

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	22/06/2020 14:42
Date Of Accident	19/06/2020 17:25
Exact Location Of Accident	CTE TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL683Y
Insured/Policyholder	
Name Of Registered Owner	ORANGE CARS
Co Reg No	5XXXX768M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96192819
Alternative Phone No	OFFICE-96192819

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994037
Cover Note Number	

Driver

Name of Driver	SHEAM QIAO REN, SAMANTHA
NRIC No	SXXXX363B
Date Of Birth	30/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2011
Driving Experience	8 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85114431
Fax Number	
Contact Number	OFFICE-85114431
E-Mail Address	NOEMAIL

Address	BLK 389 TAMPINES STREET 32 #09-67
Postcode	520389
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	3
Passenger 1	NAME: : SARAH GENDER: : FEMALE
Passenger 2	NAME: : DEBORAH 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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20200620/7011.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGE9021X
Vehicle Make/Model/Colour	TOYOTA WISH
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 SHEAM QIAO REN, SAMANTHA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJL683Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SARAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJL683Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name DEBORAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJL683Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Police Report



**SINGAPORE
POLICE FORCE**



T/20200620/7011

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

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Report No. T/20200620/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2020 14:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHEAM QIAO REN, SAMANTHA			Address: APT BLK 389 TAMPINES STREET 32 #09-67 SINGAPORE 520389		
ID Type / ID No.: NRIC NO / S9311363B			Contact No.:		Mobile: 85114431
Nationality: SINGAPORE CITIZEN			Email: Samanthasheamqr@gmail.com		
Sex: Female	Age: 27	Date of Birth: 30/03/1993	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Registered nurse		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2020 17:30	Type of Location: Tunnel
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SGE9021X	Car					0
SJL683Y	Car		Honda fit	Red		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/20200620/7011

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

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Report No. T/20200620/7011

CONTINUATION OF REPORT

Driver			
Name	KWAN CHUN SANG		ID No. 406781690
Related Vehicle	SGE9021X (Car)		Contact No. NIL
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
Passenger			
Name	SARAH		ID No. NIL
Related Vehicle	SJL683Y (Car)		Contact No. NIL
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 Slight
Driver			
Name	SHEAM QIAO REN, SAMANTHA		ID No. S9311363B
Related Vehicle	SJL683Y (Car)		Contact No. 85114431
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	19/06/2020		Date Discharge 19/06/2020
No. of Days granted Medical Leave	05		Degree of Injury Slight
Passenger			
Name	DEBORAH		ID No. NIL
Related Vehicle	SJL683Y (Car)		Contact No. NIL
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 Slight

Police Report



**SINGAPORE
POLICE FORCE**



T/20200620/7011

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Report No. T/20200620/7011

CONTINUATION OF REPORT

Brief Details.

2 passenger was on board with me, it was in the tunnel of cte towards sle before mounmein rd . when i break and roughly 2 seconds later i was hit from the back by another car (SGE9021X) . i have video footage

Police Report



**SINGAPORE
POLICE FORCE**



T/20200620/7011

Police Station Of Origin:
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Report No. T/20200620/7011

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:
20/06/2020 14:55

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

