

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 25/09/2021 11:32 (SGT)
Date of Accident 24/09/2021 23:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLE TOWARD CTE L/P 166
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFU5538B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GAN SONG SEEK
NRIC No S2500605D
Email Address gss2103@hotmail.com
Mobile Phone No (Phone) +65-90124653
Alternative Phone No +65-90124653

VEHICLE PARTICULARS

Manufacturer Nissan
Model Sylphy
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100392722
Cover Note Number -

DRIVER

Name of Driver GAN HUI YI, MALLORY
NRIC No S9247374J

Date Of Birth	16/12/1992
Occupation	Indoor
Date Of Driving Pass	22/07/2011
Driving experience	10 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91137422
Alt. Phone Number	-
Email Address	mallorygan@hotmail.com
Address	BLK 835 WOODLANDS ST 83 #09-113
Address complement	-
Postcode	730835
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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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	LILY ONG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED 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	YP5577P
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	SDU54L
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 3

Vehicle Registration Number	SHA9377D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GAN HUI YI, MALLORY
Gender	-
Phone No	(Phone) +65-91137422
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LH LEG
Injured person in which vehicle?	SFU5538B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LILY ONG
Gender	-
Phone No	(Phone) +65-90176760
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT SHOULDER
Injured person in which vehicle?	SFU5538B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	SDU54L
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SDU54L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	SHA9377D
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHA9377D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

Vehicle No: _____

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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.:

UNDERTAKING

I, Gan Hui Yi MALLORY, (NRIC No. S9247374J), hereby confirm that the Singapore Accident Statement lodged by me on 25/9/2021 at 11 AM hours pertaining to the accident involving motor car Reg. No: SFU 5538 B, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature : 
 Name of Insured / Driver : Gan Hui Yi Mallory
 Nric No. : S9247374J
 Date : 25/9/2021

Signature : 
 Name of Policyholder : Gan Song Seek
 Nric No. : S 2500605-D
 Date : 25/9/2021



























































**SINGAPORE
POLICE FORCE**



T/20210925/2008

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20210925/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2021 03:45	Vide Report No.: L/20210924/0216	Station Diary No.: 17
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Informant's Particulars

Name of Informant: GAN HUI YI, MALLORY			Address: APT BLK 835 WOODLANDS STREET 83 #09-113 SINGAPORE 730835		
ID Type / ID No.: NRIC NO / S9247374J			Contact No.: Home/Office: Mobile: 91137422		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 28	Date of Birth: 16/12/1992	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Physiotherapy			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/09/2021 23:50	Type of Location: Expressway
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Chain Collision				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDU54L	Car					0
SFU5538B	Car				Seriously Damaged	1
SHA9377D	Car				Seriously Damaged	0
YP5577P	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210925/2008

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20210925/2008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAN HUI YI, MALLORY	ID No.	S9247374J
Related Vehicle	SFU5538B (Car)	Contact No.	91137422
Hospital/Clinic	Central 24-HR Clinic	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	25/09/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 24/09/2021 at about 2350hrs, I was driving my vehicle bearing number SFU5538B along Central Expressway (CTE). At the point of time I was travelling on the most right lane. Out of a sudden, a yellow taxi bearing number SHA9377D collided to my left rear of my vehicle. Subsequently, My vehicle turn and stopped on middle left lane.

Thereafter, ambulance and traffic police reference incident L/20210929/0216 came. Some of the vehicle driver was conveyed by the ambulance.

I wish to state that my vehicle sustained damages on the rear and both rear-tire was punctured. *left hand rear wheel and right hand front wheel were punctured.*

I wish to state that after the accident I proceed to Central 24-Hr Clinic to make a check and the doctor had given me a 3 days MC. My mum namely Lily Ong S1168625G that was the passenger of my car was also given a 3 days MC.

I wish to state that my vehicle does not have a cam car installed.



**SINGAPORE
POLICE FORCE**



T/20210925/2008

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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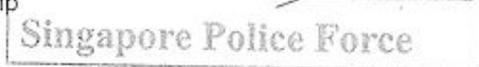
Report No. T/20210925/2008

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 L / Sgt 1 LIM MING CHONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/09/2021 03:45
Officer In Charge Of Case: TP / GIT / Sgt 2 DAVID YAP Contact No.: 65476138 	Classification Of Case: SN 130
Authentication Stamp NP168 	Signature: 