## 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 witholding 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.

diorocaid.		
	ACCIDENT STATEMENT	
Date Of Report	15/11/2018 14:40	
Date Of Accident	15/11/2018 11:50	
Exact Location Of Accident	ALONG JALAN BUKIT MERAH	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLM1028D	
Insured/Policyholder		
Name Of Registered Owner	ZHANG JIE	
NRIC No	S6860378A	
Email Address	ZHONGESTELLA@YAHOO.COM	
Mobile Phone No	(LOCAL) +65-90054278	
Alternative Phone No	OTHERS-90660336	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	C180	
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	1800010033	
Cover Note Number		
Driver		

Name of Driver **ESTELLA ZHONG KAIYUN** 

NRIC No S9905506E Date Of Birth 24/02/1999 Occupation **INDOOR** 17/05/2018 **Date Of Driving Pass** 

**Driving Experience** 0 YEAR AND 5 MONTH

Gender **FEMALE** 

Mobile Number (LOCAL) +65-90660336

Fax Number

OTHERS-90054278 Contact Number

**EMail Address** ZHONGESTELLA@YAHOO.COM Address BLK 77A REDHILL ROAD

#17-22

Postcode 151077

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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 2
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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YES

NO

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

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 FBF9642H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver TAN EE YONG KERSHAW

NRIC/Passport Number S9022816A Contact Number 96131783

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### 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)
  - (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 malling 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
- 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.
- 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:

Beporting Centre Per

NRIC/FIN No.:

## **Accident Sketch Plan**

KETCH PLAN HW	MA JOHAN BUKIN MERAH
A) SLM16 B) FBF 96	7&D (A) (A) (A) (A) (A) (A) (A) (A)
1	
SCRIBE CIRCUMSTANCE	
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	nge of light to red has cliquity vers will be than and due to the value
	ped nightly abruptly, and I followed After Aerping on the brake, I hear left back corner and realized that a motorcycle had hit me after
We declare the foregoing particular of the foregoing parti	Driver's Signature (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:

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## PUBLIC OF SINGAPORE

# NTITY CARD NO. \$9905506E





Name

## ESTELLA ZHONG KAIYUN

恺芸

Race

CHINESE

Date of birth Sex F 24-02-1999

Country/Place of birth SINGAPORE









HRIC No. S9905506E

Date of issue

24-10-2014

ddress

APT BLK 77A REDHILL ROAD #17-22 SINGAPORE 151077



















