

# 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 .....	12/07/2021 15:22 (SGT)
Date of Accident .....	09/07/2021 12:05 (SGT)
Exact Location of Accident .....	MacRitchie Reservoir, Singapore
Additional Location Information .....	VIADUCT TOWARDS CTE DIRECTION
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMU145B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TOH JIA MIN, JASMIN
NRIC No .....	SXXXX405E
Email Address .....	jasmin.toh@hotmail.com
Mobile Phone No .....	(Phone) +65-81805651
Alternative Phone No .....	+65-81805651

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A4
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
Transmission .....	Auto
CC .....	1984

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	2070104235
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TOH JIA MIN, JASMIN
NRIC No .....	SXXXX405E

Date Of Birth .....	20/06/1990
Occupation .....	Indoor
Date Of Driving Pass .....	13/09/2010
Driving experience .....	10 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81805651
Alt. Phone Number .....	+65-81805651
Email Address .....	jasmin.toh@hotmail.com
Address .....	138 PUNGGOL WALK #11-31
Address complement .....	-
Postcode .....	828700
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 vehicle 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 .....	Tanglin Division Headquarters
Police Station Phone No .....	(Phone) +65-18003910000
Alt. Police Station Phone No .....	(Fax) +65-63964900
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT E/20210709/7023

#### 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 .....	SJY2716E
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 .....	TOH JIA MIN, JASMIN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMU145B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

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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.

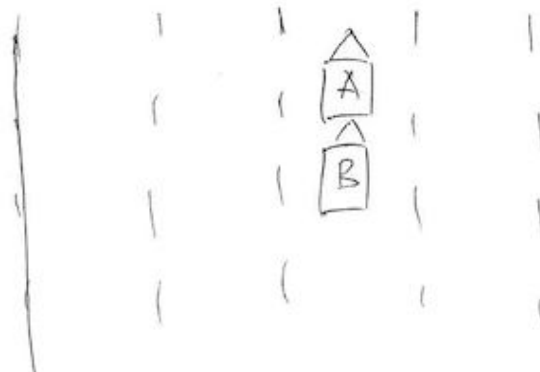
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Along INTERCHANGING VIADUCT TOWARDS CTE DIRECTION



Veh (A) : SMU 145 B  
Veh (B) : STY 2716 E

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT  
6/20210209/2023

Declaration

We declare the foregoing particulars are true in every respect.

Jus  
Policyholder's Signature / Date & Time

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

10/07/2021  
Witnessed by Reporting Centre Personnel







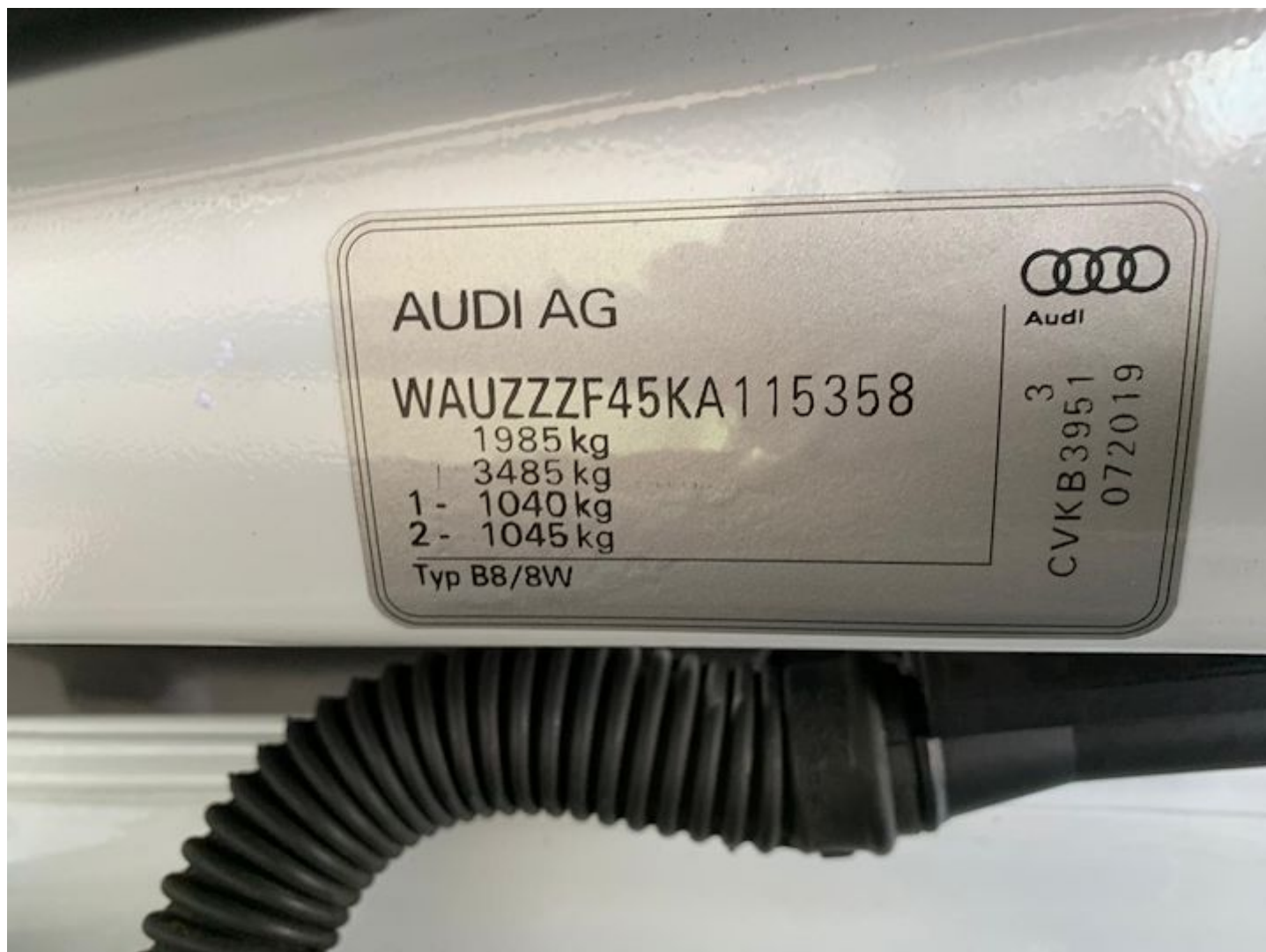






















SINGAPORE  
POLICE FORCE



E/20210709/7023

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## POLICE REPORT (NP299)

Report No. E/20210709/7023

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 09/07/2021 16:37	Vide Report No.	Station Diary No.		
Name Of Informant TOH JIA MIN, JASMIN	Address 138 PUNGGOL WALK #11-31 SINGAPORE 828700			
ID Type / ID No. NRIC NO / S9021405E	Contact No. Home/Office:	Mobile: 81805651		
Nationality SINGAPORE CITIZEN	Email Address JASMIN.TOH@HOTMAIL.COM			
Occupation Teacher	Sex Female	Age 31	Date of Birth 20/06/1990	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 09/07/2021 12:05	Location Of Incident LORNIE ROAD			

### Brief details.

On the above mentioned date and time, I was driving my vehicle SMU145B along Macritchie Viaduct towards CTE direction.

I was travelling straight along the 3rd lane from the left when I gradually slowed down my vehicle due to traffic conditions.

Suddenly, I felt a massive impact from the rear causing my vehicle to propel forward.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2021 16:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



E/20210709/7023

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210709/7023

My body lunged forward as a result only to be restrained by the seat belt.

I alighted to realise that SJY2716E had smashed my vehicle's rear.

Initially, I was fine. However, I started feeling soreness in my neck, shoulders and lower back areas a couple of hours after the accident.

I proceeded to a nearby clinic, Kings Medical, from my workplace, for treatment later in the afternoon.

I was given 5 days MC for injuries sustained due to the accident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2021 16:37
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	