

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	05/03/2018 10:43
Date Of Accident	03/03/2018 13:30
Exact Location Of Accident	ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD9491E
Insured/Policyholder	
Name Of Registered Owner	XU JIGUO
NRIC No	S7289427H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97327778
Alternative Phone No	OTHERS-97327778

Vehicle Particulars

Manufacturer	LAND ROVER
Model	FREELANDER 2-2.0 SI4 SE (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	XU JIGUO
NRIC No	S7289427H
Date Of Birth	09/01/1972
Occupation	INDOOR
Date Of Driving Pass	17/04/2012
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97327778
Fax Number	
Contact Number	OTHERS-97327778
EMail Address	NOEMAIL

Address	12 STIRLING ROAD #31-10
Postcode	148955
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON 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?	NO
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
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

REFER REPORT

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	SHA2317Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

TP 48296
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SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. <u>Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.</u> 2. Please report <u>correctly</u> the details of the accident to speed up the claims process. 3. This Form must be <u>completed by the Policyholder and/or the Authorised Driver.</u> 4. Information provided must be as <u>truthful and accurate as possible.</u> Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. <u>Any false reporting may be referred to the Traffic Police Department for investigation.</u>	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 3.03.18 Time: 1.20 PM
Exact Location of Accident	SKD 94911E
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	XU JIBHO
Personal Identification - NRIC (Singaporean/PR)	S7289427H
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer: Ford Rover Model: Freelander 2
Type of Vehicle*	<input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others: _____
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	FILG
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No
Policy Number	
Motor CI	
DRIVER	<input type="radio"/> Same as Insured above
Name of Driver	XU JIBHO
Personal Identification - NRIC (Singaporean/PR)	S7289427H
- FIN/Passport Number	
Date of Birth	09 dd/ 01 mm/1972/yy
Driving Date Pass	17 dd/04 mm/2012/yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	9732 7778

Address of Driver	12 Stirling Road #31-10 Postcode (148455)
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____

OTHER INFORMATION

Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Number of Passengers (Including Driver)	01

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. _____ Fax No. _____
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	SHA 2317Z
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	9676 9505
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

(Note - Please use page 6 if you need to add more vehicles.)

SKETCH PLAN

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7. 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 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.

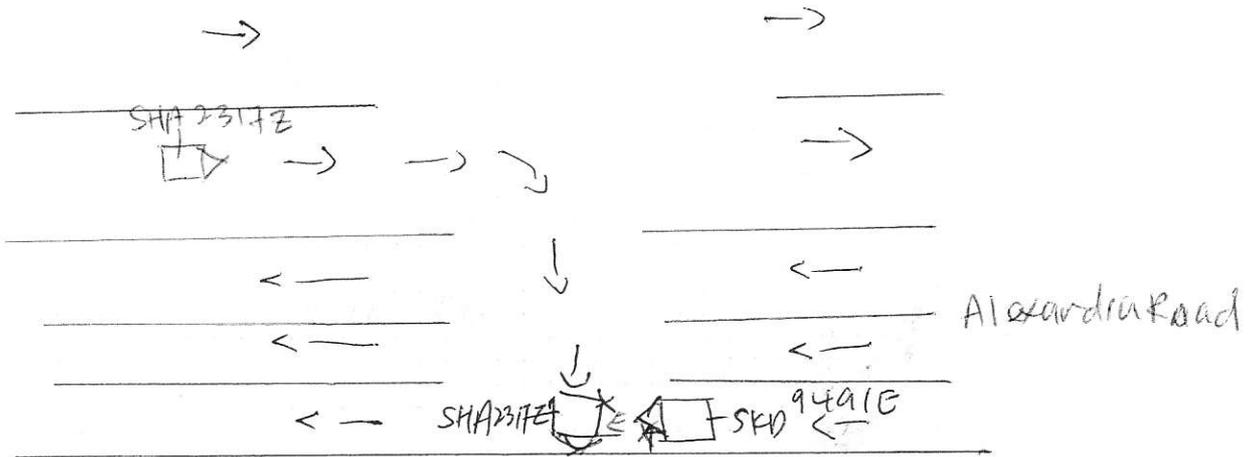


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving ^{towards} Alexandra Road, I was driving straight at
 at my lane. SHARBITZ. Take turning down to Express
 Way. He hit my vehicle in front of my bumper

DECLARATION

I/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:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: