

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 11/02/2022 17:55 (SGT)
Date of Accident 10/02/2022 18:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information ANG MO KIO AVENUE 5
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNA9755A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOH KIM HOONG
NRIC No SXXXX265J
Email Address dianesoh@yahoo.com.sg
Mobile Phone No (Phone) +65-91855135
Alternative Phone No +65-91855135

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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 7210081403
Cover Note Number -

DRIVER

Name of Driver NICOLE LIM CJIA YII
NRIC No SXXXX236H

Date Of Birth	16/09/1994
Occupation	Outdoor
Date Of Driving Pass	13/11/2014
Driving experience	7 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93209322
Alt. Phone Number	-
Email Address	NICOLELIMCJIAYII@gmail.com
Address	981B BUANGKOK CRESCENT #14-29
Address complement	-
Postcode	532981
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SEE PEH XIN CHARMAINE
Gender	Female

PASSENGER 2

Name	TAN SZE MIN
Gender	Female

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

REFER TO ATTACHED POLICE REPORT T/20220211/7020

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	SHD7027L
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NICOLE LIM CJIA YII
Gender	Female
Phone No	(Phone) +65-93209322
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MEDICAL LEAVE
Injured person in which vehicle?	SNA9755A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAN SZE MIN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MEDICAL LEAVE
Injured person in which vehicle?	SNA9755A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	SEE PEH XIN CHARMAINE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MEDICAL LEAVE
Injured person in which vehicle?	SNA9755A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. The 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.
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 *Seiamatshain*

Sketch Plan

ANG MO KIO AVE B

A - SNA 9755A
B - SHD 7027L



Describe Circumstances of the Accident

REF TO POLICE REPORT.

TP Claim Own Workshop

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



Witnessed by Reporting Centre Personnel
Selamatshahin



















**SINGAPORE
POLICE FORCE**



T/20220211/7020

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

1 of 3

Report No. T/20220211/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2022 14:44	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: NICOLE LIM CJIA YII		Address: 981B BUANGKOK CRESCENT #14-29 SINGAPORE 532981	
ID Type / ID No.: NRIC NO / S9434236H		Contact No.: Home/Office: Mobile: 93209322	
Nationality: SINGAPORE CITIZEN		Email: NICOLELIMCJIAYII@GMAIL.COM	
Sex: Female	Age: 27	Date of Birth: 16/09/1994	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Real estate agent		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2022 18:25	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 5				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 50 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	Conditio	No of
SHD7027L	TAXI					2
SNA9755A	Car					3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220211/7020

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

2 of 3
Report No. T/20220211/7020

CONTINUATION OF REPORT

Driver			
Name	NICOLE LIM CJIA YII		ID No. S9434236H
Related Vehicle	SNA9755A (Car)		Contact No. 93209322
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	11/02/2022		Date 11/02/2022
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	TAN SZE MIN		ID No. S9305442C
Related Vehicle	SNA9755A (Car)		Contact No. NIL
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	11/02/2022		Date 11/02/2022
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	SEE PEH XIN CHARMAINE		ID No. S9440354E
Related Vehicle	SNA9755A (Car)		Contact No. NIL
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	11/02/2022		Date 11/02/2022
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated time and date, i was driving my Vehicle A bearing SNA9755A on Ang Mo Kio Ave 5 , the lorry in front of me jam brake i managed to brake in time and stop my vehicle. Suddenly i felt a huge impact from my rear, i got off my vehicle and realized Vehicle B bearing SHD7027L had collided on to the rear of my vehicle. My passengers and i felt aches and pain after the accident and we went to visit the doctor and received 5 Days MC.



**SINGAPORE
POLICE FORCE**



T/20220211/7020

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

3 of 3

Report No. T/20220211/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2022 14:44
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:

NP168