

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	15/05/2018 10:17
Date Of Accident	14/05/2018 16:00
Exact Location Of Accident	GAMBAS AVE TO WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU748Z
Insured/Policyholder	
Name Of Registered Owner	NG CHIU LI (HUANG QIULI)
NRIC No	S7342487I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96252886
Alternative Phone No	OFFICE-96252886

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T (A)
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?	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	1700080850
Cover Note Number	

Driver

Name of Driver	HUM WAI MENG
NRIC No	S7071623B
Date Of Birth	13/04/1970
Occupation	INDOOR
Date Of Driving Pass	02/08/1991
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96952923
Fax Number	
Contact Number	
Email Address	HUMWMWM@SINGNET.COM.SG

Address	804B KEAT HONG CLOSE #14-34
Postcode	682804
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 - HEAD TO REAR
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)	2
Passenger 1	NAME: : NG CHIU LI (HUANG QIULI) GENDER: : FEMALE

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 ATTACH

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 Witness 1

Name	ROSLAN
Phone Number	84159349
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3306D
Vehicle Make/Model/Colour	ISUZU LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHANG WENJUN
NRIC/Passport Number	S2757210C
Contact Number	93890081
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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: 15/6/18 1024am

Driver's Signature

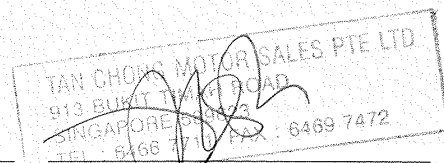
(If driver is not the policyholder)

Date & Time: 15/6/18, 1024am.

Reporting Centre Personnel's Signature

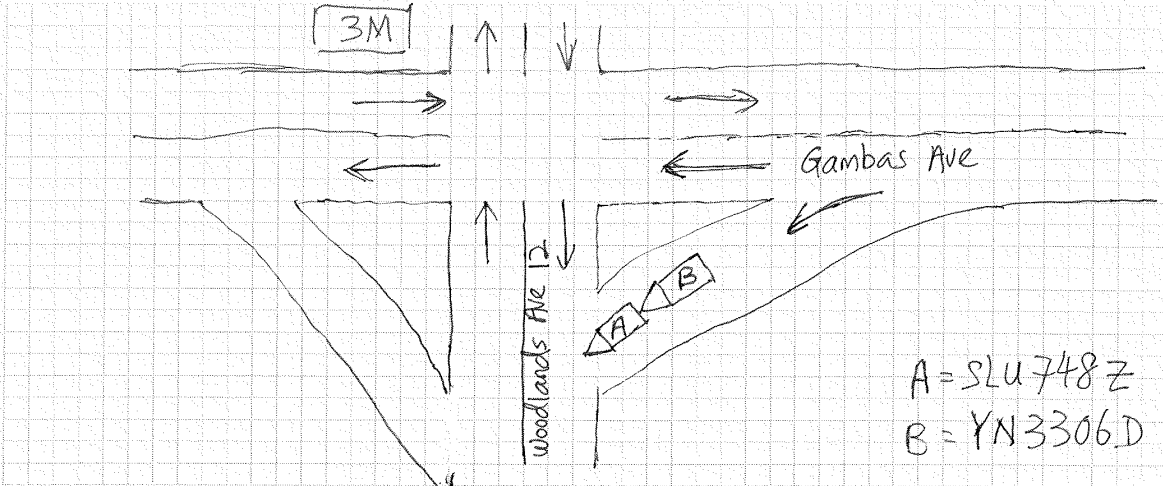
Name:

NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date : 14 May 2018
Time : 16:00 PM.
Location : Gambas Ave. to woodlands Ave. 12
When i drive vehicle no. SLU748Z turning from Gambas Ave. to woodlands Ave. 12, i was about to turn into woodlands Ave. 12, suddenly the vehicle no. YN3306D hit my vehicle rear.
YN3306D driver details.
Name : Zhang WenJun
I/c No : S2757210C
H/p No : 93890081
Company : KDY Holdings Pte Ltd.
Tel : 6514 1300

DECLARATION

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

Policyholder's Signature
Date & Time: 15/5/18, 10:24 am

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/05/18, 1024am.

TAN CHONG MOTOR SALES PTE LTD
913 BUKIT TIMAH ROAD
SINGAPORE 599086
TEL : 6466 7771 FAX : 6469 7472
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

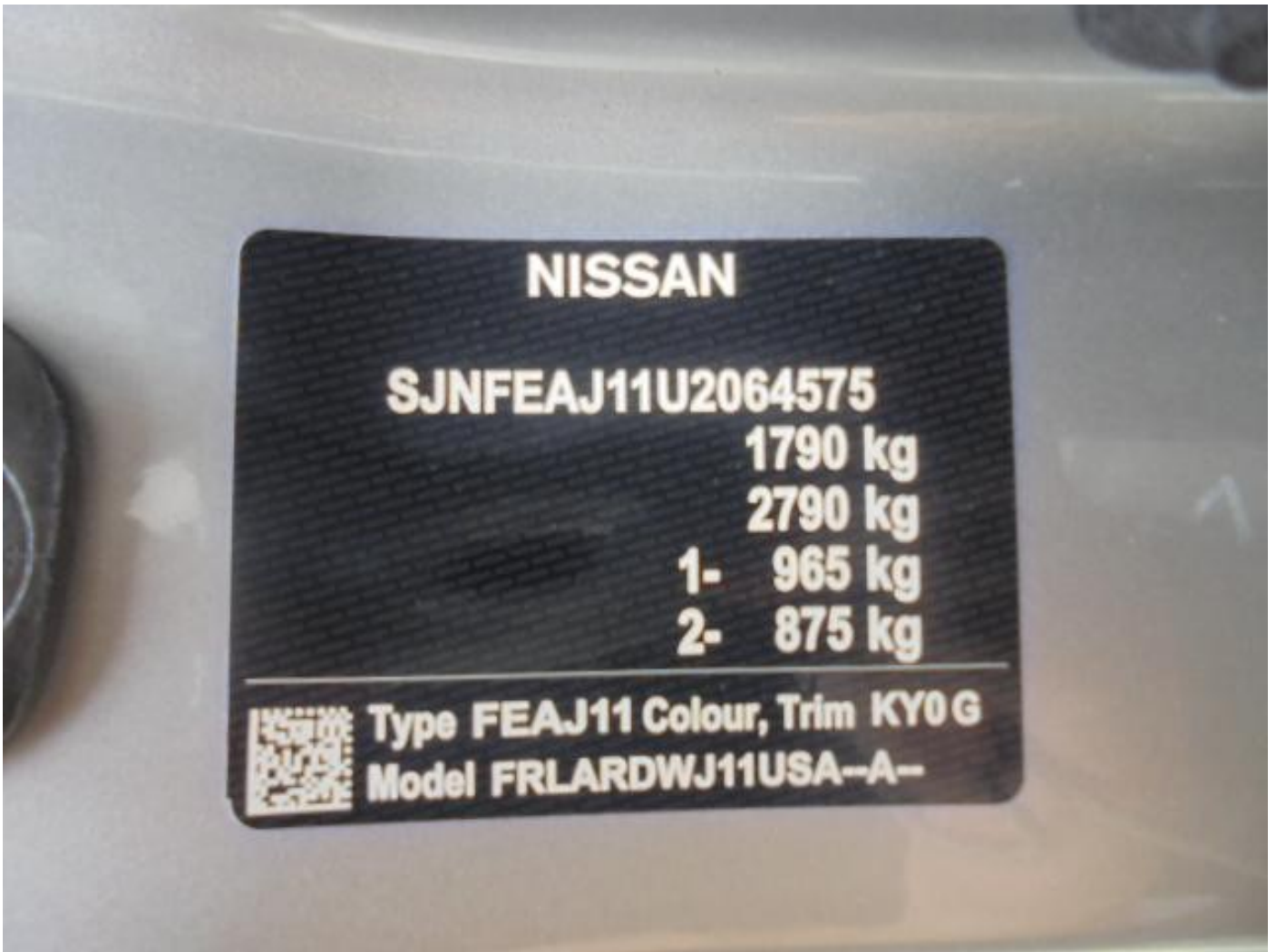


Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SL47482
Name(as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 14/5/2018 Time of Accident : 16.00
Place of Accident : _____
Insurance Company: _____

(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:

update etc no. for owner & Driver.

Policyholder / Driver's Signature
Date: _____

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

Addendum Sheet Pg. 1



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. MTL318063004-01 Vehicle Registration No. SLW748Z
Name(as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 14 May 2018 Time of Accident : 16-00
Place of Accident : Gambas Ave to Woodlands Ave 12.
Insurance Company : ALG

(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:

Change to Third Party claim

[Signature]
Policyholder / Driver's Signature
Date: _____

[Signature]
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____