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 witholding 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	26/02/2018 16:33
Date Of Accident	26/02/2018 07:25
Exact Location Of Accident	PIE (TUAS) BEFORE KJE EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM4252P
Insured/Policyholder	
Name Of Registered Owner	XU XINQIAO
NRIC No	S6880996G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91598016
Alternative Phone No	OFFICE-91598016
Vehicle Particulars	
Manufacturer	NISSAN
Model	ALMERA 1.5 4AT ABS AIRBAG 2WD 4DR
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	2100365547-03000
Cover Note Number	
Driver	

Name of Driver **GU MINGMIN** NRIC No S6978082B Date Of Birth 23/07/1969 Occupation **INDOOR Date Of Driving Pass** 10/03/2000

Driving Experience 17 YEARS AND 11 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-97616508

Fax Number

Contact Number OFFICE-97616508

EMail Address NOEMAIL Address 87 WEST COAST DRIVE

#02-14

Postcode 128015

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 Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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 SLK7710M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLJ8406R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain **NECK & BACK** Injured person in which vehicle? SKM4252P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode **GU MINGMIN**

YES

NO

Accident Sketch Plan

SKETCH PLAN

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- 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.
- By the lodgment 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 insurers) 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:
 - 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:
 - 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

Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

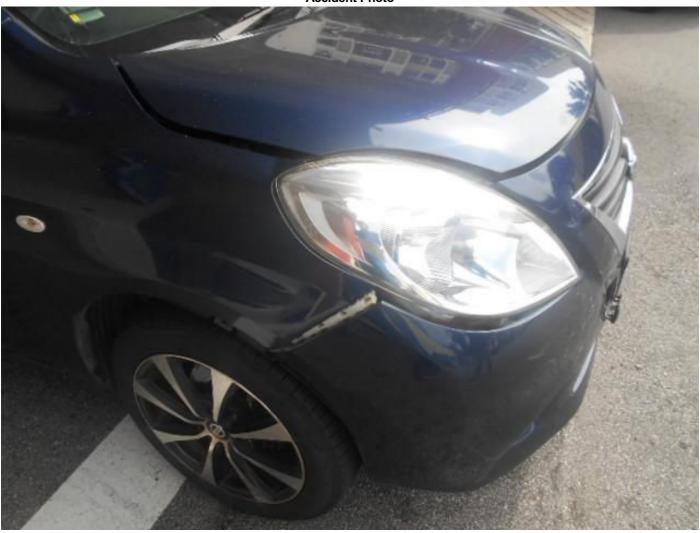
NRIC/FIN No.:

Accident Sketch Plan

	PZE Towersh Town Beton KJE Exit.
	(P)
	A - SKM 4252 P
	0 014 7710 00
	O BLANCING
	C - S118406R
SCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT
On to	he above mentioned date & time. I was travelling an
the extreme ri	ght lave of a 4 lang traffic. The vehicle intrast of
	J
	I also stopped on time. Suddenly I felt an impact
me Stopped de	Take stopped on time, sweeting I be to an impact
on my rear,	A II . I . I I I Good A
	Thus the great impact pushed my visited torrested of
	This the great impact pushed my venicle forward of
	rear of valida "C".
	thus the great impact pushed my which forward & rear of valuele "C".
hit anto the 1	
hit anto the p	rent of vehicle "C".
hit anto the p	
hit anto the p	rent of vehicle "C".
DECLARATION /We declare the foregoing pa	articulars are true in every respect.
hit anto the p	rent of vehicle "C".











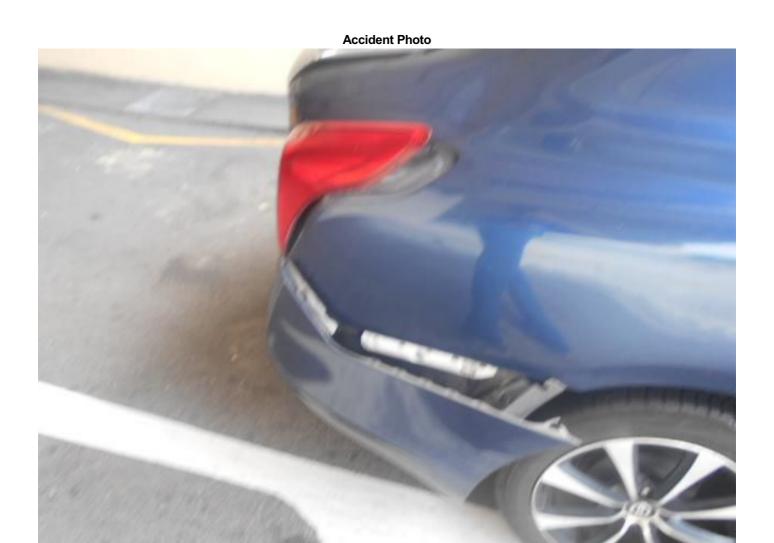




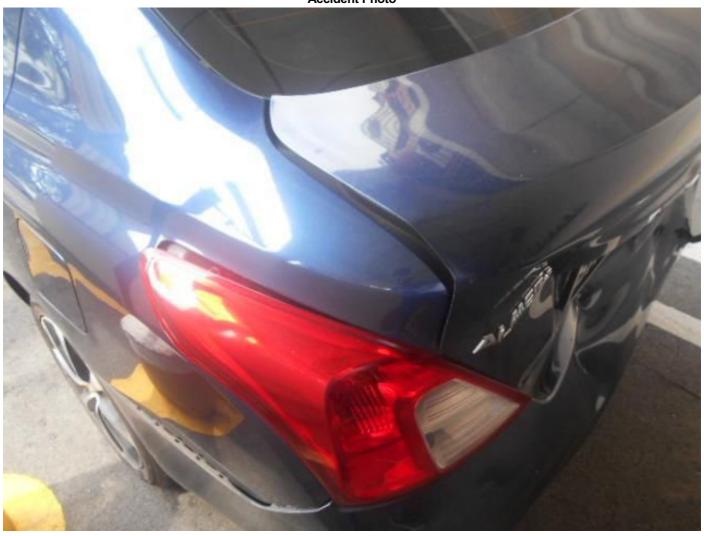


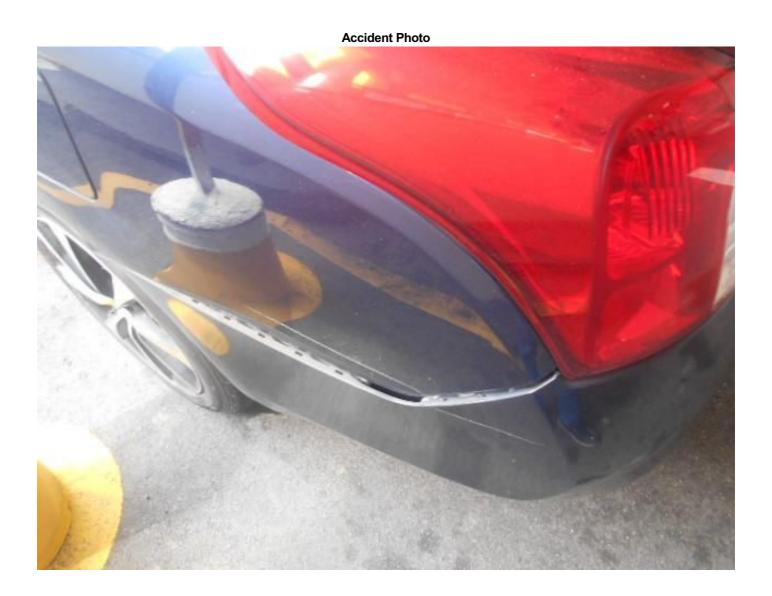


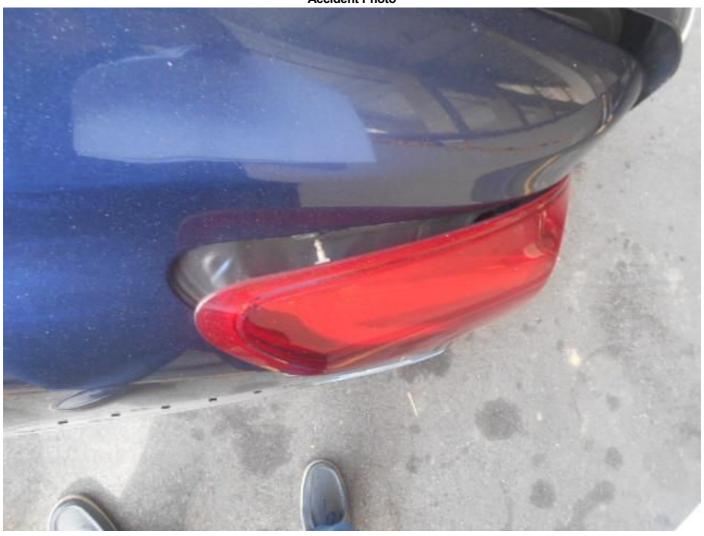














Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0000
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 5665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDE	NDUM	
PARTI	CULARS OF PE	RSONMAKINGTHEAMENDM	ENTS:	
Origin	al Report No	MHAII8027424	Vehicle Registration No:SICM	957641
Name	as shown in NRIC) :	60 mingmin	NRIC/FIN/Passport No : 5697	8082B
		hicle Owner) (*) Please delete		
Addre	ss :	87 West coust Drive	4 02 - 14 Sin	ngapore(12815
Conta	ct (Tel)		Mobile No.: 97616508	
Email	Address			
Date o	f Accident	26/2/18	Time of Accident :07:25	
Place	of Accident	PIE (Thas) Sepre	ISJE exit.	
Insura	nce Company:	AIG		
I. Am	end locati	on of occident.		