

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 Actual 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	27/10/2022 15:25 (SGT)
Reported by	Both
Date of Accident	08/10/2022 17:40 (SGT)
Exact Location of Accident	Jln Jurong Kechil, Singapore
Additional Location Information	TOWARDS PIE JUNCTION OF UPPER BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP5555T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YU XUEQIN
NRIC No	SXXXX139G
Email Address	amyyu1247@yahoo.com.sg
Mobile Phone No	(Phone) +65-86958555
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	SL400
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	2996

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070164046-01

DRIVER

Name of Driver	YU XUEQIN
NRIC No	SXXXX139G
Date Of Birth	23/11/1971
Occupation	Indoor

Date Of Driving Pass	20/07/2009
Driving experience	13 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86958555
Alt. Phone Number	-
Email Address	amyyu1247@yahoo.com.sg
Address	29A TOH TUCK ROAD #03-25
Address complement	-
Postcode	596195
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?	Yes
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

PLEASE REFER TO POLICE REPORT T/20221025/7065

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW1452X
Vehicle Manufacturer	Mazda
Vehicle Model	3

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	YU XUEQIN
Gender	Female
Phone No	(Phone) +65-86958555
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SKP5555T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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 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.
- B. 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 firms/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 firms/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 firms/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

Sketch Plan

JARAN JURONG KECHU TOWARDS PINE JUNGLE OFF UPP BT TIMAH



Vehicle

'A' : SKP 5555 T

'B' : SKW 1452 X

Describe Circumstances of the Accident

Refer to police report NO T/2022/025 / 7005.

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



27/10/2022

Witnessed by Reporting Centre Personnel

























**SINGAPORE
POLICE FORCE**

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



T/20221025/7065

1 of 4

Report No. T/20221025/7065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2022 19:35		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YU XUEQIN			Address: 29A TOH TUCK ROAD #03-25 SINGAPORE 596195		
ID Type / ID No.: NRIC NO / S7163139G			Contact No.: Home/Office: Mobile: 86958555		
Nationality: CHINESE			Email: amyyu1247@yahoo.com.sg		
Sex: Female	Age: 50	Date of Birth: 23/11/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Managing Director			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/10/2022 17:40	Type of Location:
Location: JALAN JURONG KECHIL				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKP5555T	Car	MERCEDES BENZ	SL400 ROADSTER AMG LINE (R19 BI)	Silver		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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



T/20221025/7065

2 of 4

Report No. T/20221025/7065

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP5555T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070164046-01	17/12/2021	16/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YU XUEQIN	ID No.	S7163139G
Related Vehicle	SKP5555T (Car)	Contact No.	86958555
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SKP5555T along Jalan Jurong Kechil towards PIE when I had gradually come to a stop at the junction of Upp Bukit Timah Road.

I was the first vehicle stationary at the traffic light junction and I was waiting for traffic light to turn green.

I remember waiting for more than half a minute when suddenly a massive impact slammed into the rear of my vehicle.

I immediately blacked out and I could not recall what happened afterwards.

I was drifting in and out of consciousness and when I finally regained my consciousness, it was already 3 days after the accident.

I was lying on the hospital bed of National University Hospital and could barely feel lower limbs and my upper limbs felt extremely weak.

It was later that I was informed by my family members that my stationary vehicle was hit from the rear by SKW1452X.

I was then transferred to Farrer Park Hospital to continue my treatment on 14/10/22.

I am currently still warded in Farrer Park Hospital.



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



T/20221025/7065

3 of 4

Report No. T/20221025/7065

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

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



T/20221025/7065

4 of 4

Report No. T/20221025/7065

CONTINUATION OF REPORTSketch 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 /
SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE
Contact No.: 65476187
NP168

Signature Of Informant:

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

Date/Time:
25/10/2022 19:35

Classification Of Case: