

## 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	21/09/2020 10:11
Date Of Accident	18/09/2020 19:00
Exact Location Of Accident	PIE TWDS CHANGI NEAR TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBL1230J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LING SIN YEE MICHELLE (LIN XINYI MICHELLE)
NRIC No	SXXXX102A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98892701
Alternative Phone No	OFFICE-98892701

### Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE
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	1800116184-01
Cover Note Number	

### Driver

Name of Driver	LING SIN YEE MICHELLE (LIN XINYI MICHELLE)
NRIC No	SXXXX102A
Date Of Birth	27/10/1982
Occupation	INDOOR
Date Of Driving Pass	11/06/2004
Driving Experience	16 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98892701
Fax Number	
Contact Number	OFFICE-98892701
EEmail Address	NOEMAIL

Address	14 CHOA CHU KANG GROVE #14-34
Postcode	688209
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 42 FAJAR ROAD , <b>POSTCODE:</b> 679005 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b> 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200919/2110

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH7286A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEU WEI LIANG
NRIC/Passport Number	SXXXX451F
Contact Number	91783998
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJY1236E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THARIQ
NRIC/Passport Number	SXXXX032F
Contact Number	83639796
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LING SIN YEE MICHELLE (LIN XINYI MICHELLE)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SBL1230J
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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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. 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.

Policyholder's Signature

Date & Time:

19/09/2020 10am.

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

← PIE towards Changi near Toa Payoh Exit.

A : SBL1230J  
B : SMH7286A  
C : SJY1236E

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 18<sup>th</sup> Sept 2020 at about 1900hrs, I was driving along the PIE towards Changi when the front vehicle **C** braked suddenly. I also braked and managed to stop in time. However, vehicle B, which is behind my vehicle could not brake in time and smashed onto the rear of my vehicle. The impact pushed my vehicle forward to hit vehicle C. We then got off our vehicles to exchange particulars. Subsequently vehicle C drove off while EMAS Tow trucks towed vehicle A and vehicle B out of the accident scene. I am feeling pain in the chest and neck areas after the accident.

## DECLARATION

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

<p><i>[Signature]</i></p> <p>Policyholder's Signature Date &amp; Time: 19/10/2020 10am.</p>	<p><i>[Signature]</i></p> <p>Driver's Signature (if driver is not the policyholder) Date &amp; Time:</p>	<p><i>[Signature]</i></p> <p>Reporting Centre Personnel's Signature Name: NRIC/FIN No.:</p>
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200919/2110

1 of 4

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20200919/2110

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2020 22:10	Vide Report No.:	Station Diary No.: 118
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### Informant's Particulars

Name of Informant: LING SIN YEE, MICHELLE			Address: 14 CHOA CHU KANG GROVE #14-34 SINGAPORE 688209	
ID Type / ID No.: NRIC NO / S8234102A			Contact No.:	Mobile: 98892701
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Female	Age: 37	Date of Birth: 27/10/1982	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: HR ASSISTANT MANAGER			Driving Licence Information: Class: 3	
			Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/09/2020 19:00	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
SBL1230J	Car	NISSAN	NOTE 1.2 CVT	Pink	Seriously Damaged	0
SJY1236E	Car	MITSUBISHI		White	Slightly Damaged	0
SMH7286A	Car			White	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200919/2110

2 of 4

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20200919/2110

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBL1230J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800116184-01	27/09/2019	26/09/2020

  

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LING SIN YEE, MICHELLE	ID No.	S8234102A
Related Vehicle	SBL1230J (Car)	Contact No.	98892701
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	THARIQ	ID No.	S9372032F
Related Vehicle	SJY1236E (Car)	Contact No.	83639796
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
Driver			
Name	LEU WEI LIANG	ID No.	S8629451F
Related Vehicle	SMH7286A (Car)	Contact No.	91783998
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

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200919/2110

3 of 4

Report No. T/20200919/2110

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

CONTINUATION OF REPORT

### **Brief Details.**

On 18/09/2020 at about 1900 hrs, along PIE towards City after Jin Toa Payoh flyover, I was driving my vehicle, SBL1230J, along the 1st lane. The vehicle in front of me, SJY1236E, suddenly apply emergency brake. I then apply brake and manage to stop in time to avoid colliding onto the vehicle. However after stopping my vehicle, I heard a loud bang from the rear of my vehicle and felt my vehicle surge forward suddenly.

Due to the sudden surge, my vehicle collided onto the front vehicle. After the accident, I alight from my vehicle and realized that another vehicle, SMH7286A, which was travelling behind me, had collided onto my vehicle. At the point of time, I informed the other drivers that I felt pain on my chest area, the back of my neck and right leg. However, no one did not call for ambulance or Traffic Police. I then exchange particulars and contact with the other two drivers. Subsequently the EMAS towing crew and the LTA Traffic warden arrived at scene.

My vehicle was then tow to the nearest car park by the EMAS towing crew. Subsequently I proceeded to seek medical consultation and was given five days of medical certificate. There is onboard CCTV in my vehicle and it had capture the accident footage. The damage to my vehicle front bumper and vehicle registration number plate dented, the rear door, bumper and vehicle registration number plate dented. While the front vehicle is the rear portion damage and the rear vehicle the front portion damage.



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200919/2110

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

4 of 4

Report No. T/20200919/2110

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:

J /

Sr Staff Sgt CHOO NGAI PANG

SINGAPORE  
POLICE FORCE

Signature Of Interpreter:

Not applicable

SIGNATURE

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

Date/Time:

19/09/2020 22:10

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



Accident Photo



## 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 : MNA120081601 Vehicle Registration No: SBL1230J  
LING SIN YEE MICHELLE (LIN XINYI MICHELLE)  
Name(as shown in NRIC) : NRIC/FIN/Passport No : SXXXX102A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Singapore( )  
Contact (Tel) : Mobile No. : 98892701  
Email Address :  
Date of Accident : 18/09/2020 Time of Accident : 19:00  
Place of Accident : PIE TWDS CHANGI NEAR TOA PAYOH EXIT  
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:

AMEND ADDRESS TO :14 CHOACHU KANG GROVE #14-34 SINGAPORE 688209  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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