

# 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 .....	23/05/2022 11:37 (SGT)
Date of Accident .....	21/05/2022 12:30 (SGT)
Exact Location of Accident .....	Upper Thomson Rd, Singapore
Additional Location Information .....	ALONG UPPER THOMSON ROAD, INFRONT OF THOMSON PLAZA, ALONGSIDE QUEUE TO ENTER THOMSON PLAZA CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMV9045S

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHIA AI LING (XIE AILIN)
NRIC No .....	S7422572A
Email Address .....	JASMINECHIAAL@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98273808
Alternative Phone No .....	+65-98273808

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Niro
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1580

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	2070148848
Cover Note Number .....	-

### DRIVER

Name of Driver .....	CHIA AI LING (XIE AILIN)
NRIC No .....	S7422572A
Date Of Birth .....	17/07/1974
Occupation .....	Indoor
Date Of Driving Pass .....	17/12/1994
Driving experience .....	27 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98273808
Alt. Phone Number .....	+65-98273808
Email Address .....	JASMINECHIAAL@GMAIL.COM
Address .....	BLK 447 BRIGHT HILL DRIVE #20-117
Address complement .....	-
Postcode .....	570447
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 .....	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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	EVAN LEE TAI YI
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHMENT

#### 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 .....	SHD4831B
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 .....	1ST CAR
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKR5968A
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 .....	2ND CAR
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

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**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.

*[Handwritten Signature]*

23/5/22

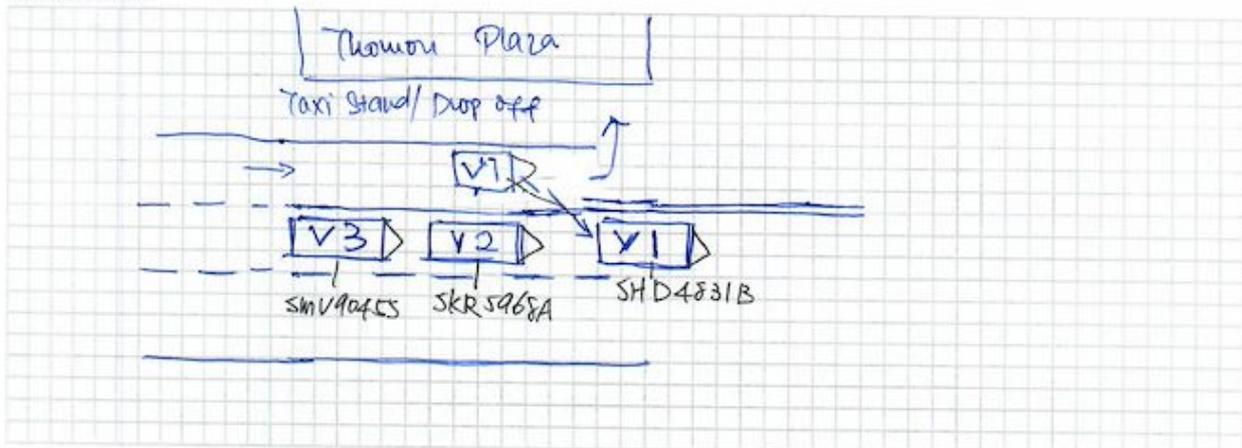
Policyholder's Signature / Date & Time  
9.45am

*[Handwritten Signature]*

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Vehicle 1 – SHD 48318 B (Taxi)  
Vehicle 2 – SKR 5968 A (private car)  
Vehicle 3 – SMV 9045 S (private car)

I was behind the wheel of Vehicle 3. On May 21 around 12.30 pm, I was travelling along Upper Thomson Road and on my way home. Weather was clear and bright, road condition was dry. Traffic was mildly heavy due to the line of cars queuing to enter Thomson Plaza carpark. I was travelling well within the location speed limit of below 60km/hr, in the centre lane.

Suddenly, Vehicle 2 in front of me applied emergency brakes and as an immediate reaction, so did I. I was, however, unable to avoid a collision into the rear of Vehicle 2. I have no visibility of the incident in front of Vehicle 2. I came out of my car to inspect the condition and understood from driver of Vehicle 2 that:

- Vehicle 1 was initially in the queue on the extreme left lane, to enter into the carpark/drop off point/taxi stand of Thomson Plaza.
- Vehicle 1 suddenly swerved out of his lane, just right before the beginning of the double white line.
- This caused the driver of Vehicle 2 who was also cruising within normal speed in the centre lane to apply his brakes but unfortunately, unable to avoid colliding into the rear of Vehicle 1.
- There were tire markings on the road to prove that Vehicle 1 had suddenly swerved out (photos taken and can be provided upon request)

Prior to the accident, there was another private vehicle that was also in the queue, behind Vehicle 1, in the extreme left lane. The driver of that vehicle has witnessed the entire accident scenario and is willing to provide details and be a witness to drivers of Vehicles 2 and 3. She has given her name as "Lynn" (not sure if spelled correctly and in full because the queue was moving into Thomson Plaza so details were taken quite hastily). Her contact number is 97587504.

Impact of Vehicle 3 as result of the collision:

- \* left side of my car bumper is now detached and protruding out
- \* a crack near left front headlights
- \* superficial scratches and marks across my front bumper
- \* dents on front car plate
- \* I'm unsure if there are other damages to the car sensors (if any) until full workshop assessment is completed

**Describe Circumstances of the Accident**

To refer to email sent to wabel . tau @ cycle carriage . com.sg

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time 23/5/22  
9.45 am

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

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel



























**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SC1A 225 N 0004 Vehicle Registration No: SMV 9045 S

Name (as shown in NRIC): Chia Ai Ling (Xie Ailin) NRIC/FIN/Passport No: \_\_\_\_\_

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 9827 3808

Email Address: \_\_\_\_\_

Date of Accident: 21/05/2022 Time of Accident: 12:30

Place of Accident: Along Upper Thomson Road, in front of Thomson Plaza, alongside Queue To enter Thomson Plaza carpark

Insurance Company: AIQ

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Addendum on policy holder and driver's name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

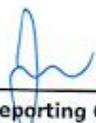
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\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 23/05/2022