

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	18/09/2020 18:09
Date Of Accident	18/09/2020 14:45
Exact Location Of Accident	10.2KM INTO CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ885U
Insured/Policyholder	
Name Of Registered Owner	TAN QINGCHENG RYAN
NRIC No	SXXXX118J
Email Address	RYANTANQC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96808787
Alternative Phone No	OFFICE-96808787

Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI 8W
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?	YES
If No, Please state action to be taken	
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	1900166839
Cover Note Number	

Driver

Name of Driver	KOH YU TING, ADELINE
NRIC No	SXXXX035A
Date Of Birth	30/07/1988
Occupation	INDOOR
Date Of Driving Pass	25/08/2011
Driving Experience	9 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	+65-90678830
Fax Number	
Contact Number	
Email Address	AKOHYT@GMAIL.COM

Address	21 DELTA ROAD #18-02
Postcode	169813
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 - CHANGE/CROSS LANE
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: : GLADYS LIM GENDER: : FEMALE
Passenger 2	NAME: : KWEK KIM SUAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON MIDDLE LANES OF CTE, MY LANE WAS BLOCKED, I SIGNALLED TO FILTER RIGHT I CHECKED THAT THE ROAD WAS CLEAR BEFORE MOVING OUT TO RIGHT LANE. SAW THAT THE WHITE VAN YN 9225 P SW ME, THOUGHT HE WOULD SLOW DOWN BUT HE CONTINUED MOVING FORWARD AND BANGED MY FRONT RIGHT OF CAR. BAD IMPACT COLLISION ON FRONT RIGHT OF CAR, SHOULDER OF DRIVER STRAINED FROM RIGHT SIDE COLLISION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN9225P
Vehicle Make/Model/Colour	WHITE VAN ISUZU
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	EBEN PUA KOK KIANG
NRIC/Passport Number	SXXXX912B
Contact Number	96515831

Address	BLK 55 TEBAN GARDENS RD #05-451
Postcode	800055
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMQ885U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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 Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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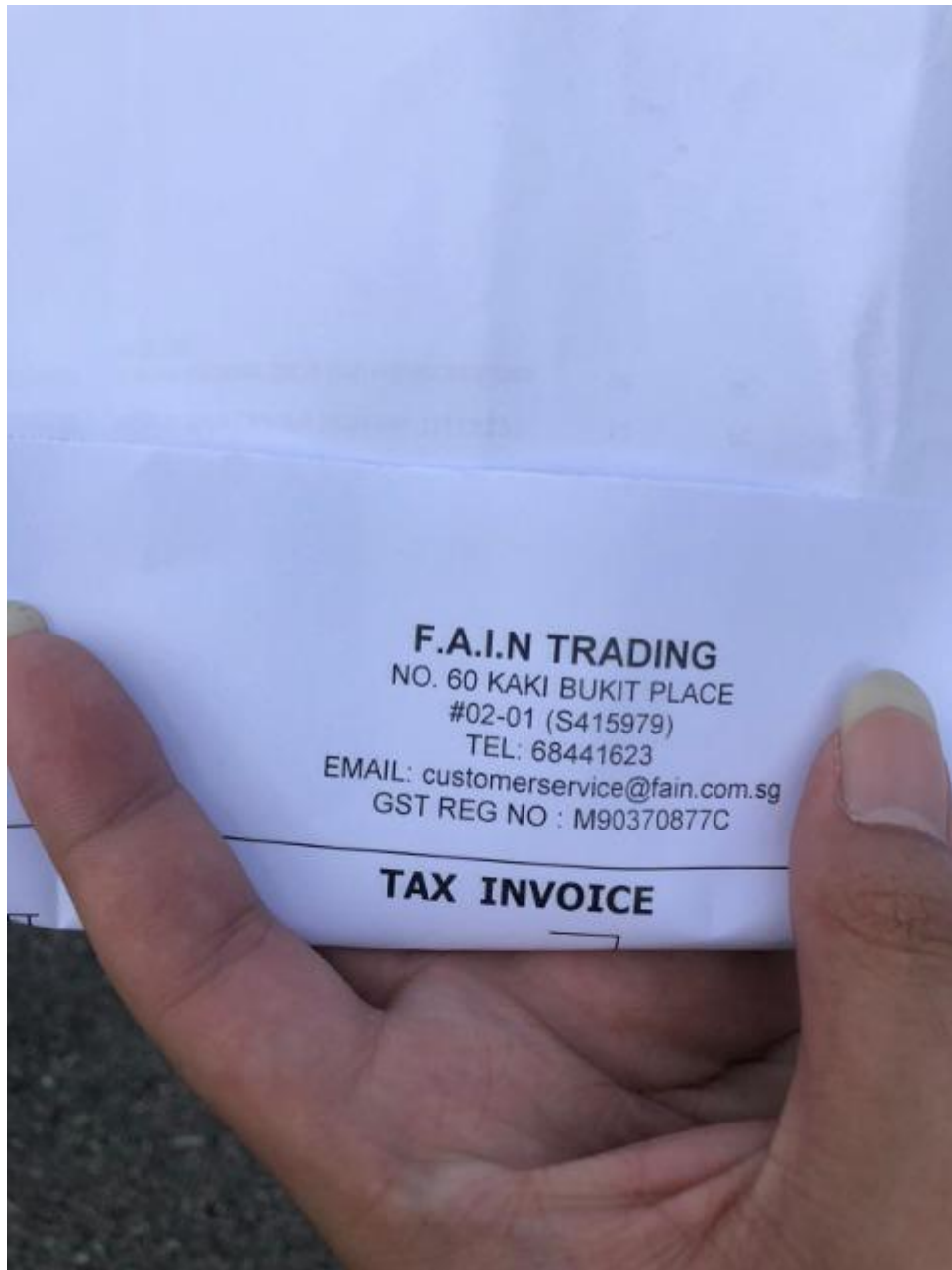
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Accident Photo



F.A.I.N TRADING

NO. 60 KAKI BUKIT PLACE

#02-01 (S415979)

TEL: 68441623

EMAIL: customerservice@fain.com.sg

GST REG NO : M90370877C

TAX INVOICE

Accident Photo



MEDICAL BILL

Dr Gary's Family Clinic
77 INDUS ROAD #01-519 INDUS GARDEN, SINGAPORE 150077
Tel: 68046069

05546 (S8830035A)
KOH YU TING ADELINE
DOB: 30/07/1998 32 y Sex: F Reg: 06 Dec 2019
Tel: / 90578535
21 DELTA ROAD
#18-02 DOMAIN 21 S (189813)
Allergy: NO OAPD: UNKNOWN L:
Nationality: SINGAPORE CITIZEN

To whom it may concern,
19/9/2020

Dear Sir,

The above mentioned person was seen today at the clinic for an injury sustained due to a road accident on the 18th September 2020

At 2.45 pm, while driving with seat belt on, collided sideways with van.
Pain right neck and shoulder 2 hrs after accident
No radiation of the pain to lower arm nor hand
No other injuries
Clinical examination showed no swelling, tenderness of the neck nor cervical spine.
There was right sided neck pain with left lateral flexion of the neck to 20 degrees
There were clinical signs of nerve injury of the upper limbs

The diagnosis is that of a Whiplash injury of the neck with soft tissue strain

For your information

Yours Sincerely

Dr Keong


DR GARY KEONG
MBBS (Hons) (Monash)
Grad Dip Fam Med (S'pore)
MMed (Fam Med)

MEDICAL BILL

Dr Gary's Family Clinic
77 INDUS ROAD #01-519 INDUS GARDEN, SINGAPORE 160077
Tel: 69048089

Co Reg No : 533285408

INVOICE

KOH YU TING ADELINE
21 DELTA ROAD
#18-02 DOMAIN 21
S(169813)

Invoice No. : 30473
Our Reference : 05546
Date : 19 Sep 2020

Patient : KOH YU TING ADELINE(S8830035A)

DESCRIPTION	QTY	FEE
VOREN 50MG	10.00 tabs	\$3.00
OLIT 20MG	5.00 caps	\$3.00
ANAREX	10.00 tabs	\$2.00
MEDICAL EXAMINATION 2	1.00	\$50.00
CONSULTATION		\$0.00
Total Amount Payable		\$58.00
Receipt No. 30337 - NETS Payment Received		\$58.00
Outstanding Balance		\$0.00

Medications are not refundable.
This is a computer generated invoice which does not require a signature

Addendum Sheet

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 : MPA120081317 Vehicle Registration No: SMQ885U
Name (as shown in NRIC) : KOH YU TING, ADELINE NRIC/FIN/Passport No : SXXXX035A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 90678830
Email Address : AKOHTY@GMAIL.COM
Date of Accident : 18/09/2020 Time of Accident : 14:45
Place of Accident : 10.2KM INTO CTE
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD


(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:

- To amend accident report



Policyholder / Driver's Signature
Date: 21/9/2020

 TONY FOONG

Reporting Centre Personnel's Signature
Name: Tony Foong
NRIC/FIN No.: _____
Date: _____