

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 liability.
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	12/11/2018 12:34
Date Of Accident	09/11/2018 14:55
Exact Location Of Accident	ALONG SCOTTS ROAD TOWARDS PATERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG211D
Insured/Policyholder	
Name Of Registered Owner	AU CHEE KEN (OU ZHIQUAN)
NRIC No	S8411899J
Email Address	SUPERGLUE8487@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97501225
Alternative Phone No	OTHERS-97501225

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00537497
Cover Note Number	

Driver

Name of Driver	AU CHEE KEN (OU ZHIQUAN)
NRIC No	S8411899J
Date Of Birth	02/05/1984
Occupation	INDOOR
Date Of Driving Pass	14/07/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97501225
Fax Number	
Contact Number	OTHERS-97501225
Email Address	SUPERGLUE8487@HOTMAIL.COM

Address	BLK 28 JALAN BUKIT MERAH #07-4472
Postcode	152028
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 - MAJOR/MINOR RD
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
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

PLEASE REFER TO SKETCH PLAN

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	SJM2801E
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 INJURED PERSON 1

Name	AU CHEE KEN (OU ZHIQUAN)
------	--------------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLG211D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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.

Ken

Policyholder's Signature
Date & Time:

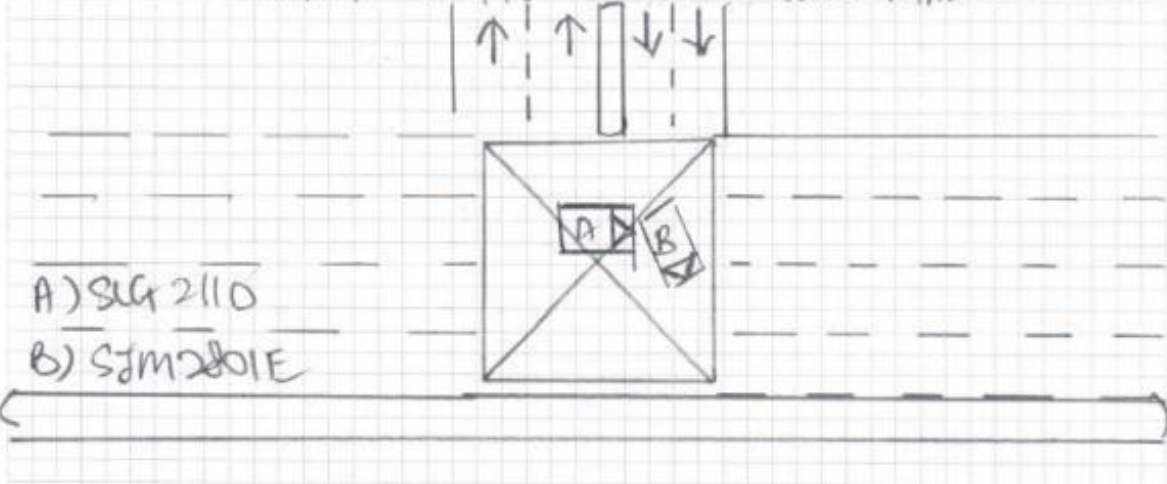
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

ALONG SCOTTS ROAD TOWARDS PATTERSON ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 09/11/2018 AT ABOUT 14:58 HRS I WAS TRAVELLING
ALONG SCOTTS ROAD & WAS AT THE END OF Y LANE
ROAD TOWARDS PATTERSON ROAD. SUDDENLY A CAR FROM THE
SIDE ROAD NEAR MARRIOTT HOTEL TURNED OUT WITHOUT LOOKING
OR STOPPING TO LOOK FOR ON COMING TRAFFIC. MY CAR
SLG 2ND BAND THE SIDE OF THE CAR SJM2801E.

DECLARATION

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

Ken.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Rachel Watson
NRIC/FIN No.: 9701010000000

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8411899J



Name
AU CHEE KEN
(OU ZHIQUAN)
欧 志 权

Race
CHINESE

Date of birth 02-05-1984

Sex M

Country of birth
SINGAPORE



ID



ID

REPUBLIC OF SINGAPORE // DRIVING LICENCE

Licence Number: **S8411899J**
Name:

**AU CHEE KEN
(OU ZHIQUAN)**

Birth Date: **02 May 1984**
Issue Date: **14 Jul 2011**

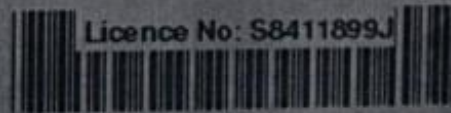


 001982771D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

• EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 14 Jul 2011



Licence No: S8411899J

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



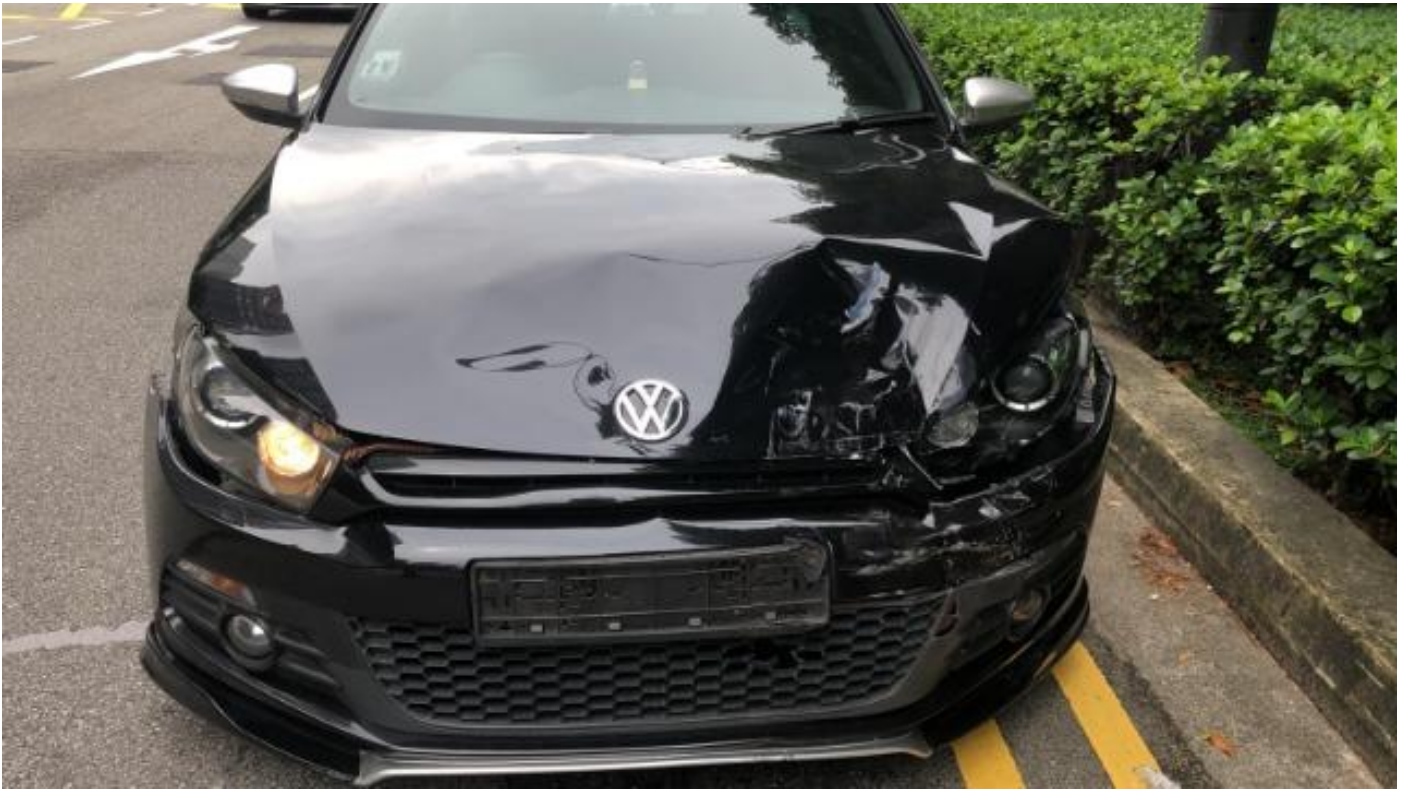
Accident Photo



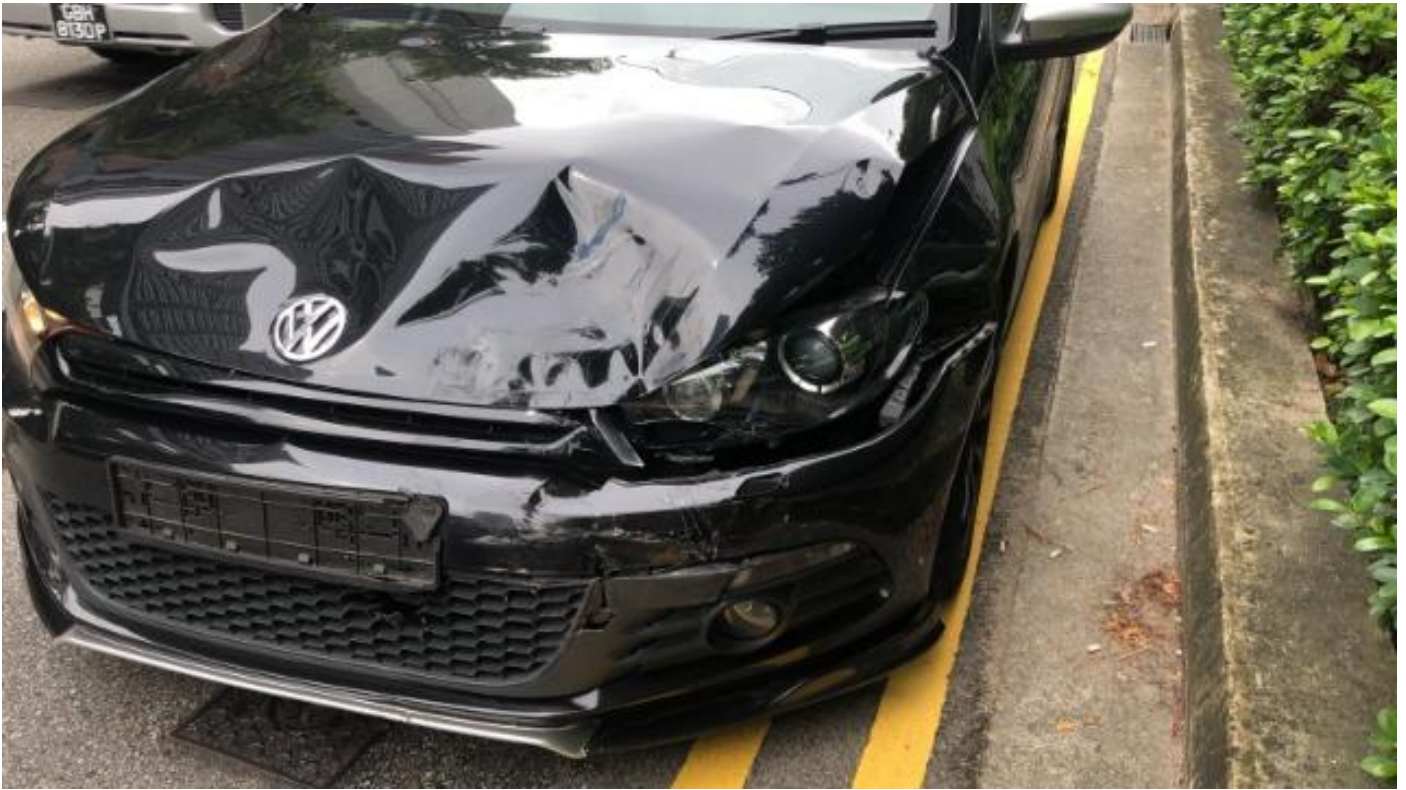
Accident Photo



Accident Photo



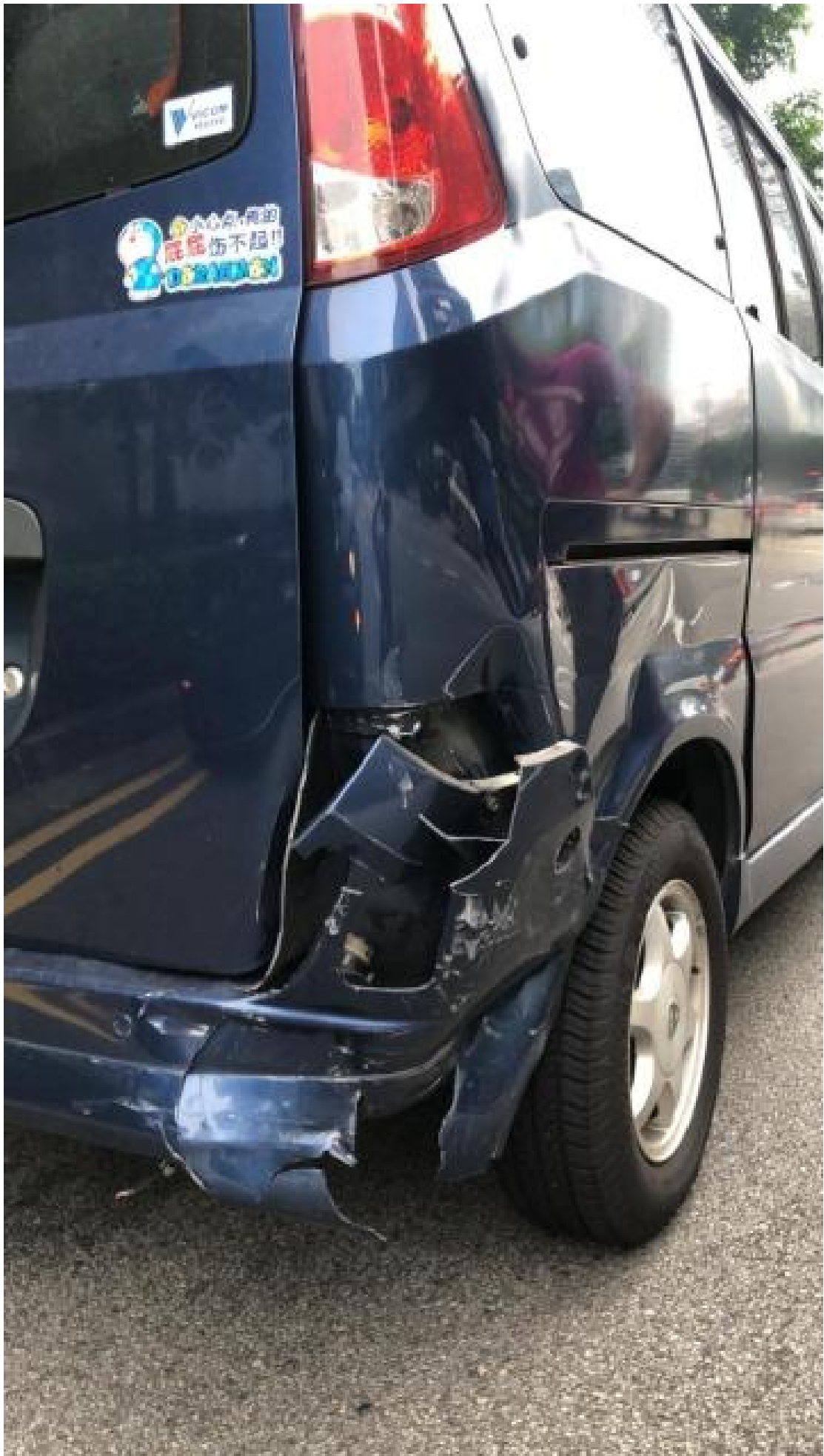
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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: S66550020 / 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 : MN1448146653 Vehicle Registration No: SLG 2115
Name (as shown in NRIC) : ALLI CATHARINE KENNEDY NRIC/FIN/Passport No : 88411899J
(*Vehicle Driver / Vehicle Owner) () Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97501225
Email Address : _____
Date of Accident : 09/11/2018 Time of Accident : 14:55
Place of Accident : BRANCH SCOTTS ROAD TOWARDS PARKERSON ROAD
Insurance Company : DIRECT ASIA

(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:

THANK SOME INJURED IN THE ACCIDENT

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rafael Lim
NRIC/FIN No.: _____
Date: 12/11/2018

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: 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 : MNA48146053-01 Vehicle Registration No: SLG 2110
Name (as shown in NRIC) : Dr. Chuan Kuan Lou ZHHQUAN NRIC/FIN/Passport No : S8411829J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 97501225
Email Address : _____
Date of Accident : 12/11/2018 Time of Accident : 14:55
Place of Accident : Along SCOTTS ROAD towards PARKSONE ROAD
Insurance Company: DIRECT ASIA

(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:

Insured Vehicle Number is SLG 2110

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Karl Watson
NRIC/FIN No.:
Date: 13/11/2018