

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 18/01/2022 12:58 (SGT)
Date of Accident 17/01/2022 13:30 (SGT)
Exact Location of Accident Adam Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR2420X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOK KOK PENG
NRIC No SXXXX817F
Email Address DEVEK_LOK23@YAHOO.COM
Mobile Phone No (Phone) +65-90928038
Alternative Phone No +65-90928038

VEHICLE PARTICULARS

Manufacturer Hummer
Model H3 3.7A
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 3653

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900244033
Cover Note Number -

DRIVER

Name of Driver APRIL CHEW KIM EE
NRIC No SXXXX277F

Date Of Birth	04/04/1975
Occupation	Indoor
Date Of Driving Pass	30/03/1995
Driving experience	26 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97902744
Alt. Phone Number	-
Email Address	APRILCHEW@HOTMAIL.COM
Address	18 MERAGI ROAD
Address complement	-
Postcode	487895
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL2454Z
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	SJH4477X
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)	-

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

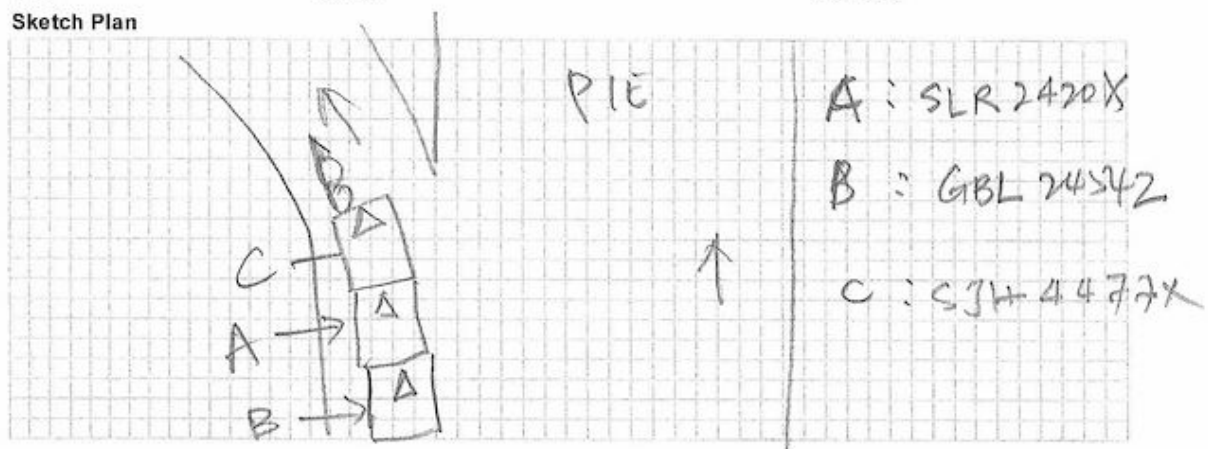
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer To Attached Police Report.

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel























**SINGAPORE
POLICE FORCE**



T/20220118/2019

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20220118/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2022 11:35		Vide Report No.: E/20220117/0067		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: APRIL CHEW KIM EE			Address: 18 MERAGI ROAD SINGAPORE 487895		
ID Type / ID No.: NRIC NO / S7509277F			Contact No.: Home/Office: Mobile: 97902744		
Nationality: SINGAPORE CITIZEN			Email: aprilchew@hotmail.com		
Sex: Female	Age: 46	Date of Birth: 04/04/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/01/2022 13:30	Type of Location: Straight Road
Location: ADAM ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL2454Z	Van				Slightly Damaged	0
SJH4477X	Car				Slightly Damaged	1
SLR2420X	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20220118/2019

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Tel No: 1800-5872999

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Report No. T/20220118/2019

CONTINUATION OF REPORT

Driver			
Name	APRIL CHEW KIM EE	ID No.	S7509277F
Related Vehicle	SLR2420X (Car)	Contact No.	97902744
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/01/2022 at about 1328hrs, I was driving my vehicle SLR2420X along PIE towards Tuas and exited along the slip road into Adam Road and the road was clear except for a motorcycle and a vehicle in front. The vehicle in front of me, SJH4477X suddenly jammed his emergency brake and came to a full stop. I slammed my brakes however I was unable to stop in time and collided into the vehicle in front of me. Suddenly, I felt an impact from behind and another vehicle, GBL2454Z collided into the rear of my vehicle. It happened too fast and I was unsure if my vehicle was pushed forward even further. I would like to add that it was raining at the point of time and as my vehicle was heavy, I was unable to stop in time.

I wish to state that I have an in car camera that recorded the incident at the point of time. Traffic Police was at scene and took down all our particulars. My SD Card from my in car camera was retrieved by the TP officer and I was given NP323 vide report number E/20220117/0067 at 1523hrs. I was then told to lodge a Traffic Accident report and report to Traffic Police HQ to see IO Abdillah at 1430hrs.

At this point of time, I am feeling a bit of a stiff neck. I have a history of slip disc thus I am unsure if it got worse after the accident. I am unsure if I would be seeing a doctor.



**SINGAPORE
POLICE FORCE**



T/20220118/2019

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20220118/2019

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

G /
Sgt 3 SITI NATASHA BINTE
ABDUL NASSIR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/01/2022 11:35

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP168

