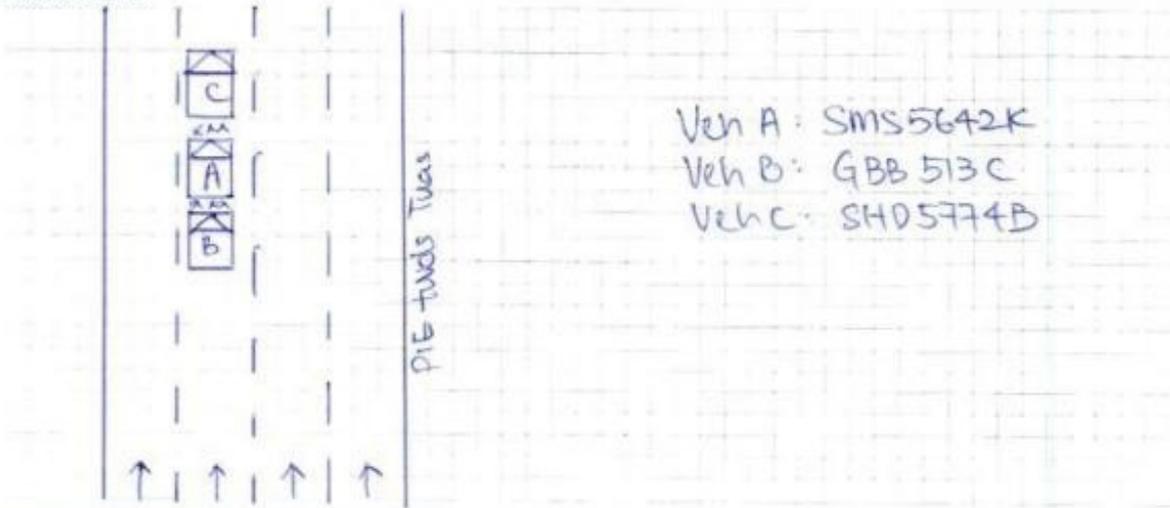
X 蔡丽
Policyholder's Signature
Date & Time:

蔡丽
Driver's Signature
(if driver is not the policyholder)
Date & Time:

fern 07/03/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

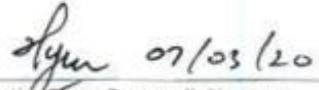
On above date & time, I was driving my vehicle A (SMS5642K) traveling along PTE towards Tuas on third lane of a 4-lanes, road. Somewhere before Clementi Road exit, vehicle C (SHD5774B) ahead slowed down and stopped due to the heavy traffic flow. As such, I applied brakes and stopped completely behind vehicle C. Out of sudden, vehicle B (GBB513C) came from rear and collided directly onto the rear portion of my vehicle. After accident, I alighted and realised I was involved in a 3 car chain accident.

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200307/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20200307/7004

CONTINUATION OF REPORT

| Passenger | | | |
|-----------------------------------|------------------------------|------------------|---|
| Name | WONG ZIHAN, JOEL | | ID No. NIL |
| Related Vehicle | SMS5642K (Car) | | Contact No. NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: ,3A Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Passenger | | | |
| Name | GAN GUIMEI | | ID No. NIL |
| Related Vehicle | SMS5642K (Car) | | Contact No. NIL |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | | Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL |
| Date Treatment | 06/03/2020 | Date Discharge | 06/03/2020 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Serious |

Brief Details.

On above date & time, I was driving my vehicle A (SMS5642K) traveling along PIE twds Tuas on third lane of a 4-lanes, expressway. Somewhere before Clementi Road Exit, vehicle C (SHD5774B) ahead slowed down and stopped due to the heavy traffic flow. As such, I applied brake and stopped completely behind vehicle C. Out of sudden, vehicle B (GBB513C) came from rear and collided onto the rear portion of my vehicle. Due to the impact my vehicle was surged forward and collided onto the rear portion of vehicle C. After accident, I alighted and realised I was involved in a 3 car chain accident

Accident Photo



Accident Photo



Accident Photo



Accident Photo



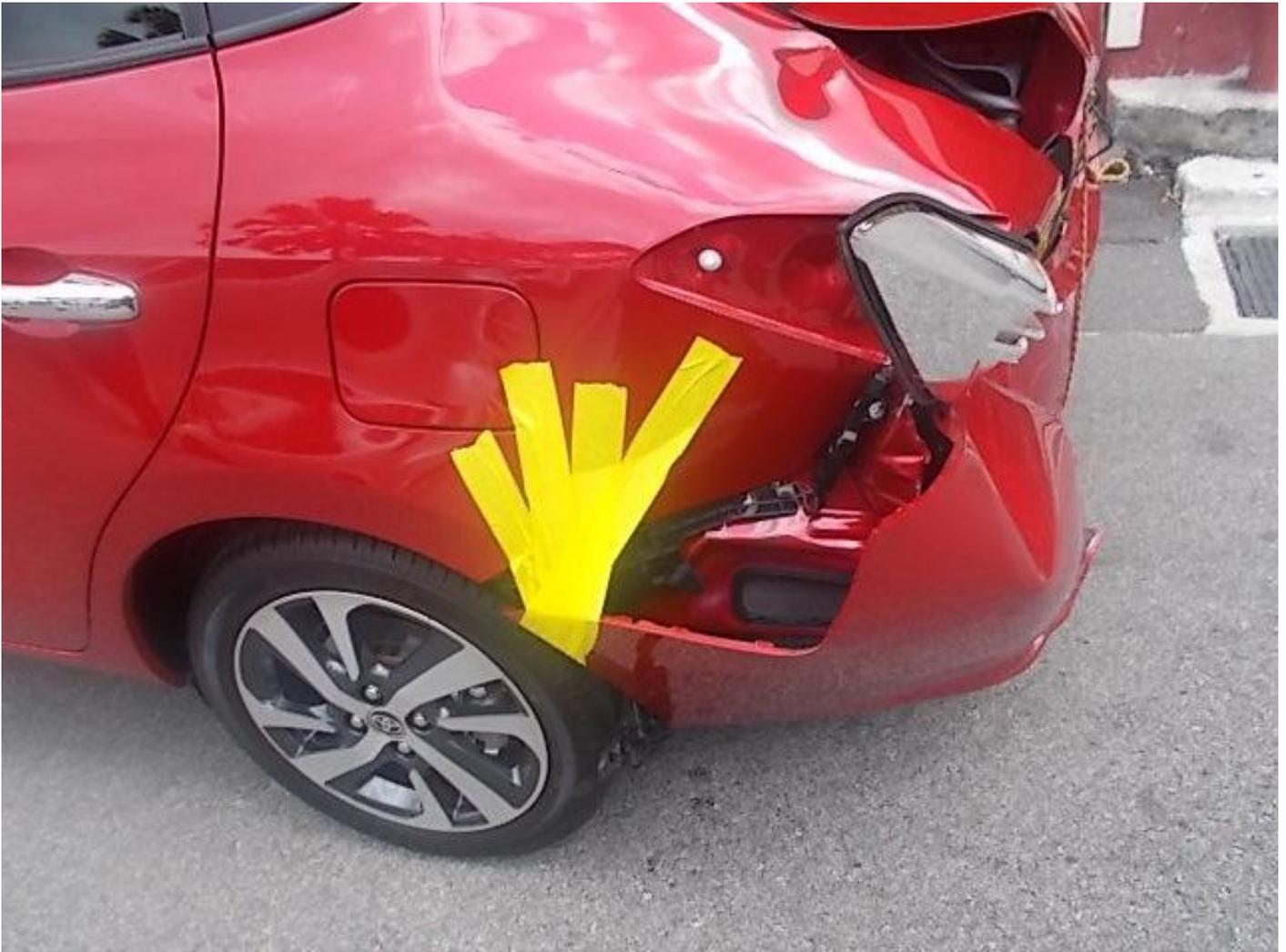
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



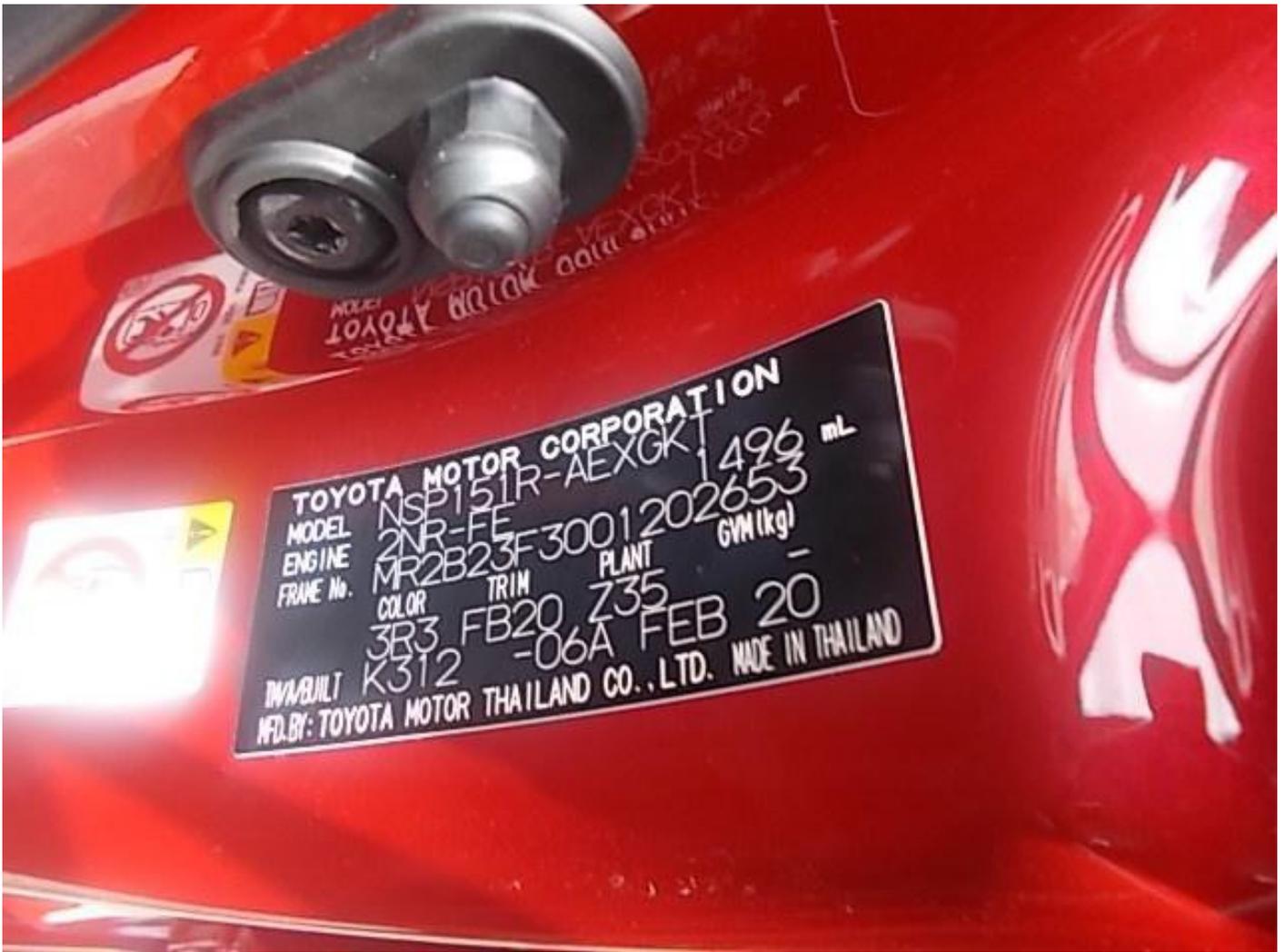
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200307/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No: T/20200307/7004

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 07/03/2020 11:20 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| Informant's Particulars | | | |
|---|------------|--|------------------------------|
| Name of Informant: CAI LI | | Address: 104 WOODLANDS AVENUE 5 #07-10 SINGAPORE 738012 | |
| ID Type / ID No.: NRIC NO / S885873A | | Contact No.: Home/Office: | Mobile: 92265677 |
| Nationality: SINGAPORE CITIZEN | | Email: caitim873a@gmail.com | |
| Sex: Female | Age: 32 | Date of Birth: 20/01/1988 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: TEACHER | | 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: 06/03/2020 17:15 | Type of Location: Straight Road |
| Location: PAN ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| 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 |
| GBB513C | Van | | | White | | 0 |
| SHD5774B | Car | | TAXI | | | 0 |
| SMS5642K | Car | TOYOTA | VIOS | Red | Seriously Damaged | 4 |

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMS5642K | AIG ASIA PACIFIC INSURANCE PTE. LTD. | AIG | 26/02/2020 | 25/02/2021 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20200307/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200307/7004

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------------|--|----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | CAI LI | ID No. | S8855873A |
| Related Vehicle | SMS5642K (Car) | Contact No. | 92265677 |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | 06/03/2020 | Date Discharge | 06/03/2020 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Serious |
| Passenger | | | |
| Name | CAI XUANYUE | ID No. | G1586429Q |
| Related Vehicle | SMS5642K (Car) | Contact No. | NIL |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | 06/03/2020 | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Serious |
| Passenger | | | |
| Name | WONG ZIXUAN, JUSTIN | ID No. | NIL |
| Related Vehicle | SMS5642K (Car) | Contact No. | NIL |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | 06/03/2020 | Date Discharge | 06/03/2020 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Serious |

Police Report



**SINGAPORE
POLICE FORCE**



T/20200307/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/20200307/7004

CONTINUATION OF REPORT

| Passenger | | | |
|-----------------------------------|------------------------------|--|----------------------------------|
| Name | WONG ZIHAN, JOEL | ID No. | NIL |
| Related Vehicle | SMS5642K (Car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Passenger | | | |
| Name | GAN GUIMEI | ID No. | NIL |
| Related Vehicle | SMS5642K (Car) | Contact No. | NIL |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | 08/03/2020 | Date Discharge | 05/03/2020 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Serious |

Brief Details.

On above date & time, I was driving my vehicle A (SMS5642K) traveling along PIE twds Tuas on third lane of a 4-lanes, expressway. Somewhere before Clementi Road Exit, vehicle C (SHD5774B) ahead slowed down and stopped due to the heavy traffic flow. As such, I applied brake and stopped completely behind vehicle C. Out of sudden, vehicle B (G8B513C) came from rear and collided onto the rear portion of my vehicle. Due to the impact my vehicle was surged forward and collided onto the rear portion of vehicle C. After accident, I alighted and realised I was involved in a 3 car chain accident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200307/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

4 of 4

Report No: T/20200307/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Signature Of Interpreter:
Not applicable

Date/Time:
07/03/2020 11:20

Officer In Charge Of Case:
TP / TPIS /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp:
NP168

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120029563 Vehicle Registration No: SMS5642K
Name(as shown in NRIC) : CAI LI NRIC/FIN/Passport No : SXXXX873A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 104 WOODLANDS AVE 5 #07-10 Singapore(739012)
Contact (Tel) : Mobile No. : 92265677
Email Address :
Date of Accident : 06/03/2020 Time of Accident : 17:15
Place of Accident : ALONG PIE TWDS TUAS B4 CLEMENTI RD
Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

SHOULD KEY UNDER COVER NOTE.
[Multiple blank lines for additional information]

Policyholder / Driver's Signature
Date:

[Handwritten signature] 20/03/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: