

## 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	01/07/2020 14:42
Date Of Accident	27/06/2020 23:40
Exact Location Of Accident	EUNOS FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9389P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FRESH CARS PTE LTD
Co Reg No	2XXXXX540Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98226730
Alternative Phone No	OFFICE-98226730

### Vehicle Particulars

Manufacturer	HONDA
Model	HONDA JAZZ 1.3L 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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994039
Cover Note Number	

### Driver

Name of Driver	QISTINA ASYURAH ROSLAN
NRIC No	SXXXX722B
Date Of Birth	10/08/1978
Occupation	INDOOR
Date Of Driving Pass	15/01/2001
Driving Experience	19 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81432747
Fax Number	
Contact Number	OFFICE-81432747
Email Address	NOEMAIL

Address	BLK 434 HOUGANG AVENUE 8 #02-908
Postcode	530434
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	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: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT- T/20200630/2043.

#### 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	SDK7772D
Vehicle Make/Model/Colour	SSANGYONG
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHAIRUL ANWAR BIN ABDUL MAJID
NRIC/Passport Number	SXXXX800Z
Contact Number	87799282
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLF2699Y
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PAUL
NRIC/Passport Number	
Contact Number	92233073
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	QISTINA ASYURAH ROSLAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLL9389P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

SKETCH PLAN

### IMPORTANT NOTICE

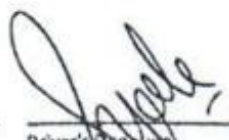
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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:

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

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

# Accident Sketch Plan

Vehicle A:

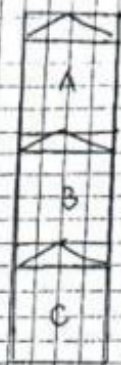
SL19389P

Vehicle B:

30K7772D

Vehicle C:

SLF2699V



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

## DECLARATION

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.:

2018086402



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200630/2043

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunus Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

1 of 3

Report No. T/20200630/2043

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2020 13:43	Vide Report No.: G/20200628/0003	Station Diary No.: 13
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### Informant's Particulars

Name of Informant: QISTINA ASYURAH ROSLAN			Address: APT BLK 434 HOUGANG AVENUE 8 #02-908 SINGAPORE 530434		
ID Type / ID No.: NRIC NO / S7822722B			Contact No.: Home/Office: Mobile: 81432757		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 41	Date of Birth: 10/08/1978	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/06/2020 23:40	Type of Location: EXPRESSWAY
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
ALONG PAN-ISLAND EXPRESSWAY (PIE) HEADING TOWARDS CHANGI AIRPORT DIRECTION, ON THE EUNOS FLYOVER				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: CHAIN COLLISION OF 3 VEHICLES				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDK7772D	Car	SSANGYONG	TIVOLI 1.6G 6AT 2WD ESP E6 FL	Grey	Seriously Damaged	3
SLF2699Y	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT		Seriously Damaged	2
SLL9389P	Car	HONDA	HONDA JAZZ 1.3L A	Black	Seriously Damaged	4

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200630/2043

2 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20200630/2043

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	QISTINA ASYURAH ROSLAN	ID No.	S7822722B
Related Vehicle	SLL9389P (Car)	Contact No.	81432757
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/06/2020	Date Discharge	28/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On the 27th of June 2020 at about 2340hrs, I was driving my vehicle bearing registration plate SLL9389P which was a rented vehicle along Pan-Island Expressway (PIE), heading towards Changi Airport direction. During the time, it was heavy traffic jam. As I was driving my vehicle up the slope which was Eunos Flyover, I had stopped behind a vehicle, due to the heavy traffic congestion. My vehicle was stationary and wasn't moving. After a brief moment, I saw that the traffic was moving and before I could move off, all of a sudden, I felt an impact from the rear of my vehicle. I got out of my vehicle and realized that there was a chain collision, involving 2 other vehicles bearing registration plate - SDK7772D and SLF2699Y. I wish to state that the vehicles are in the following order during the time of incident - SLL9389P (1st vehicle), SDK7772D (2nd vehicle) and SLF2699Y (3rd vehicle).

The damages were as follows:

- 1) SLL9389P - rear bumper dented, rear windscreen shattered
- 2) SDK7772D - front bumper dented, rear bumper dented
- 3) SLF2699Y - front bumper dented

Traffic Police and Ambulance came to the scene, vide G/20200628/0003. I was unsure if anyone was conveyed to hospital. I also wish to state that my vehicle only had an In-car camera which was at the front however, it didn't managed to record the heavy traffic congestion. After the incident, I went to Changi General Hospital to sought treatment as I felt some pain at my shoulder blade area, the back of my neck and also my back area. I was issued with 3 days of MC from 28th of June 2020 till 30th June 2020.



Police Report



SINGAPORE  
POLICE FORCE



T/20200630/2043

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunus Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

3 of 3

Report No. T/20200630/2043

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: G / Sgt 3 MUHAMMAD ARIF BIN HAIRUDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2020 13:43
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:
Authentication Stamp NP168	



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

