

## 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 .....	01/02/2021 17:23 (SGT)
Date of Accident .....	30/01/2021 17:05 (SGT)
Exact Location of Accident .....	Paya Lebar, Singapore
Additional Location Information .....	KALLANG PAYA LEBAR EXPRESSWAY (KPE)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMM7878R
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHAN HWEE MIN,FELICIA
NRIC No .....	S7809916Z
Email Address .....	FCHM@LIVE.COM
Mobile Phone No .....	(Phone) +65-83223355
Alternative Phone No .....	+65-83223355

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Outlander
Variant .....	-
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
Vehicle Category .....	Private car

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	1900099739
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	CHAN HWEE MIN,FELICIA
NRIC No .....	S7809916Z
Date Of Birth .....	15/04/1978
Occupation .....	Outdoor

Date Of Driving Pass .....	28/08/2000
Driving experience .....	20 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-83223355
Alt. Phone Number .....	+65-83223355
Email Address .....	FCHM@LIVE.COM
Address .....	BLK 233A SUMANG LANE #06-345
Address complement .....	-
Postcode .....	821233
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	TAN SIEW PENG
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHMENT

#### 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 .....	SMS442D
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Fit
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SOH BOON HAO
Contact Number .....	(Phone) +65-97243400
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 .....	CHAN HWEE MIN,FELICIA
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN AT RIGHT SIDE FINGERS AREA
Injured person in which vehicle? .....	SMM7878R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

### IMPORTANT NOTICE

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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' 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;

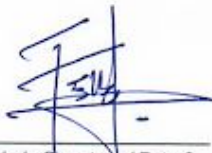
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

### Sketch Plan



A: sum 7878R  
B: sum 442D

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

Witnessed by Reporting Centre  
Personnel



























































































**SINGAPORE  
POLICE FORCE**



T/20210131/2043

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20210131/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/01/2021 13:14		Vide Report No.: G/20210130/0227		Station Diary No.: 66
<b>Informant's Particulars</b>				
Name of Informant: CHAN HWEE MIN, FELICIA		Address: APT BLK 233A SUMANG LANE #06-345 SINGAPORE 821233		
ID Type / ID No.: NRIC NO / S7809916Z		Contact No.: Home/Office: Mobile: 83223355		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 42	Date of Birth: 15/04/1978	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Interior designer		Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2021 17:00	Type of Location: Expressway
Location:  KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One 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
SMM7878R	Car	MITSUBISHI	OUTLANDE R 2.0 CVT	Black	Slightly Damaged	1
SMS442D	Car	HONDA		Blue	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM7878R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900099739	24/05/2019	23/05/2021





**SINGAPORE  
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T/20210131/2043

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Hougang N.P.C  
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Tel No: 1800-4890999

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Report No. T/20210131/2043

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	TAN SIEW PENG	ID No.	S7836098D
Related Vehicle	SMM7878R (Car)	Contact No.	96817400
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	CHAN HWEE MIN, FELICIA	ID No.	S7809916Z
Related Vehicle	SMM7878R (Car)	Contact No.	83223355
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/01/2021	Date Discharge	31/01/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	SOH BOON HAO	ID No.	S9249580I
Related Vehicle	NIL	Contact No.	97243400
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 30/01/2021 at about 1700hrs, I was driving my vehicle (Reg no: SMM7878R) along Kallang - Paya Lebar Expressway (KPE) towards Old Airport Road and the vehicle in front of mine (Reg no: SMS442D) suddenly jam brake, causing me to also immediately jam brake. However, I was not able to stop in time, causing my vehicle to collide onto the rear of the said vehicle.

The said accident had caused some dents at the front of my vehicle and also dents on the rear of the said vehicle. From my understanding, there was another vehicle which was involved in the said accident at the front of the vehicle that I had collided onto. However, I did not manage to take down the details of the



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T/20210131/2043

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Report No. T/20210131/2043

**CONTINUATION OF REPORT**

vehicle or the driver.

After the said accident, I felt pain at my right side fingers area and I had seek medical attention at Mt. Alvernia Hospital on 30/01/2021 and was discharged on 31/01/2021. I had sustained fracture on my right side pinky finger and I was given Medical Leave. I wish to also informed that Police had attended to the said accident and had taken the memory card from my in-vehicle camera.

That is all.



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T/20210131/2043

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Report No. T/20210131/2043

**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:  
F /  
Sr Staff Sgt HO ZI CAI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt ABDUL RAHIM BIN SALIM  
Contact No.: 65476437

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
31/01/2021 13:14

Classification Of Case: