

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	21/11/2020 13:49
Date Of Accident	20/11/2020 19:00
Exact Location Of Accident	PIE TOWARDS TUAS NEAR ADAM ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ9048J
Insured/Policyholder	
Name Of Registered Owner	LAI YONG SEN
NRIC No	S1114782H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96819503
Alternative Phone No	Others-92327222

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180-1.6 (R16 BI) (A)
Exact Purpose for which vehicle was being used at time of accident	
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	2100396324-05
Cover Note Number	

Driver

Name of Driver	LAI XUEWEI, MELISSA
NRIC No	S8706876E
Date Of Birth	19/03/1987
Occupation	INDOOR
Date Of Driving Pass	15/11/2017
Driving Experience	3 YEARS AND 0 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-92327222
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 770 PASIR RIS STREET 71 #12-350 SINGAPORE
Postcode	510770
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5872999 - FAX NO: 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SMG6120G
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	CHENG CHIANG WAH
NRIC/Passport Number	S1215609Z
Contact Number	81632178
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM8270Z
Vehicle Make/Model/Colour	
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	LAI XUEWEI, MELISSA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKQ9048J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:

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

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

Vehicle

A-SKQ904

B-SMG612

C-SLM82

Legend

Vehicle

Motorcycle

Refer to police report.

Front windscreen crack after impact.

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

Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name:

NR/C/FIN No.:



Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2020 01:23		Vide Report No.:		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: LAI XUEWEI, MELISSA			Address: APT BLK 770 PASIR RIS STREET 71 #12-350 SINGAPORE 510770		
ID Type / ID No.: NRIC NO / S8706876E			Contact No.: Home/Office: Mobile: 92327222		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 33	Date of Birth: 19/03/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES REPRESENTATIVE			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/11/2020 19:00	Type of Location: Bend
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Chain collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJZ5219Z (Not Accurate)	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1K23Q5 MX	Grey		0
SKQ9048J	Car	MERCEDES BENZ	B180 (R16 BI)	Grey	Seriously Damaged	0
SLM8270Z	Car	HONDA	STREAM 1.8X A	Brown	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20201121/2008

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20201121/2008

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SMG6120G	Car	RENAULT	GRAND SCENIC IV 1.5 DCI AT EU6	Brown	Slightly Damaged	1

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	LAI XUEWEI, MELISSA		ID No.	S8706876E	
Related Vehicle	SKQ9048J (Car)		Contact No.	92327222	
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL	
Date Treatment	20/11/2020		Date Discharge	NIL	
No. of Days granted Medical Leave	02		Degree of Injury	NIL	
Driver					
Name	CHENG CHIANG WAH		ID No.	S1215609Z	
Related Vehicle	SMG6120G (Car)		Contact No.	81632178	
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 20/11/2020 at about 7pm, I was driving my vehicle (SKQ9048J) along PIE toward Tuas. I remembered while driving along the road near Adam Road exit. The vehicle (SMG6120G) which was in front of me suddenly halt his brake, as I could not stop my vehicle in time, my vehicle collided into the rear of vehicle (SMG6120G). When I came out from my vehicle to make a check, I discovered that I was involved in a chain collision.

During that point of time, I was still shocked from the impact of the accident. I went to make enquires from the driver of (SMG6120G) who informed that I was the last vehicle of a 3-cars collision. He also mentioned to me that the owner of the first vehicle (SLM8270Z) told him that earlier on, the vehicle (SJZ5219Z) which is driving in front of (SLM8270Z) suddenly applied his e-brake. Base on the account from the driver of (SJZ8270Z), I came to know that the first vehicle applied his e-brake for no reason as there was no vehicle in front of him at that point of time.



**SINGAPORE
POLICE FORCE**



T/20201121/2008

Police Station Of Origin:
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Report No. T/20201121/2008

CONTINUATION OF REPORT

I had sustained neck, back and chest injuries from the accident and had 2 days of MC from Changi General Hospital. I did not get the particular of the owner of (SJZ5219Z) and (SLM8270Z). However I believed that the owner of (SMG6120G) might have their particulars.

After the accident, I shifted my vehicle to the road shoulder when 2 unknown subjects came to ask me if I am interested to do car insurance. I felt that they are suspicious because they ask me about my accident when they did not even encounter it. While I was dialing for help, I also noticed that 1 of the subject went to the rear of my vehicle, I did not know what he was doing at that point of time as I was busy on the phone. I did not take note of the vehicle that those 2 subjects drove. During that point of time, my vehicle does have a in-car camera. However, I does not know if the camera did record anything about the accident.



SINGAPORE
POLICE FORCE



T/20201121/2008

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Police Station Of Origin:
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9 Simei Street 2 SINGAPORE 529914
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Report No. T/20201121/2008

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 CHOO WEI CHONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/11/2020 01:23

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

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

