

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	16/09/2021 18:16 (SGT)
Date of Accident	15/09/2021 17:34 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI) B4 UPP SERANGOON RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ9473S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALICE LUM LAI KHENG
NRIC No	SXXXX572D
Email Address	alickheng@hotmail.com
Mobile Phone No	(Phone) +65-90909084
Alternative Phone No	+65-90909084

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100451984-05
Cover Note Number	-

DRIVER

Name of Driver	ALICE LUM LAI KHENG
NRIC No	SXXXX572D

Date Of Birth	13/04/1957
Occupation	Indoor
Date Of Driving Pass	10/01/1980
Driving experience	41 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90909084
Alt. Phone Number	+65-90909084
Email Address	alickheng@hotmail.com
Address	BLK 536 BEDOK NORTH STREET 3
Address complement	#09-880
Postcode	460536
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	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	3
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210915/7025

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	SMD6585P
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 2

Vehicle Registration Number	SMG3410P
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	ALICE LUM LAI KHENG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	DISCOMFORT NECK & LOWER BACK.
Injured person in which vehicle?	SKZ9473S
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.

[Signature] 15/9/2021
 Policyholder's Signature / Date & Time

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

[Signature] 16/09/21
 Witnessed by Reporting Centre Personnel

Sketch Plan

ACC (CHANGI) BY UPP SERANGOON RD EXIT

A: SKZ 94735

B: SMD 6585P

C: SMG 3410P

Describe Circumstances of the Accident

REFER TO POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 15/9/2021
Policyholder's Signature / Date & Time

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

[Signature] 16/09/21
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210915/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210915/7025

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMG3410P	Car				Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ9473S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100451984-05	17/02/2021	16/02/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALICE LUM LAI KHENG		ID No. S1242572D
Related Vehicle	SKZ9473S (Car)		Contact No. 90909084
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	15/09/2021		Date 15/09/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SKZ9473S WAS TRAVELLING STRAIGHT IN MY LANE ON THE MOST RIGHT LANE, LANE 1.

THE VEHICLE IN FRONT, VEHICLE C, BEARING CAR PLATE SMG3410P SLOW DOWN AND CAME TO A STOP. SO I ALSO SLOW DOWN AND CAME TO A STOP

SUDDENLY, VEHICLE B, BEARING CAR PLATE SMD6585P BANG ONTO THE REAR PORTION OF MY VEHICLE. WHICH CAUSED ME TO PROPEL FORWARD AND BANG ONTO VEHICLE C.

I EXCHANGED PARTICULARS AND TOOK PHOTOS OF THE ACCIDENT SCENE.

AFTER THE ACCIDENT, I SUFFERED DISCOMFORT AND PAIN ON MY NECK AND LOWER BACK. SO I WENT TO LIFEPLUS MEDICAL GROUP (BEDOK) TO CONSULT A DOCTOR AND RECEIVED 3 DAYS OF MC.





















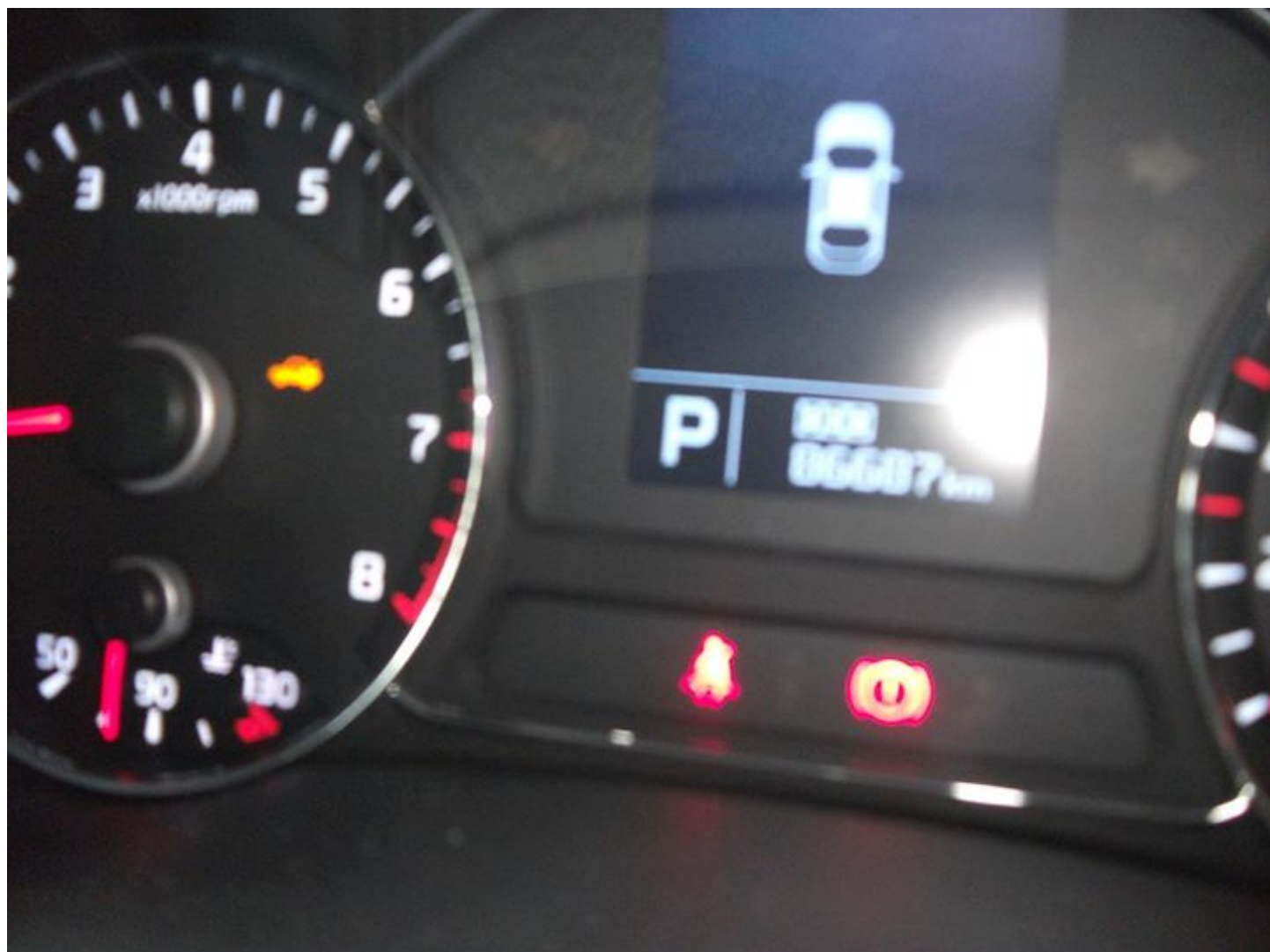














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T/20210915/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210915/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2021 21:11		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: ALICE LUM LAI KHENG		Address: 536 BEDOK NORTH STREET 3 #09-880 SINGAPORE 460536	
ID Type / ID No.: NRIC NO / S1242572D		Contact No.: Home/Office: Mobile: 90909084	
Nationality: SINGAPORE CITIZEN		Email: ALICKHENG@HOTMAIL.COM	
Sex: Female	Age: 64	Date of Birth: 13/04/1957	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SALES MANAGER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/09/2021 17:35	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit: 60 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
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
SKZ9473S	Car	KIA	FORTE K3 1.6A SX	White	Seriously Damaged	0
SMD6585P	Car				Seriously Damaged	0



**SINGAPORE
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T/20210915/7025

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10 Ubi Avenue 3 SINGAPORE 408865
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Report No. T/20210915/7025

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Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMG3410P	Car				Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ9473S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100451984-05	17/02/2021	16/02/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALICE LUM LAI KHENG		ID No. S1242572D
Related Vehicle	SKZ9473S (Car)		Contact No. 90909084
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	15/09/2021		Date 15/09/2021
No. of Days granted Medical Leave	03	Degree of	Serious

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T/20210915/7025

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Report No. T/20210915/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/09/2021 21:11

Classification Of Case: