SN0922390008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 09/03/2022 16:54 (SGT) SUBMITTED BY: Renee VERSION: 1 (09/03/2022 16:54 (SGT))

# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 09/03/2022 16:54 (SGT) Date of Accident 07/03/2022 18:00 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information (TUAS) BEFORE NORMANTON PARK EXIT Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

+65-98787761

Vehicle Registration Number SI N3122X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LAURA ONG ME QI NRIC No. SXXXX216I Email Address Laura.Ong81@gmail.com Mobile Phone No (Phone) +65-98787761 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Subaru Model Forester 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 1998

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number 2100508499-04

Cover Note Number

DRIVER

Name of Driver LAURA ONG ME QI NRIC No. SXXXX216I

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	12/03/1981 Indoor 06/11/2003 18 YEARS AND 4 MONTHS Female (Phone) +65-98787761 +65-98787761 Laura.Ong81@gmail.com 44 FABER WALK #03-17 128991 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 4 Yes No Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
AS PER POLICE REPORT ATTACHED : T/20220308/7014.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes WITH THE WORKSHOP No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SMM4926E -

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)	_
<b>5</b> ( <b>5</b> )	

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJX2146E
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	SND1113P
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)	_

# **INJURED PERSONS DETAILS**

# INJURED 1

Name of injured person	LAURA ONG ME QI
Gender	Female
Phone No	(Phone) +65-98787761
Address	
Address Complement	_
Post Code	<u>-</u>
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDER AND ABRASIONS ON HAND (SERIOUS)
Injured person in which vehicle?	SLN3122X
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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

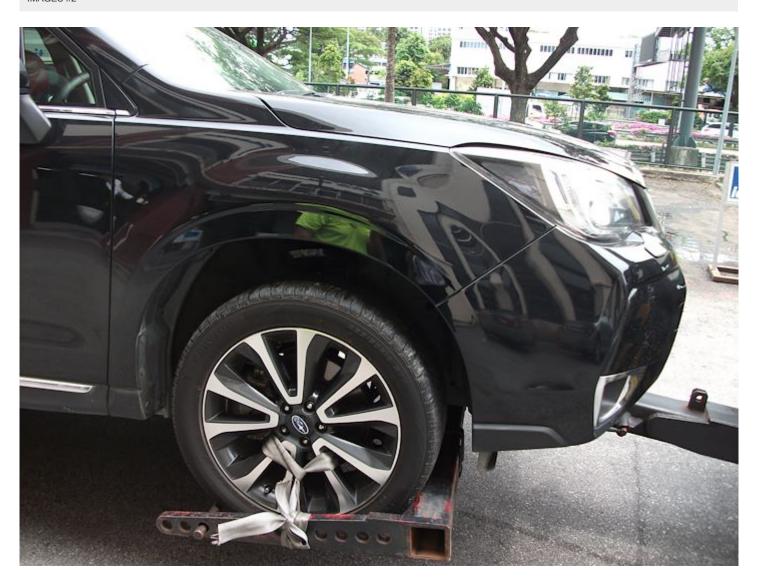
MANAM	- MINI	R 09/03/202
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		0.1010007

A:SLN3122X
B:SUM 45915
C:STX246E
Park Exit.

O:SYOUIIBR

scribe Circumstance	s of the Accident
	3000-
	0200
	JECED TO DILLE MARKED
	RUPER TO POLICE WHITHING
	T/20220308/7014.
and the second	
claration	
e declare the foregoing par	ticulars are true in every respect.
( UDut	Que 09/3/22
CHEMY.	109/3/22
cyholder's Signature / Date	& Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre
ne	& Time Personnel

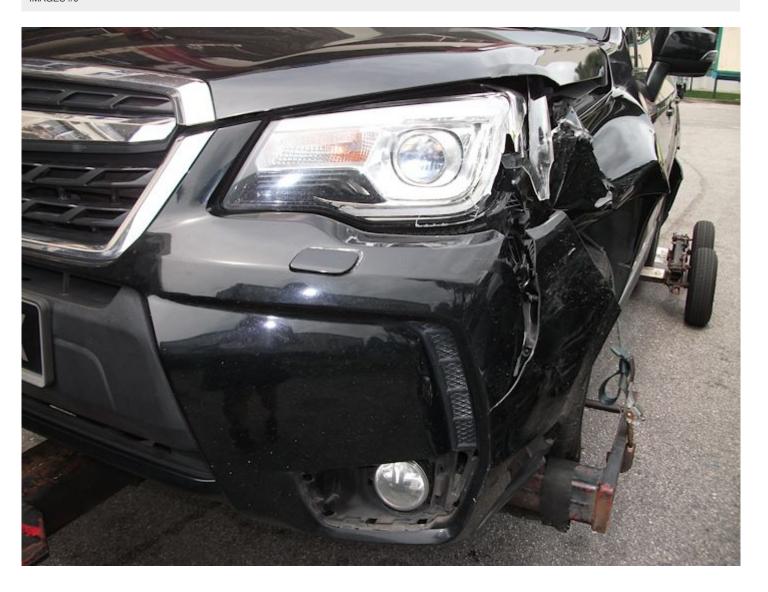


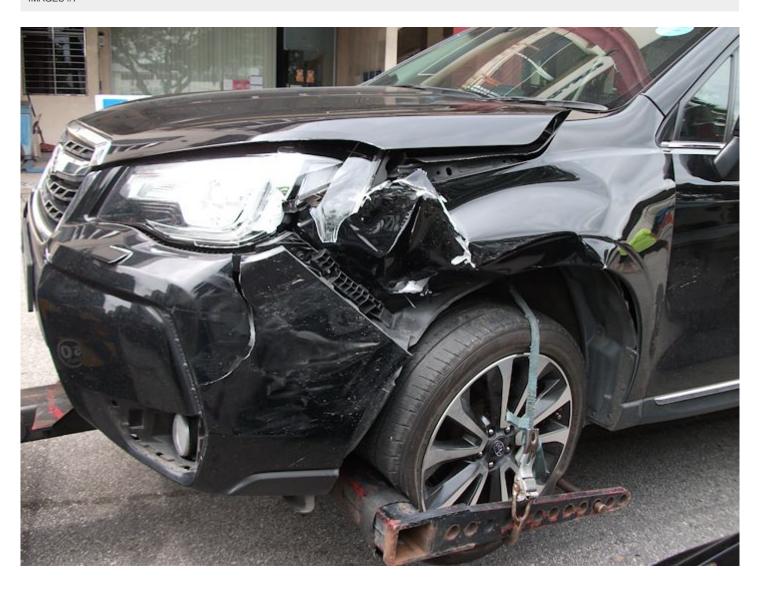


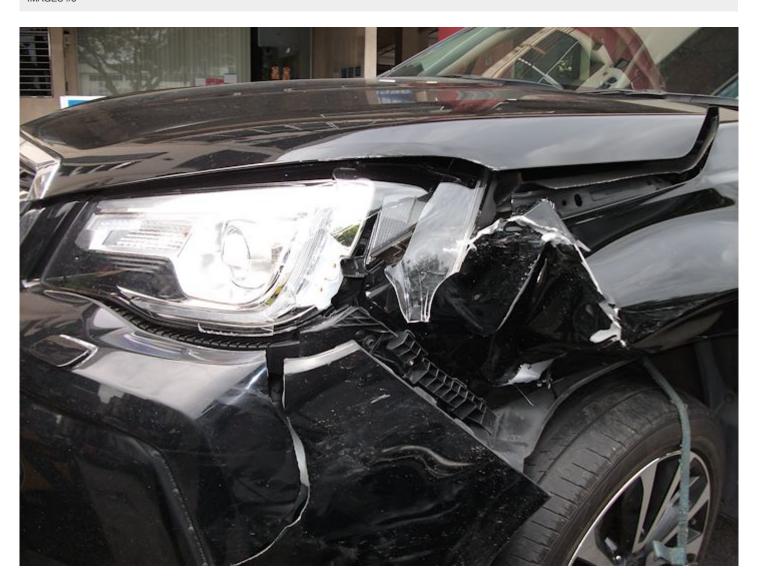


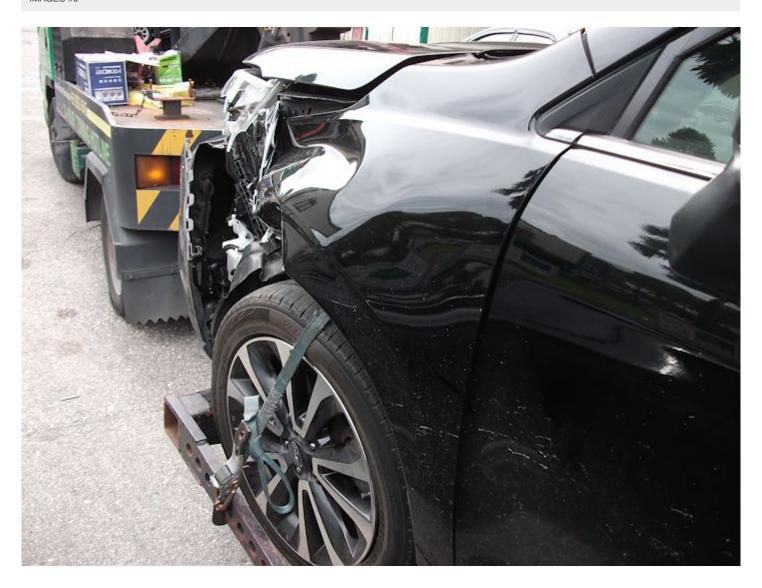






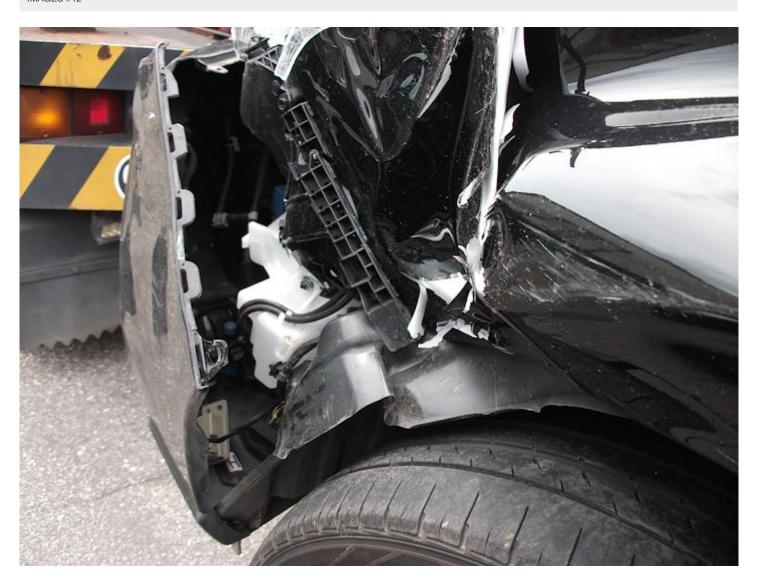


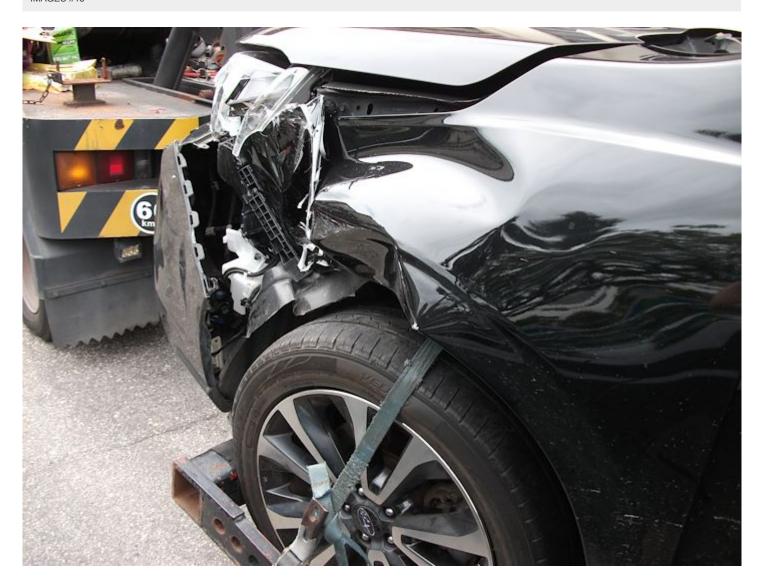


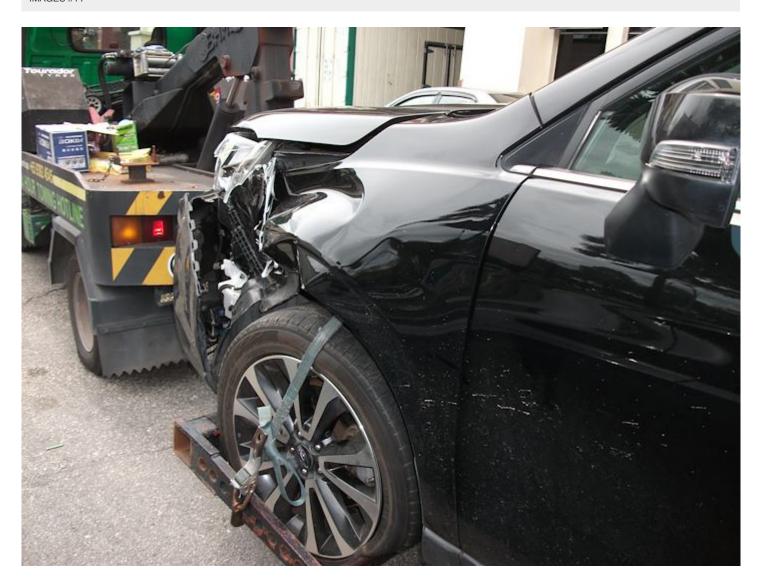


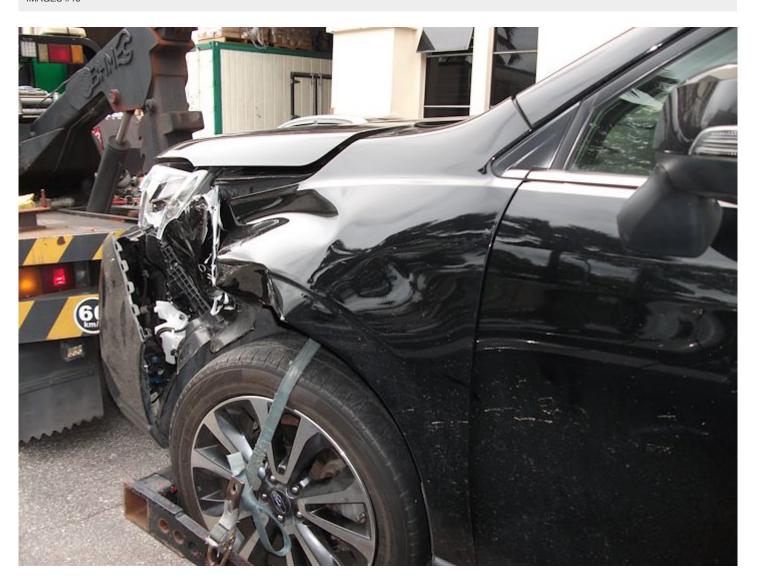


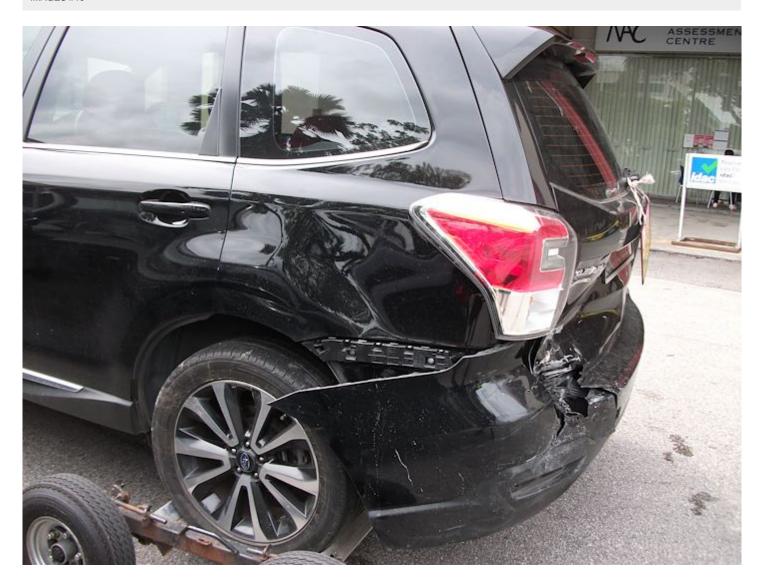


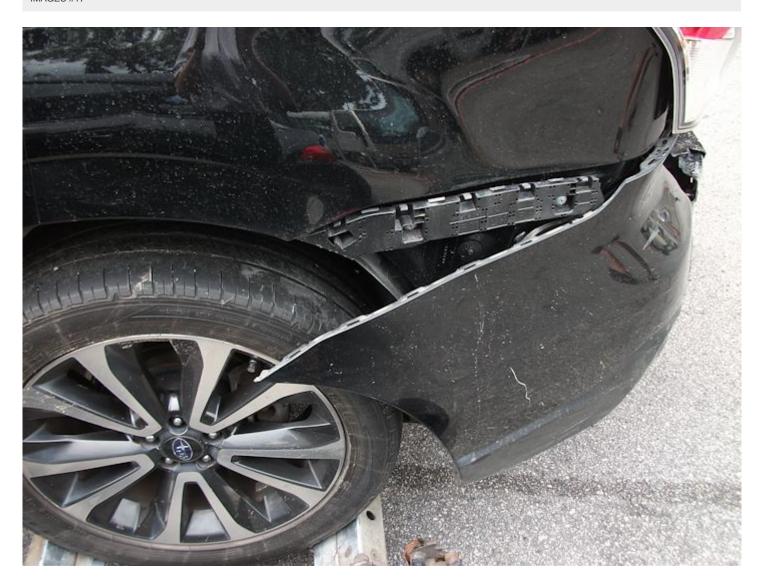


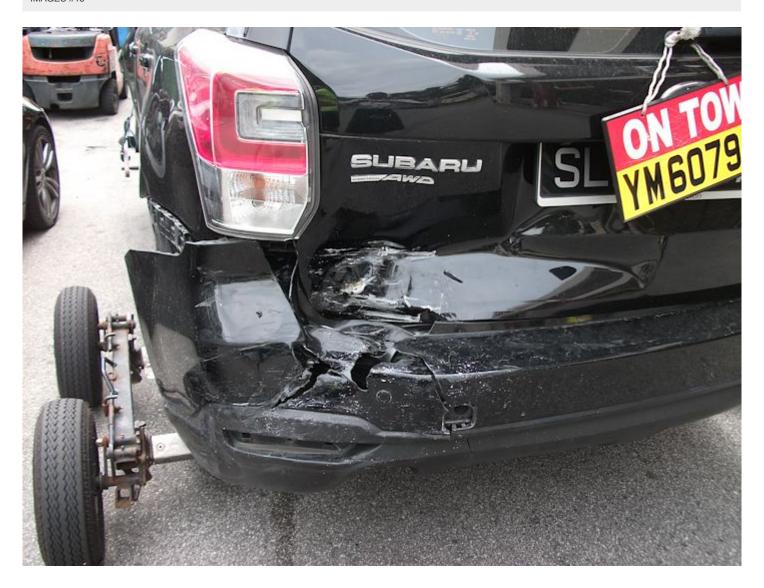






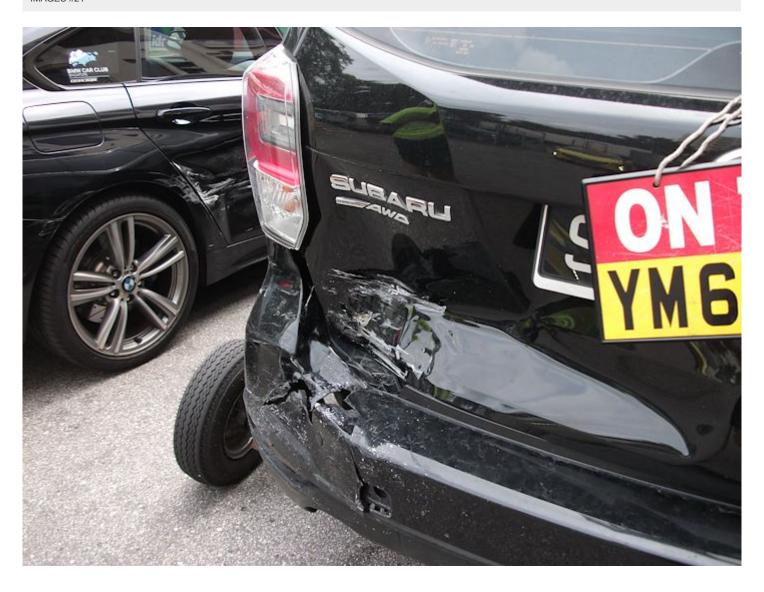




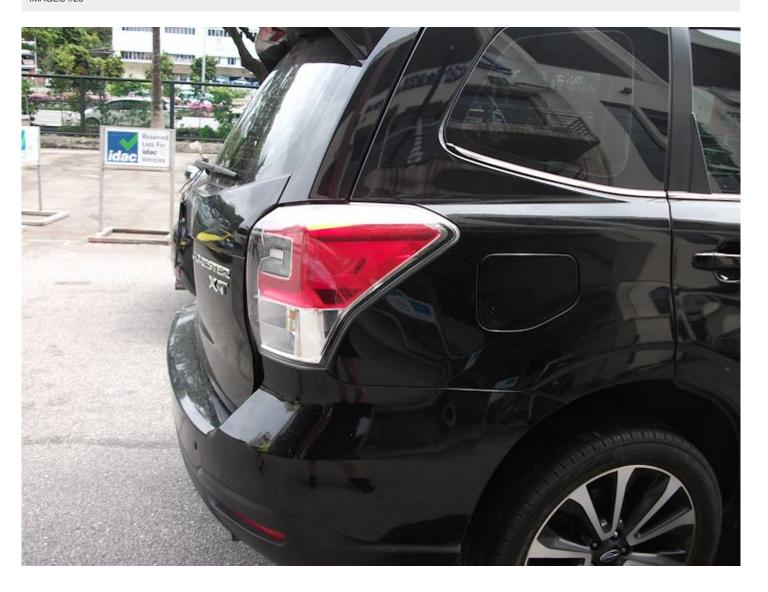


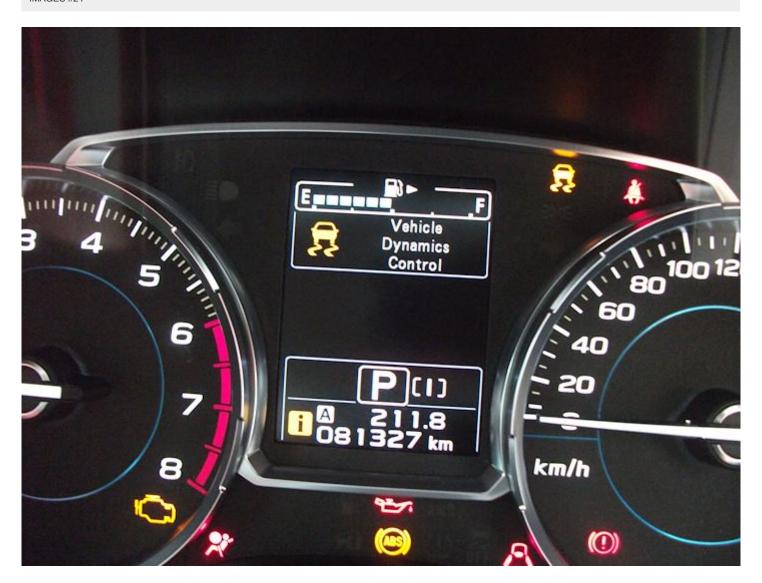


















Report No. T/20220308/7014

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

	Made:	Vide Report No.:	Station Diary No.:	
's Partice	ulars			
		Address: 44 FABER WALK #03-	17 SINGAPORE 128991	
ID Type / ID No.: NRIC NO / S8177216I		Contact No.: Home/Office: Mobile: 98787761		
	ΈN	Email: laura.ong81@gmail.cor	m	
Age: 40	Date of Birth: 12/03/1981	Type of Informant: Driver		
		Language: English	Institution / School Name:	
n:		Driving Licence Informa Class:	Date of Expiry:	
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General Inform	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink		Type of Location. Flyover	
Location:  AYER RAJAH  Weather:  Raining	H EXPRESSWAY	Road Surface: Wet		Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis	sion: ring Vehicles - Head To Re	ear		Anyone conveyed by ambulance: No	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJX2146E	Car					0
SLN3122X	Car	SUBARU	FORESTER 2.0XT CVT AWD SR	Black	Seriously Damaged	0
SMM4926E	Car					0
SND1113P	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220308/7014

### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN3122X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100508499-04	28/04/2021	27/04/2022

Details of Perso	n Involved	3753		SECTION SOLD	
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL		Use of Pe	destrian Cro	ssing: NA
Driver	NOTE THE PERSON OF	TON MAKE			CALLED TO SECURITION OF SECURI
Name	LAURA ONG ME Q	LAURA ONG ME QI		ID No.	S8177216I
Related Vehicle	SLN3122X (Car)			Contact No	o. 98787761
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL Date		Date	NIL	
No. of Days gran	ted Medical Leave	03	Degree of	f Ser	ious

### Brief Details

I was driving Vehicle A bearing number plate SLN3122X going straight on lane 1 of AYE(TUAS) BEFORE NORMANTON PARK EXIT when Vehicle C bearing number plate SJX2147E failed to stop in time and hit Vehicle D bearing number plate SND1113P. Upon seeing the accident, I managed to stop in time but was hit on the back by Vehicle B bearing number plate SMM4926E. The large impact pushed my car forward and hit Vehicle C. After the incident, I consulted a local GP as I felt discomfort on my neck, shoulder and abrasions on my hand and was given 3 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220308/7014

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: 08/03/2022 13:35
Officer In Charge Of Case: TP / TPIB / MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:

NP168