

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	08/06/2018 13:58
Date Of Accident	08/06/2018 10:10
Exact Location Of Accident	CTE TOWARDS THE CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD499T
Insured/Policyholder	
Name Of Registered Owner	ZHOU XIAOMING
NRIC No	S6880620H
Email Address	XZHOU77@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96991553
Alternative Phone No	OFFICE-96991553

Vehicle Particulars

Manufacturer	AUDI
Model	A6 C7 2.0 TFSI MU
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	2100277027-06
Cover Note Number	

Driver

Name of Driver	ZHOU XIAOMING
NRIC No	S6880620H
Date Of Birth	07/07/1968
Occupation	INDOOR
Date Of Driving Pass	23/02/1999
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96991553
Fax Number	
Contact Number	OFFICE-96991553
EEmail Address	XZHOU77@GMAIL.COM

Address	246 MILTONIA CLOSE
Postcode	768309
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 TO REAR
Weather Conditions	RAINING
Road Surface	WET

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: : ZHANG XIAO MING 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

ON JUNE 8, 2018, AROUND 10:00 AM. I DROVE MY CAR ALONG CTE TOWARDS CITY. IT IS RAINING THE TRAFFIC IS VERY SLOW. THERE COULD BE SAME TRAFFIC JAM IN FRONT OF US. SO OUR CAR MOVE VERY SLOW. WE HEARD A BIG SOUND BEHIND SUDDENLY. WHEN WE LOOKED BEHIND, THERE WAS A TAXI FOR BEHIND US BUT THERE WAS A MOTOR CYCLYE (FBG 107 R) FALL DOWN THERE. THE DRIVER ADMITTED HE COULD NOT BRAKE PROPERLY. LUCKILY NO INJURY. WE EXCHANGED THE DETAILS FOR THE CAR.

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	FBG107R
Vehicle Make/Model/Colour	BLACK
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	FAREEZ REEGAN BIN ABDUL KADIR
NRIC/Passport Number	S9547653H
Contact Number	96756247
Address	APT BLK 104A ANG MO KIO STREET 11, #04-73
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD

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.

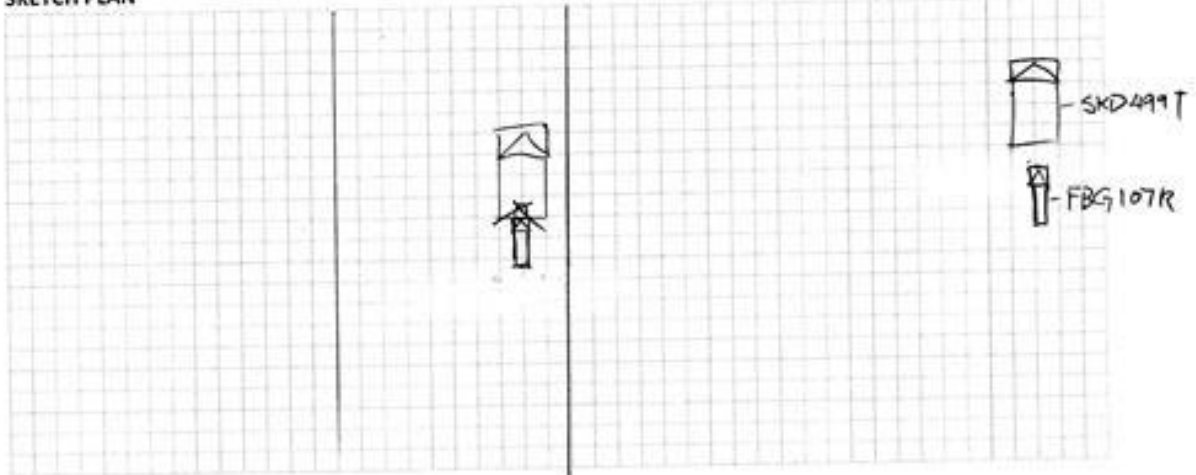

Policyholder's Signature
Date & Time:
08/06/2018
1200

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


Reporting Centre Personnel's Signature
Name: Wong Lianhui Seng, Goyl
NRIC/FIN No.: 6248141X

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On June 8, 2018, around 10:10am I drove my car along CTE towards City. It is raining. The traffic is very slow. There could be some traffic jam in front of us. So our car move very slow. We heard a big sound behind suddenly. When we looked behind, there was a taxi far behind us. But there was a motorcycle ^(FBG107R) fallen down there. The driver admitted he could not brake properly. Luckily no injury. We exchange the details for the car.

DECLARATION

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

[Signature]
Policyholder's Signature

Date & Time:
08/06/2018
1200

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

[Signature]
Reporting Centre Personnel's Signature

Name: *[Signature]*
NRIC/FIN No.: 62287142x



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



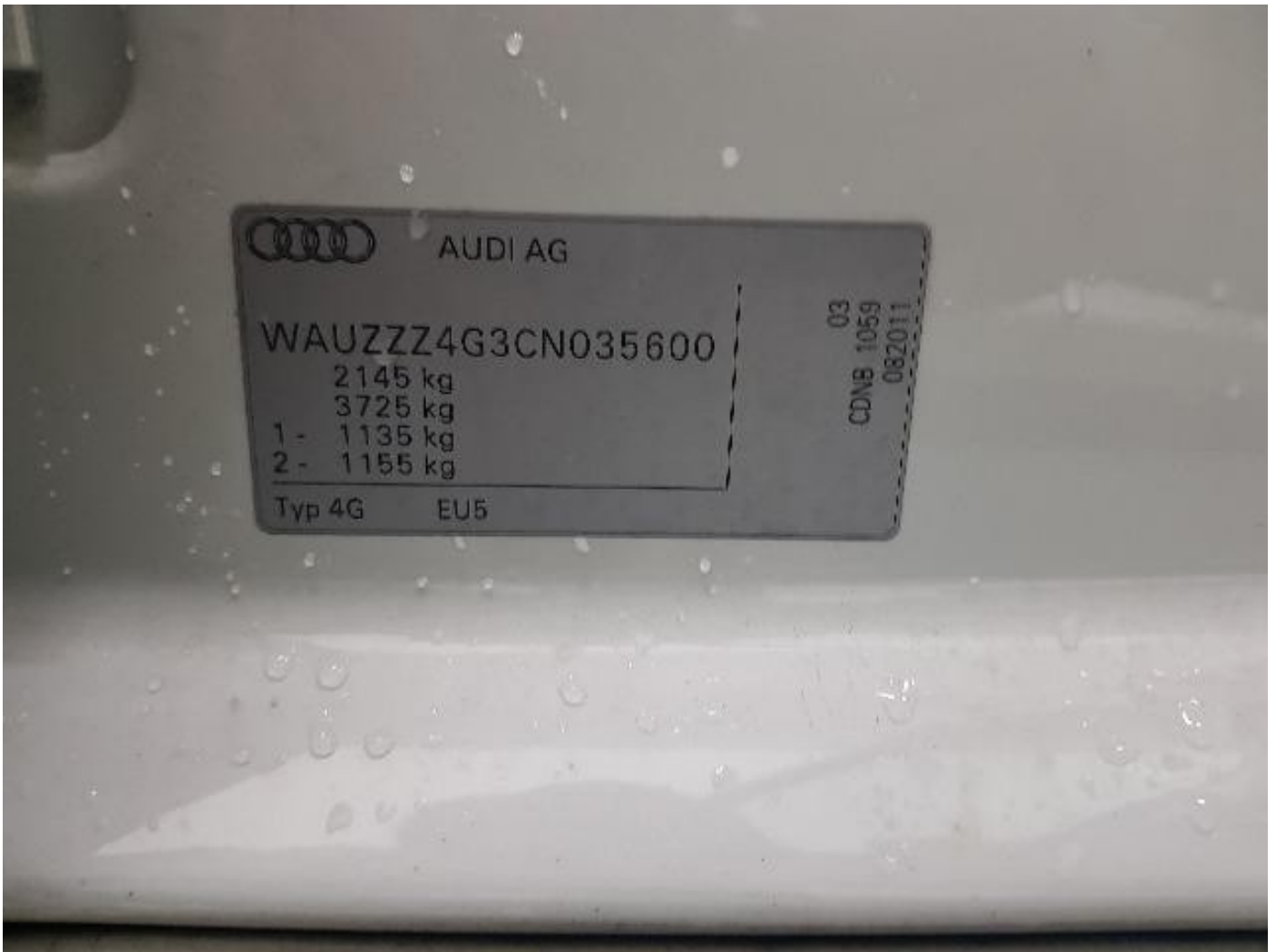
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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: S66500206 / 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 : MPA 47607 4499 Vehicle Registration No: SKD 499T
Name (as shown in NRIC) : ZHOU, XIAOMING NRIC/FIN/Passport No : S6880620A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 246 MILTONIA CLOSE Singapore 768309
Contact (Tel) : _____ Mobile No. : 96991553
Email Address : XZHAUT@ gmail.com
Date of Accident : 08/06/2018 Time of Accident : 10:10
Place of Accident : CTE TOWARDS CITY
Insurance Company : AIK ASIA PACIFIC IA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

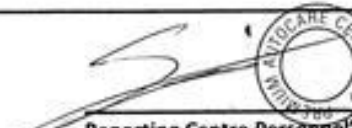
I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add In Details of TP Driver



Policyholder / Driver's Signature

Date: 11/06/2018



Reporting Centre Personnel's Signature
Name: WONG KHONG CHENG, Henry
NRIC/FIN No.: G298743X
Date: 11/06/2018