

## 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	03/08/2018 15:28
Date Of Accident	02/08/2018 22:15
Exact Location Of Accident	ENTRY FROM TAMPINES AVE 10 TO TPE (SLE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB2442S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YE ZHIBIN
Work Permit No	S7462598C
Email Address	ZBINYE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96750808
Alternative Phone No	Home-66109805

### Vehicle Particulars

Manufacturer	CITROEN
Model	C4 PICASSO-1.6 D BLUEHDI EAT6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	2100459265
Cover Note Number	

### Driver

Name of Driver	YE ZHIBIN
Work Permit No	S7462598C
Date Of Birth	07/07/1974
Occupation	INDOOR
Date Of Driving Pass	18/05/2011
Driving Experience	7 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96750808
Fax Number	
Contact Number	HOME-66109805
EMail Address	ZBINYE@GMAIL.COM
Address	BLK 335B ANCHORVALE CRESCENT #15-88
Postcode	542335
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	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: : YE ROUJING 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 TO ATTACHMENT

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK6232G
Vehicle Make/Model/Colour	SUBARU/BLUE COLOUR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA KOON MING
NRIC/Passport Number	S8911477B

Contact Number	96893885
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: 07/09/2018 13:40

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Vehicle A: SLB2492  
Vehicle B: SJK623261

The diagram shows a road intersection. A vertical line on the left represents a road or boundary. A horizontal line represents the road. Two vehicles, A and B, are shown moving from left to right. Vehicle A is represented by a box with 'A' and an arrow pointing right. Vehicle B is represented by a box with 'B' and an arrow pointing right. A dashed line indicates the path of Vehicle A. A solid line indicates the path of Vehicle B. A witness is located at the intersection, indicated by a dashed line. The witness is labeled 'Tampress Ave 10'.

Tampress Ave 10

TPE (SLC)

At the moment, I ~~was~~ turned on the right-turn light ~~trying to~~ on the way to right lane, But the front vehicle stop suddenly, I had no time to do anything. And my car left hand stroke hit against the front car right tail. As confirmed with the passenger of the front car and my car, there is no one ~~injured~~ injured.

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

Date &amp; Time:

NRIC/FIN No.:

# Identification Card



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





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