

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 | 08/12/2021 17:00 (SGT) |
| Date of Accident | 07/12/2021 08:00 (SGT) |
| Exact Location of Accident | Changi Flyover, Singapore |
| Additional Location Information | (PIE (CHANGI) TOWARDS ECP (CITY) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SKX2740C |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | TOK LI SENG |
| NRIC No | SXXXX819B |
| Email Address | melindatokls@gmail.com |
| Mobile Phone No | (Phone) +65-91807234 |
| Alternative Phone No | +65-91807234 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Volkswagen |
| Model | Golf |
| Variant | A7 |
| 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 | 1395 |

INSURANCE COMPANY

| | |
|---------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 7210063777 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|-------------|
| Name of Driver | TOK LI SENG |
| NRIC No | SXXXX819B |

| | |
|--|--------------------------------------|
| Date Of Birth | 20/01/1993 |
| Occupation | Indoor |
| Date Of Driving Pass | 02/12/2013 |
| Driving experience | 8 YEARS |
| Gender | Female |
| Mobile Number | (Phone) +65-91807234 |
| Alt. Phone Number | +65-91807234 |
| Email Address | melindatokls@gmail.com |
| Address | BLK 303 ANG MO KIO AVENUE 1 #02-1121 |
| Address complement | - |
| Postcode | 560303 |
| 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 | 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

PLEASE REFER TO POLICE REPORT T/20211207/7031

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 | SMG1242X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

| | |
|---|----------------------|
| Name of Driver | YE YUN HONG |
| NRIC No | SXXXX640B |
| Contact Number | (Phone) +65-92329415 |
| 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 | TOK LI SENG |
| Gender | Female |
| Phone No | (Phone) +65-91807234 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK AND BACK PAIN |
| Injured person in which vehicle? | SKX2740C |
| 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.

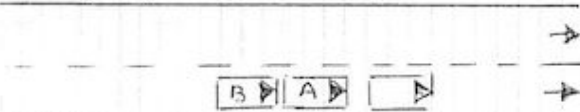

 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel

Sketch Plan

Change Flyover (PIE (Change)) Towards ECP (Fly)



* Veh A : SKX 2740 C
 * Veh B : SMG 1242 X


Describe Circumstances of the Accident

* Refer to Police Report # T/20211207/7031

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

 08/12/2021
Witnessed by Reporting Centre Personnel



















SINGAPORE POLICE FORCE



T/20211207/7031

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

1 of 3

Report No. T/20211207/7031

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|---|------------------------------|----------------------------|--|
| Date/Time Report Made: 07/12/2021 16:44 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TOK LI SENG | | Address: 303 ANG MO KIO AVENUE 1 #02-1121 SINGAPORE 560303 | | | |
| ID Type / ID No.: NRIC NO / S9301819B | | Contact No.: Home/Office: | | Mobile: 91807234 | |
| Nationality: SINGAPORE CITIZEN | | Email: melindatokls@gmail.com | | | |
| Sex: Female | Age: 28 | Date of Birth: 20/01/1993 | Type of Informant: Driver | | |
| Race: Chinese | | Language: English | | Institution / School Name: | |
| Occupation: SAF Officer | | 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: 07/12/2021 08:00 | Type of Location: Straight Road |
| Location: CHANGI FLYOVER (PIE (CHANGI)) TOWARDS ECP (CITY) | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| 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 | Conditio | No of |
| SKX2740C | Car | | | | | 0 |
| SMG1242X | Car | | | | | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |


**SINGAPORE
POLICE FORCE**


T/20211207/7031

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

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Report No. T/20211207/7031

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|-----------|--|
| Driver | | | |
| Name | TOK LI SENG | | ID No. S9301819B |
| Related Vehicle | SKX2740C (Car) | | Contact No. 91807234 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL |
| Date | 07/12/2021 | Date | NIL |
| No. of Days granted Medical Leave | 04 | Degree of | Slight |
| Driver | | | |
| Name | YE YUN HONG | | ID No. S8671640B |
| Related Vehicle | SMG1242X (Car) | | Contact No. 92329415 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

On the stated date and time, I (SKX 2740 C) was travelling along the stated venue. As I saw front vehicle braked to stop, I followed suit. When I have come to a complete stop, suddenly vehicle bearing registration number: SMG 1242 X collided to the rear of my vehicle. We then alighted from our vehicles to take some pictures, exchanged our particulars and left the accident scene. I took a nap after reaching home and when I woke up, I felt unwell. Discomfort on my neck and backache. I then proceeded to seek medical treatment at Mount Alvernia Hospital and was given 4 days of MC.



SINGAPORE POLICE FORCE

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



T/20211207/7031

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Report No. T/20211207/7031

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 / TPIB /
BOON YEN KIAN
Contact No.: 65476172

NP168

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

Date/Time:
07/12/2021 16:44

Classification Of Case: