

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	06/02/2023 14:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/02/2023 18:05 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE OPPOSITE SIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC3556L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FELICIA CHENG XIN HUI
NRIC No	SXXXX952Z
Email Address	HEY.FELLY@GMAIL.COM
Mobile Phone No	(Phone) +65-97326647
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4 spacetourer
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	1199

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210123624

DRIVER

Name of Driver	FELICIA CHENG XIN HUI
NRIC No	SXXXX952Z
Date Of Birth	21/07/1989
Occupation	Indoor

Date Of Driving Pass	18/02/2008
Driving experience	15 YEARS
Gender	Female
Mobile Number	(Phone) +65-97326647
Alt. Phone Number	-
Email Address	HEY.FELLY@GMAIL.COM
Address	BLK 387 BUKIT BATOK WEST AVENUE 5 #03-376
Address complement	-
Postcode	650387
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	Raining
Road Surface	Wet

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)	2
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	-

PASSENGER 1

Name	THADDEUS SEO RUI BIN
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

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ3223K
Vehicle Manufacturer	Mercedes
Vehicle Model	C200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-92320057
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FELICIA CHENG XIN HUI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	WHIPLASH
Injured person in which vehicle?	SNC3556L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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6. 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.
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.
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

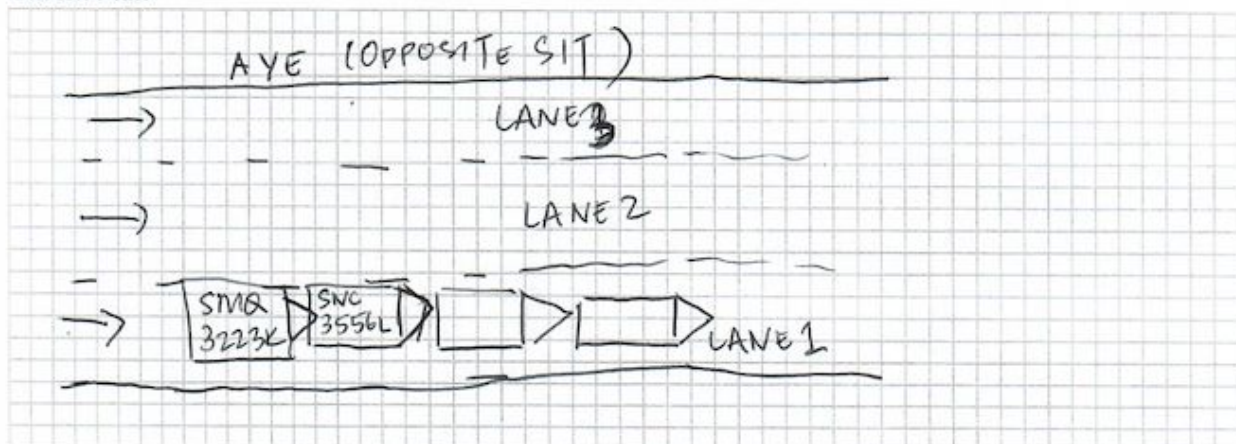
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Leticia 6 Sep 2023
12:14 PM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

RIGHT LANE OF AYE. TRAFFIC CAME TO A SUDDEN STANDSTILL.
 DRIZZLING. I E-BRAKED TO AVOID HITTING THE FIRST CAR. CAR BEHIND ME
 HIT MY HIND. TRAVELLING WITH BABY BOY ON CARSEAT. ONLY PASSENGER.
 HAVE FRONT AND BACK camera footage. Exchanged contact with
 driver. TOOK photos of accident. HIND of car damaged. NOT
 sure if other parts of car damaged in the process. Baby
 chair is one of the examples. Speed travelled was 60-70km/h

Declaration

We declare the foregoing particulars are true in every respect.

Heidi 6 FEB 2023
12:19 HEC

Policyholder's Signature / Date &
Time

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

[Signature]

Witnessed by Reporting Centre
Personnel
































**SINGAPORE
POLICE FORCE**


T/20230204/7055

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

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Report No. T/20230204/7055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2023 18:36		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: FELICIA CHENG XIN HUI			Address: 387 BUKIT BATOK WEST AVENUE 5 #03-376 SINGAPORE 650387		
ID Type / ID No.: NRIC NO / S8924952Z			Contact No.: Home/Office: Mobile: 97326647		
Nationality: SINGAPORE CITIZEN			Email: HEY.FELLY@GMAIL.COM		
Sex: Female	Age: 33	Date of Birth: 21/07/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2023 18:05	Type of Location: Straight Road
Location: DOVER DRIVE				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMQ3223K	Car					0
SNC3556L	Car	CITROEN	GRAND C4 SPACETOURER 1.2 EXCLUSIVE	Beige		0



**SINGAPORE
POLICE FORCE**



T/20230204/7055

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

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Report No. T/20230204/7055

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC3556L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210123624	14/10/2021	13/10/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	THADDEUS SEO RUI BIN		ID No.	T2212046D
Related Vehicle	SNC3556L (Car)		Contact No.	97326647
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/02/2023		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Driver				
Name	FELICIA CHENG XIN HUI		ID No.	S8924952Z
Related Vehicle	SNC3556L (Car)		Contact No.	97326647
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/02/2023		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Slight

Brief Details.

I have front and hind camera of the following footage. It was the on the AYE opposite SIT. I was travelling on the right lane. The traffic came to a sudden standstill. I e-braked to avoid hitting the first car and the car behind me hit my hind. I was travelling with my baby boy on his car seat. He was the only passenger. I exchanged contact with the driver. I brought my son for a check up with a doctor because he is of a tender age. Myself, I hurt my whiplash after the incident and also went to a doctor for treatment. My car was also damaged at the hind. As for other parts like the brakes and my baby's car seat, I am unsure because I am unable to see the damage but will be replacing the car seat due to an accident involved.

**SINGAPORE
POLICE FORCE**

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



T/20230204/7055

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Report No. T/20230204/7055

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

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

Date/Time:
04/02/2023 18:36

Classification Of Case: