



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.

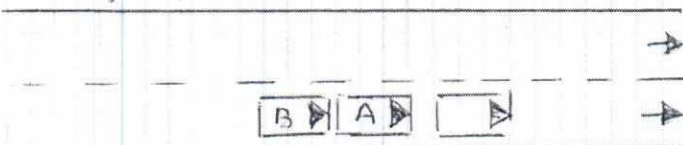
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Changi Flyover (PIE (Changi)) Towards ECP (City)



* Veh A : SKX 2740 C

* Veh B : SMG 1242 X

Refer to Police Report # T/20211207/7031

We declare the foregoing particulars are true in every respect.

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08/2/2021

Witnessed by Reporting Centre
Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 07/12/2021 (dd/mm/yy) Time of Accident: 08:00 AM (24-HR-FORMAT)
Vehicle No.: SKX 2740 C Vehicle Make & Model / Engine (cc): Volkswagen Golf A7 1395cc Private Hire: (Y/N) (N)
Exact location of Accident: Changi Flyover (PIE (Changi)) Towards ECP (City)
Policyholder's Name / IC No.: Tok Li Seng S9301819B
Driver's Name / IC No.: Tok Li Seng S9301819B (As Above) ☐
Driver's Contact No.: 9180 7234 Company Contact No / Owner Contact No: 9180 7234
Driver's Address: Blk 303 Ang Mo Kio Avenue 1 #02-1121 Singapore 560303
Owner Email address: melindatokls@gmail.com Insurance Company: AIG
Driver Email address: melindatokls@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

(Owner) Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** 1

*Passanger Name: _____

Gender: _____

*Passanger Name: _____

Gender: _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: Neck and Back Injured Person in Which Vehicle: SKX 2740 C

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Ye Yun Hong / S8671640B Vehicle No: SMG 1242 X

Driver's Contact No: 9232 9415 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : TOK LI SENG
Period of Insurance : 28 Jun 2021 To 27 Jun 2022
Engine No. : WVWZZZAUZFW180724
Chassis No. : CXS238097

Vehicle No. : SKX2740C
Policy No. : 7210063777
Endorsement No. :
Issued Date : 28 Jun 2021

ABOUT THE COVER

Make/Model : VOLKSWAGEN Golf A7 1.4 TSI
Engine Capacity/Tonnage : 1,395.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
Insuring with COE/PAFF : Yes

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition
Limitation as to use* :
Mileage Condition : Unlimited Mileage

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TOK LI SENG - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0501760000

HAN TEE TOON

AIG BUILDING 78 SHENTON WAY #09-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

TEE TOON HAN



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**



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

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: