

# 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 Submission ..... 14/12/2020 17:00 (SGT)  
Date of Accident ..... 12/12/2020 13:20 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGS526S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHANG WAI KWAN  
NRIC No ..... S6849449D  
Email Address ..... jchang1106@yahoo.com  
Mobile Phone No ..... (Phone) +65-96887898  
Alternative Phone No ..... +65-96887898

### VEHICLE PARTICULARS

Manufacturer ..... Volvo  
Model ..... S60  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100419967  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SARAH TAN WEI  
NRIC No ..... S9807605J  
Date Of Birth ..... 10/02/1998  
Occupation ..... Indoor

Date Of Driving Pass .....	10/04/2018
Driving experience .....	2 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-83333115
Alt. Phone Number .....	-
Email Address .....	saratanwei@gmail.com
Address .....	11 HUME AVE #01-05
Address complement .....	-
Postcode .....	598723
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	9
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Batok Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006659999
Alt. Police Station Phone No .....	(Fax) +65-64252661
Police Station Address .....	21 Bukit Batok East Ave 4 Singapore 659840
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	SJV513C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LORIMER YONG KIN YAN
NRIC No .....	S7531576G

Contact Number .....	(Phone) +65-97440957
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMN2893Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	WONG TERENCE
NRIC No .....	S7821670J
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SMN2537C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	SMQ1826J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN KAIQIN JASON
NRIC No .....	S8412972J
Contact Number .....	(Phone) +65-81980412
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**DETAILS OF OTHER VEHICLE PROPERTY 5**

Vehicle Registration Number .....	SBV9500A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN AIK KOON
NRIC No .....	S0014669B
Contact Number .....	(Phone) +65-97369500
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**DETAILS OF OTHER VEHICLE PROPERTY 6**

Vehicle Registration Number .....	SGH555R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ONG JUSTUS
NRIC No .....	T0206725G
Contact Number .....	(Phone) +65-91545538
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**DETAILS OF OTHER VEHICLE PROPERTY 7**

Vehicle Registration Number .....	SLD6090L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**DETAILS OF OTHER VEHICLE PROPERTY 8**

Vehicle Registration Number .....	SJM3048G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver ..... -  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person .....	SARAH TAN WEI
Address .....	11 HUME AVE #01-05
Address Complement .....	-
Post Code .....	598723
Approximate Age Years Old .....	22
Injuries Sustained .....	NECK & BACK PAIN
Injured person in which vehicle? .....	SGS526S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SINGAPORE ACCIDENT STATEMENT	
<b>IMPORTANT NOTICE</b>	
1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing. 2. Please report <u>correctly</u> the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorised Driver. 4. Information provided must be as <u>truthful and accurate as possible</u> . Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffic Police Department for investigation.	
<b>ACCIDENT STATEMENT</b>	
Date and Time of Accident	Date: 12/12/2020 Time: 1320.
Exact Location of Accident	<del>A180</del> ALONG PIE TUNDS CHANGI.
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	SG55265.
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	CHANG NAI KWAN
Personal Identification - NRIC (Singaporean/PR)	SG849449D.
- FIN/Passport Number	
- Not Applicable	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer <u>NISSAN</u> Model <u>SR0.</u>
Type of Vehicle*	<input checked="" type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	<u>Social</u>
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Pls select: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting)
Vehicle Category*	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	
Name of Insurance Company *	<u>AIIG ASIA PACIFIC</u>
Type of Policy	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number	<u>SI00419967.</u>
Motor CI	
<b>DRIVER</b>	<input type="checkbox"/> Same as Insured above
Name of Driver	<u>SARAH TAN NFI</u>
Personal Identification - NRIC (Singaporean/PR)	<u>S9807605J.</u>
- FIN/Passport Number	
Date of Birth	<u>10</u> dd/ <u>02</u> mm/ <u>1998</u> yy
Driving Date Pass	<u>10</u> dd/ <u>04</u> mm/ <u>2018</u> yy
Year of Driving Experience	Year(s)                      Month(s)
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Contact Number / Mobile Phone / Fax No.	<u>833315 / 96887598.</u>

Address of Driver	11 ALMERE AVF # 01-05	Postcode (S98723)
Email Address	sarahtanwei@gmail.com	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	CHILDREN	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	CHAIN COLLISION ✓	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
<b>OTHER INFORMATION</b>		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input checked="" type="radio"/> Yes <input type="radio"/> No NECK & PAIN.	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Number of Passengers (Including Driver)	01	
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name	BUKIT BATOK NPC.	
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	8JVS3C.	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	LORIMER YONG KIN YAN	
Personal Identification - NRIC (Singaporean/PR)	S7531576G	
- FIN/Passport Number		
Contact Number	97440957.	
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles )		

DETAILS OF OTHER VEHICLE / PROPERTY 2	
Vehicle Registration Number	SMN 2893Z.
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	NONA TERENCE
Personal Identification - NRIC (Singaporean/PR)	S7821670J
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 3	
Vehicle Registration Number	SMN 2537C.
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 4	
Vehicle Registration Number	SMQ1826J
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	TAN KAIQIN JASON
Personal Identification - NRIC (Singaporean/PR)	S8412972J
- FIN/Passport Number	
Contact Number	8198 0412.
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

SBV 9500A.

TAN AIC KOON

50014669K.

9736 9500.

SGH55SR

ONA JUSTUS.

70206705G.

91545538

SLD6090L.

SJM 3048G.

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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6. This report will be forwarded by the insurers to the GIA Records Mangement 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.

**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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
  - (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

  
 Policyholder's Signature / Date & Time

  
 Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



**Describe Circumstance of the Accident**

Refer to police report

**IMPORTANT NOTE**

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**Declaration**

I/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

Witnessed by Reporting Centre Personnel











**SINGAPORE  
POLICE FORCE**



T/20201213/2046

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20201213/2046

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLD6090L	Car				No Damage	0
SMN2537C	Car				No Damage	0
SMN2893Z	Car				Seriously Damaged	0
SMQ1826J	Car				No Damage	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SARAH TAN WEI	ID No.	S9807605J
Related Vehicle	SGS526S (Car)	Contact No.	83333115
Hospital/Clinic	ACACIA MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	12/12/2020	Date Discharge	12/12/2020
No. of Days granted Medical Leave	08	Degree of Injury	Slight

**Brief Details.**

On 12/12/2020 at around 1320hrs, I was driving along PIE towards Changi Airport. I was driving on the first lane, nearby exit 16A. While driving, I noticed that the brake lights of the car (SMN2893Z) in front of me lighted up. I realized that the car had come to a complete stop. So I slowed down and I managed to come to a complete stop in time to prevent my car from colliding into the car in front. However, the car (SJV513C) behind me did not manage to stop in time and collided with the rear of my car. The collision had caused my car to move forward and collided with the car in front of me. This collision was part of a chain collision and there were other cars involved.

The other cars involved are:

- 1) SMN2537C ✓
- 2) SMQ1826J ✓
- 3) SBV9500A ✓
- 4) SGH555R ✓
- 5) SLD6090L
- 6) SJM3048G

I am unsure why the car in front of me had stopped. I wish to state that I have no in-car camera. I am unsure of the estimated cost of damage.



**SINGAPORE  
POLICE FORCE**



T/20201213/2046

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20201213/2046

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20201213/2046

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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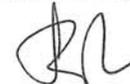
Report No. T/20201213/2046

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.

<p>Signature Of Officer Recording The Report:            J /  POLICE FORCE          Sgt 2 SITI NABILA BINTE RAZALI</p>	<p>Signature Of Informant:  </p>
<p>Signature Of Interpreter:          Not applicable</p>	<p>Date/Time:          13/12/2020 13:47</p>
<p>Officer In Charge Of Case:          TP / AEIT /          Insp BOON YEN KIAN          Contact No.: 65476172</p>	<p>Classification Of Case:</p>

Authentication Stamp  
NP168