

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	27/06/2023 13:54 (SGT)
Reported by	Actual Driver
Date of Accident	26/06/2023 11:22 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER SERANGOON CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW2690G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GUO FU PTE. LTD.
Company Reg No	2XXXXX355H
Email Address	neo@guofu.sg
Mobile Phone No	(Phone) +65-65570906
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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.
Policy Number / Cover Note Number	7230001529

DRIVER

Name of Driver	TIAN SHUNAI
NRIC No	SXXXX378E
Date Of Birth	23/09/1976
Occupation	Indoor

Date Of Driving Pass	13/12/2007
Driving experience	15 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81980010
Alt. Phone Number	-
Email Address	neo@guofu.sg
Address	APT BLK 473D UPPER SERANGOON CRESCENT
Address complement	# 17-355
Postcode	538473
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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)	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	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230627/2018

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	SLE669C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	EUW WEI LING , CHRISTINA
NRIC No	SXXXX520F
Contact Number	(Phone) +65-88555538
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	TIAN SHUNAI
Gender	Female
Phone No	(Phone) +65-81980010
Address	APT BLK 473D UPPER SERANGOON CRESCENT
Address Complement	# 17-355
Post Code	538473
Approximate Age Years Old	-
Injuries Sustained	BACKPAIN
Injured person in which vehicle?	SLW2690G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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' 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.

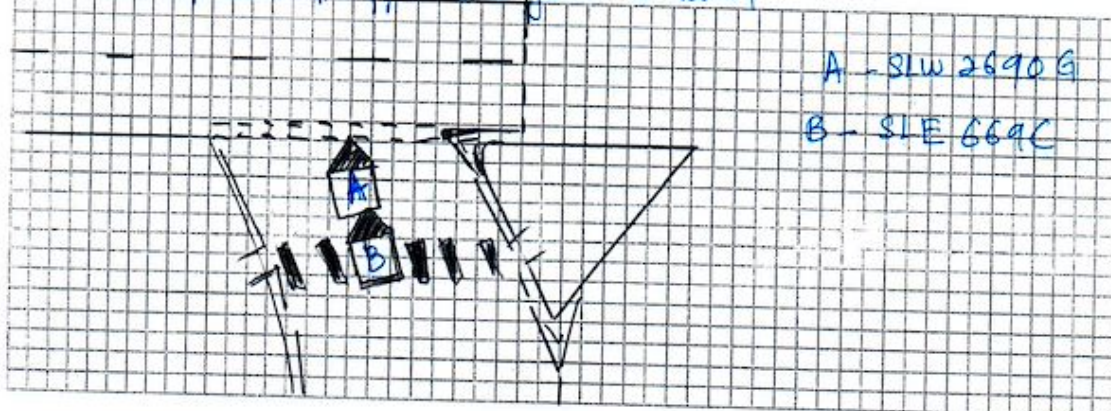


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan slip road off upper Sengkang Creek



Describe Circumstance of the Accident

On the above stated date and time, I was travelling along the slip road of Upper Serangoon Crescent, together with my female helper in my vehicle. upon stopping at the stop line before exiting the slip road my vehicle was stationary and suddenly vehicle B hit the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

26/06/23

27/06/2023

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

WJA2022

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**SINGAPORE
POLICE FORCE**


T/20230627/2018

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Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20230627/2018

CONTINUATION OF REPORT

Driver			
Name	TIAN SHUNAI		ID No. S7655378E
Related Vehicle	SLW2690G (Car)		Contact No. 81980010
Hospital/Clinic	RAFFLES MEDICAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	27/06/2023	Date Discharge	27/06/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 26 June 2023 at about 1122hrs, I was driving along Upper Serangoon Crescent and came to a stop at the junction to turn left onto Upper Serangoon Road. It was a filter left lane and I stopped as there was a bus that came along Upper Serangoon Road. However, the car behind me (SLE669C) knocked onto the rear of my car as it didn't stop in time when I stopped. My car suffered a dent on the rear and the other car suffered a dent on the front bonnet. The female driver alighted from the car and we exchanged particulars. She provided her particulars to be Euw Wei Ling, Christina (S8534520F) and her contact number is 88555538. My helper was in the car with me during the accident, but she did not suffer any injury.

We did not call the police or ambulance at the accident location.

I didn't feel unwell at that point of time but I started feeling pain in the neck and shoulder in the evening. Hence, I went to the clinic today and consulted a doctor. I was given 5 days MC and was diagnosed with cervical neck and back strain.

My vehicle insurance was purchased from AIG. The policy number is 7230001529. The policy is from 05 Feb 2023 till 04 Feb 2024. I had retrieved the in-car rear camera and I am able to provide the footage.






















**SINGAPORE
POLICE FORCE**


T/20230627/2018

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Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20230627/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2023 11:10	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: TIAN SHUNAI	Address: APT BLK 473D UPPER SERANGOON CRESCENT #17-355 SINGAPORE 538473		
ID Type / ID No.: NRIC NO / S7655378E	Contact No.: Home/Office: Mobile: 81980010		
Nationality: CHINESE	Email:		
Sex: Female	Age: 46	Date of Birth: 23/09/1976	Type of Informant: Driver
Race: Chinese	Language:		
Occupation: SELF-EMPLOYED	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2023 11:20	Type of Location: Bend
Location: UPPER SERANGOON CRESCENT				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE669C	Car				Slightly Damaged	0
SLW2690G	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**


T/20230627/2018

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20230627/2018

CONTINUATION OF REPORT

Driver			
Name	TIAN SHUNAI		ID No. S7655378E
Related Vehicle	SLW2690G (Car)		Contact No. 81980010
Hospital/Clinic	RAFFLES MEDICAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	27/06/2023	Date Discharge	27/06/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

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**SINGAPORE
POLICE FORCE**

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Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20230627/2018

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Report No. T/20230627/2018

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
A /
INSP (1) LOO JIAWEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

Date/Time:
27/06/2023 11:10

Classification Of Case:

NP168



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: SN09236R0002 Vehicle Registration No: SLW 2690G
 Name (as shown in NRIC): Tian Shunai NRIC/FIN/Passport No: S7655378E
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: APT BIK 473D Upper Serangoon Crescent # 17-355 Singapore (538473)
 Contact (Tel): _____ Mobile No.: 8198 0010
 Email Address: neo@quofu.sg
 Date of Accident: 26/06/2023 Time of Accident: 11:22
 Place of Accident: Upper Serangoon Crescent
 Insurance Company: AIG

(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:

Amend Add police Report - T1 2023062712018

Amend Circumstance of Accident

Amend sketch plan.

Policyholder / Actual Driver's Signature
Date:

Quail 28/6/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: