

# 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 .....	10/06/2022 16:28 (SGT)
Date of Accident .....	09/06/2022 18:00 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TOWARDS CHANGI (AFTER PAYA LEBAR EXIT)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLT6173Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHUA POH LIN MERINA
NRIC No .....	SXXXX217C
Email Address .....	merina8@yahoo.com
Mobile Phone No .....	(Phone) +65-92472998
Alternative Phone No .....	+65-92472998

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	Biante
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 .....	No
Policy Number .....	1700072634-03
Cover Note Number .....	-

### DRIVER

Name of Driver .....	CHUA POH LIN MERINA
NRIC No .....	SXXXX217C

Date Of Birth .....	02/02/1968
Occupation .....	Indoor
Date Of Driving Pass .....	11/10/1988
Driving experience .....	33 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92472998
Alt. Phone Number .....	+65-92472998
Email Address .....	merina8@yahoo.com
Address .....	BLK 129 PASIR RIS STREET 11 #04-315
Address complement .....	-
Postcode .....	510129
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	RACHEL CAITLYN TAN HUI CHING
Gender .....	Female

#### PASSENGER 2

Name .....	TAN WEE TECK JOHNSON
Gender .....	Male

#### 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/20220610/7069

#### 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 OWNER
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBF7704B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ZAKIR AHAMMED ABDUL MALEQUE
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	MS First Capital Insurance Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	CHUA POH LIN MERINA
Gender .....	Female
Phone No .....	(Phone) +65-92472998
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURIES
Injured person in which vehicle? .....	SLT6173Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	RACHEL CAITLYN TAN HUI CHING
Gender .....	Female
Phone No .....	(Phone) +65-87529707
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURIES
Injured person in which vehicle? .....	SLT6173Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	TAN WEE TECK JOHNSON
Gender .....	Male
Phone No .....	(Phone) +65-82889707
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURIES
Injured person in which vehicle? .....	SLT6173Y
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.
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**8. Consent under the Personal Data Protection Act (PDPA)**

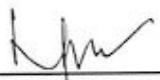
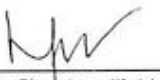
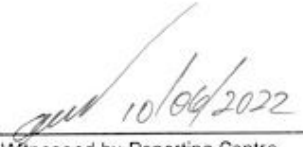
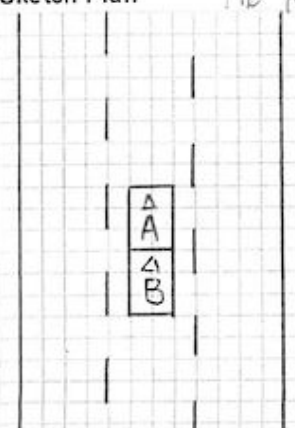
I understand, acknowledge, agree and consent that:

(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")

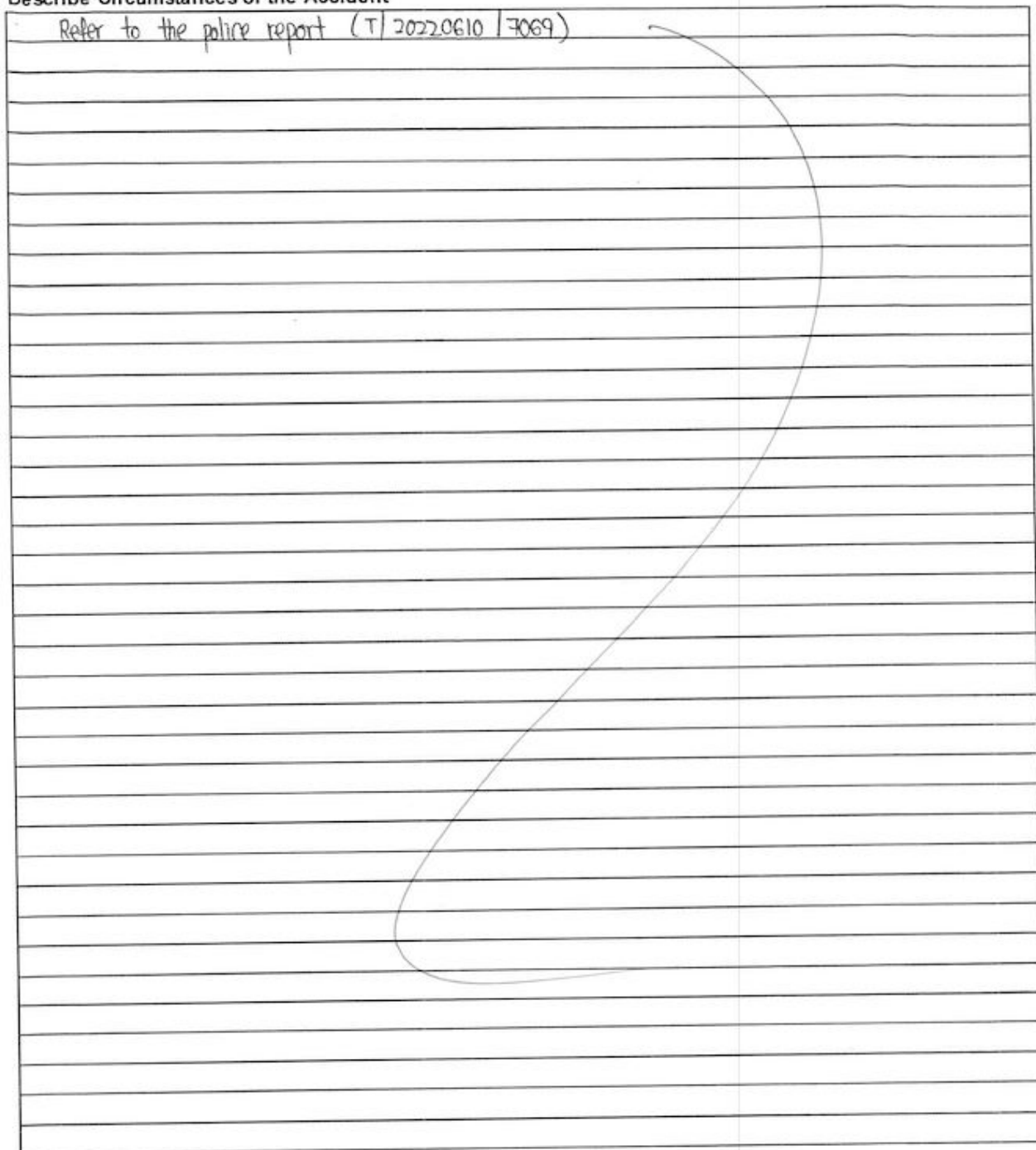
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
<b>Sketch Plan</b>		
PIE TOWARDS CHANGI (AFTER PAYA LEBAR EXIT)		
		
A: SLT 6173Y B: GBF 7704B		

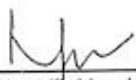
**Describe Circumstances of the Accident**

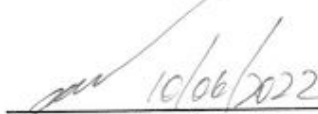
Refer to the police report (T/20220610/7069)

**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




**SINGAPORE  
POLICE FORCE**


T/20220610/7069

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Report No. T/20220610/7069

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/06/2022 13:35		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHUA POH LIN MERINA			Address: 129 PASIR RIS STREET 11 #04-315 SINGAPORE 510129		
ID Type / ID No.: NRIC NO / S6805217C			Contact No.: Home/Office: Mobile: 92472998		
Nationality: SINGAPORE CITIZEN			Email: MERINA8@YAHOO.COM		
Sex: Female	Age: 54	Date of Birth: 02/02/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/06/2022 18:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 90 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

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF7704B	Van					0
SLT6173Y	Car	MAZDA	BIANTE 2.0 AT DELUXE EU6	White		2

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20220610/7069

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

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Report No. T/20220610/7069

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT6173Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700072634-03	03/11/2021	02/11/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
<b>Driver</b>				
Name	CHUA POH LIN MERINA	ID No.	S6805217C	
Related Vehicle	SLT6173Y (Car)	Contact No.	92472998	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	09/06/2022	Date	10/06/2022	
No. of Days granted Medical Leave	05	Degree of	Serious	
<b>Passenger</b>				
Name	TAN WEE TECK JOHNSON	ID No.	S8110581B	
Related Vehicle	SLT6173Y (Car)	Contact No.	83889707	
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL	
Date	10/06/2022	Date	10/06/2022	
No. of Days granted Medical Leave	05	Degree of	Serious	
<b>Passenger</b>				
Name	RACHEL CAITLYN TAN HUI CHING	ID No.	S9300392F	
Related Vehicle	SLT6173Y (Car)	Contact No.	87529707	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL	
Date	09/06/2022	Date	10/06/2022	
No. of Days granted Medical Leave	05	Degree of	Serious	



**SINGAPORE  
POLICE FORCE**



T/20220610/7069

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

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Report No. T/20220610/7069

**CONTINUATION OF REPORT**

Brief Details.

ON 09.06.2022 AT ABOUT 18:00PM. I WAS TRAVELLING ALONG PIE TOWARDS CHANGI (AFTER PAYA LEBAR ROAD EXIT). THE FRONT VEHICLE SLOWED DOWN AND STOPPED, I FOLLOWED. SUDDENLY, THE VEHICLE (GBF 7704B) HIT MY REAR PORTION OF MY VEHICLE (SLT 6173Y).

INSIDE MY CAR GOT TWO PASSENGER. RACHEL CAITLYN TAN HUI CHING AND TAN WEE TECK JOHNSON.

I VISITED MOUNT ALVERNIA HOSPITAL AFTER THE ACCIDENT, I FELT PAIN IN MY SHOULDER , NECK AND BACK AND WAS GIVEN 5 DAYS MC.

RACHEL CAITLYN TAN HUI CHING VISITED MOUNT ALVERNIA HOSPITAL , SHE FELT PAIN IN HER SHOULDER , NECK AND BACK AND WAS GIVEN 5 DAYS MC.

TAN WEE TECK JOHNSON VISITED A LIFE CLINIC PTE LTD , HE FELT PAIN IN SHOULDER , NECK AND BACK AND WAS GIVEN 5 DAYS MC.



**SINGAPORE  
POLICE FORCE**

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



T/20220610/7069

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Report No. T/20220610/7069

**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 /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
10/06/2022 13:35

Classification Of Case: