

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 ability.
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 Report	12/02/2018 14:52
Date Of Accident	10/02/2018 13:30
Exact Location Of Accident	BALESTIER ROAD (NEAR QUALITY HOTEL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU2593B
Insured/Policyholder	
Name Of Registered Owner	YAP KWEE CHOON
NRIC No	S1239927H
Email Address	HULIZHU168@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92366381
Alternative Phone No	Others-92366381

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	HU LIZHU
NRIC No	S8076684Z
Date Of Birth	05/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	25/06/2014
Driving Experience	3 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91112689
Fax Number	
Contact Number	
EMail Address	HULIZHU168@GMAIL.COM

Address	3 SENGKANG EAST AVENUE #08-08
Postcode	544813
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please refer to sketch plan.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDR2929R
Vehicle Make/Model/Colour	NISSAN/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	91902929
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 12 FEB 2018

Driver's Signature

(If driver is not the policyholder)

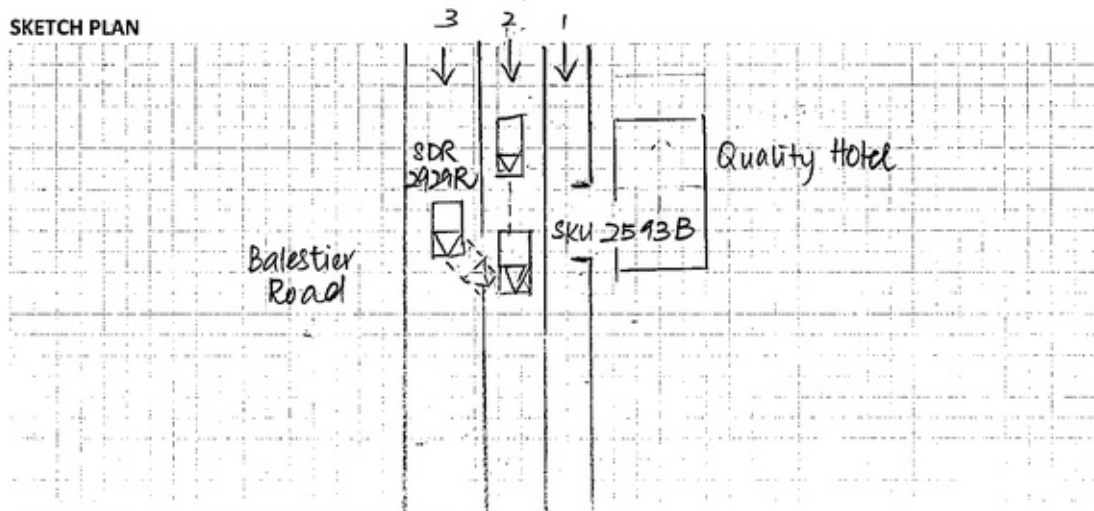
Date & Time: 12 FEB 2018

Reporting Centre Personnel's Signature

Name: Deborah Lai

NRIC/FIN No.: S7332811Z

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident happened on Saturday 10/2/2018 at about 1.30pm.

I was driving along Balestier Road and the incident happened near Quality Hotel. I was driving my car in the middle lane when vehicle no. SDR 2929R - which was driving on my right, slightly ahead of my car - changed / crossed into my lane without any warning. As such, his vehicle caused damages to the right side of my vehicle; both doors were also damaged.

No one suffered any injuries.

[Signature]

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's Signature
 Date & Time: 12 FEB 2018

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 12 FEB 2018

[Signature]
 Reporting Centre Personnel's Signature
 Name: Deborah Lai
 NRIC/FIN No.: S7332811Z

GAACAC SketchPlanForm V3

Driver NRIC and Driving Licence

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8076684Z**

Name: **HU LIZHU**

Birth Date: **05 Dec 1980**

Issue Date: **25 Jun 2014**

002318704H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8076684Z**

Name: **HU LIZHU**

胡丽珠

Race: **CHINESE**

Date of birth: **05-12-1980**

Country/Place of birth: **CHINA**

Sex: **F**

S8076684Z

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals <= 2500kg 25 Jun 2014

Licence No: S8076684Z

NP 428A

5328491

NRIC No: S8076684Z

Date of issue: 27-06-2014

3 SENGKANG EAST AVENUE #08-08 SINGAPORE 544813

NRIC No: S8076684Z Date: 15/07/2016

Owner NRIC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1239927H



Name

YAP KWEE CHOON

葉奎春

Race

CHINESE

Date of birth

02-04-1957

Country/Place of birth

SINGAPORE

Sex

M

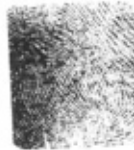
S1239927H



5841277



NRIC No. S1239927H



Date of issue

01-12-2017

Address

3 SENGKANG EAST AVENUE
#08-08
SINGAPORE 544813

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Chassis Number

