

## 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	17/03/2020 14:34
Date Of Accident	16/03/2020 14:30
Exact Location Of Accident	ALONG SCOTTS ROAD TOWARDS ORCHARDS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB5585C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COURTENAY JAMES HARTING
Passport No/FIN	GXXXX275P
Email Address	JAMES.COURTENAY@BTOPENWORLD.COM
Mobile Phone No	(LOCAL) +65-83838731
Alternative Phone No	OTHERS-97936201

### Vehicle Particulars

Manufacturer	MINI
Model	COOPER S-CABRIOLET 1.6 (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	THIRD PARTY
Fleet Policy	NO
Policy Number	2100297390-07
Cover Note Number	

### Driver

Name of Driver	DEROUIN COURTENAY ELISABETH FRANCOISE
Passport No/FIN	GXXXX717U
Date Of Birth	22/01/1965
Occupation	INDOOR
Date Of Driving Pass	25/04/2013
Driving Experience	6 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83838731
Fax Number	
Contact Number	OTHERS-97936201
Email Address	JAMES.COURTENAY@BTOPENWORLD.COM

Address	BLK 33 PEPYS ROAD #01-02 THE PEAK
Postcode	118454
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 TO REAR
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	2
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)	2
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 4 DELTA AVENUE , <b>POSTCODE:</b> 161004 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2789999 - <b>FAX NO:</b> 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200317/2056

#### 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	SG1172T
Vehicle Make/Model/Colour	SBS TRANSIT BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	CHAI FOO
NRIC/Passport Number	GXXXX489M
Contact Number	1800-2872727

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name DEROUIN COURTENAY ELISABETH FRANCOISE

Approximate Age

Injuries Sustain NECK AND BACK PAIN

Injured person in which vehicle? SGB5585C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident 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:

17/03/2020  
10am

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

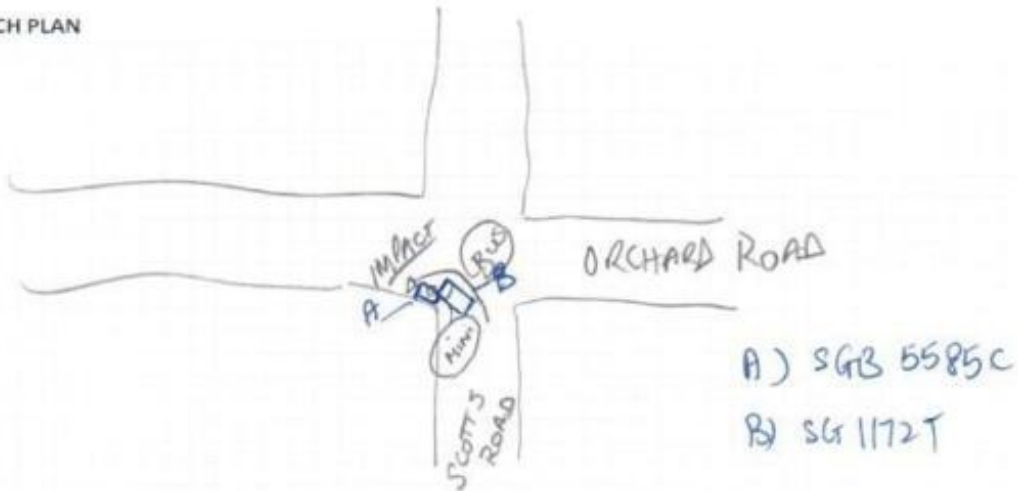
17/03/2020

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

17/03/2020  
Rapid Response

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20200317/2056

### DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time:

17/3/20

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

17/3/20

*[Signature]* 17/03/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



7/20200317/2056

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

1 of 3

Report No. T/20200317/2056

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2020 13:19	Vide Report No.:	Station Diary No.: 12
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### Informant's Particulars

Name of Informant: DEROUIN COURTENAY ELISABETH FRANCOISE			Address: APT BLK 33 PEPYS ROAD #01-02 THE PEAK SINGAPORE 118454		
ID Type / ID No : FIN NO / G5243717U			Contact No : Home/Office Mobile: 97936201		
Nationality: FRENCH			Email:		
Sex: Female	Age: 55	Date of Birth: 22/01/1965	Type of Informant: Driver		
Race: Caucasian			Language: English		Institution / School Name:
Occupation: Housewife			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: 16/03/2020 14:30	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 SCOTTS ROAD ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
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
SG1172T	Bus/Coach/Minibus					0
SGB5585C	Car	MINI	COOP S CAB-A	Red	Seriously Damaged	2

### Details of Person Involved

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



## POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200317/2056

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

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Report No. T/20200317/2056

### CONTINUATION OF REPORT

Driver				
Name	DEROUIN COURTENAY ELISABETH FRANCOISE		ID No	G5243717U
Related Vehicle	SGB5585C (Car)		Contact No	97936201
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/03/2020		Date Discharge	NIL
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Driver				
Name	CHAI FOO		ID No	G2657489M
Related Vehicle	NIL		Contact No	1800-2872727
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

### Brief Details.

On the 16/03/2020 at 1430hrs, I was in my vehicle (SGB5585C) at Scott Road. My vehicle was in complete stationary at the junction of scott road and orchard road and I was looking out for all of the vehicles to pass through before I turned into Orchard road.

Suddenly, a SBS transit bus (SG1172T) service (162) collided on to my right rear bumper of my vehicle. I was shocked at that point of time. I called the police and they came down to attend to my scene. The traffic police came as well. They offered me to call for ambulance service but I rejected it as I was in a state of shock.

After the accident, I went to see the doctor straight away at Mount Elizabeth hospital for my lower back and neck. I was given 3 days of MC (MC#582) from the doctor. My lower back and neck were injured from the accident. I had also lodged an accident report to the insurance company.

I do not have any rear-car camera footage of the accident. I am lodging this police report for insurance claim purpose.

# POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200317/2056

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

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Report No: T/20200317/2056

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:  
E /  
Sgt 2 TEO KENG LENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/03/2020 13:19

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt TAN JUN YAN  
Contact No: 65476311

Classification Of Case

Authentication Stamp  
NP158



**Orthopaedic Associates**

3 Mt Elizabeth #16-03/04 Mt Elizabeth Med Ctr S (228510)  
Tel: 6235 8755 Ans Service: 6535 8833  
GST and Co Reg No: M8-8004799-0

Patient: DEROUIN COURTENAY ELISABETH FRANCOISE  
NRIC: G5243717J  
ID: 9914809

Date : 17 Mar 2020  
MC: #582

**Medical Certificate**

This is to certify that the patient is Unfit for Duty from 17 March 2020 to 20 March 2020 for 4 days.

  
DR TOH CHOON LAI

Note: This medical certificate is not valid for absence from court.

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





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