

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 21/07/2022 16:21 (SGT)
Reported by Driver
Date of Accident 20/07/2022 22:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information YISHUN RING RD OUTSIDE YISHUN INNOVA JC
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL3013M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO WEE KWANG(ZHANG WEIQUAN)
NRIC No SXXXX029A
Email Address cathccl@gmail.com
Mobile Phone No (Phone) +65-97387714
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1798

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2100500711-04

DRIVER

Name of Driver CHUA CHEW LING CATHERINE(CAI QIULING CATHERINE)
NRIC No SXXXX918B
Date Of Birth 18/12/1981
Occupation Indoor

Date Of Driving Pass	06/02/2003
Driving experience	19 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97528426
Alt. Phone Number	-
Email Address	cathccl@gmail.com
Address	BLK 733 YISHUN AVE 5
Address complement	#08-354
Postcode	760733
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	Side Swipe
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLS REFER TO THE POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA2446L
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	CHUA CHEW LING CATHERINE(CAI QIULING CATHERINE)
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SLL3013M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

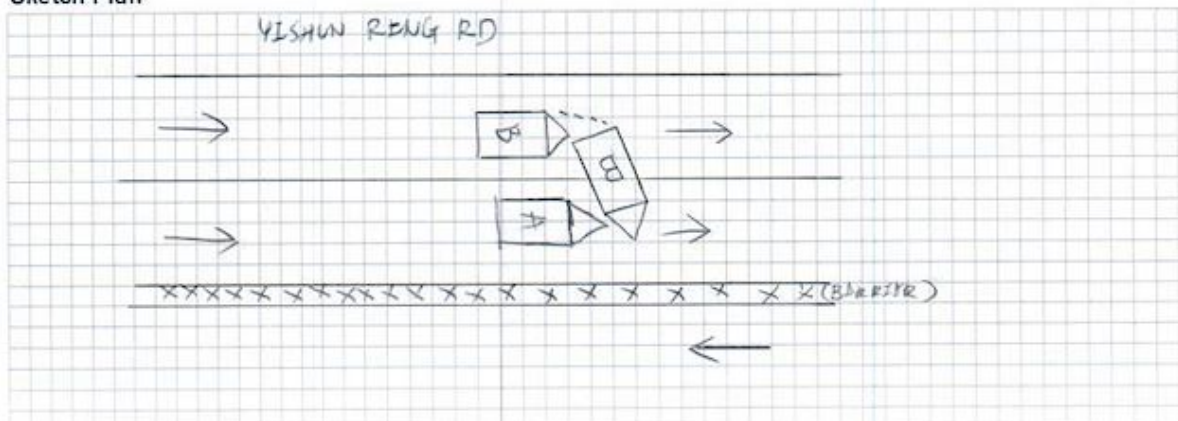
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

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

[Signature] 21/07/22
Witnessed by Reporting Centre Personnel

Sketch Plan



VEH A : SLL5013M
VEH B : SLA2496L

Describe Circumstances of the Accident

ON THE STATED DATE, TIME & LOCATION, I WAS TRAVELLING
 ON MY RIGHTHAND LANE. OUT OF A SUDDEN, VEHICLE SLAMING TURNED RIGHT
 AND COLLIDED INTO MY VEHICLE.

Refer To police Report.

Declaration

We declare the foregoing particulars are true in every respect.

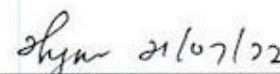


Policyholder's Signature / Date & Time

*



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

 21/07/22

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

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



T/20220721/7011

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Report No. T/20220721/7011

CONTINUATION OF REPORT

Driver			
Name	CHUA CHEW LING CATHERINE	ID No.	S8139918B
Related Vehicle	SLL3013M (Car)	Contact No.	97528426
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	21/07/2022	Date	21/07/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SLL 3013 M) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY, I FELT A HUGE IMPACT ON THE LEFT SIDE PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SLA 2446 L) WHO HAVE COLLIDED ONTO MY VEHICLE WHILE MOVING OFF FROM STATIONARY POSITION AND MAKING AN ILLEGAL U-TURN.

AFTER THE ACCIDENT, I THEN WENT TO CONSULT A DOCTOR AT INTEMEDICAL KOVAN AS I FELT PAIN IN MY NECK, BACK AND LEFT KNEE.
I WAS GIVEN 3 DAYS MC.









