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 <u>truthful and accurate</u> 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.

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	14/01/2019 13:41
Date Of Accident	12/01/2019 18:30
Exact Location Of Accident	AYE TOWARDS MCE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU1869B
Insured/Policyholder	
Name Of Registered Owner	WEN FENGDUO
NRIC No	S8779465B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92956189
Alternative Phone No	OTHERS-92956189
Vehicle Particulars	
Manufacturer	MAZDA
Model	3-1.5 SEDAN EU6 (A)
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	1700087817
Cover Note Number	
Driver	
Name of Driver	DAI JIADI
NRIC No	S8187865Z
Date Of Birth	09/10/1981

Name of Driver DAI JIADI
NRIC No S8187865Z
Date Of Birth 09/10/1981
Occupation INDOOR
Date Of Driving Pass 05/02/2015

Driving Experience 3 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92956189

Fax Number

Contact Number OTHERS-92956189

EMail Address NOEMAIL

Address BLK 157 YUNG LOH ROAD

#04-28

Postcode 610157

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 CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JLK3194 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

5

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

4

Number of Passengers (Including Driver)

3 1,

Passenger 1 NAME: : WEN FENGDUO

GENDER: : FEMALE

Passenger 2 NAME: : DAI WENHUI WILLIAM

GENDER: : MALE

Passenger 3 NAME: : DAI WENHAN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

YES

Police Station Address ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-8486999 - **FAX NO**: 68486799

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180113/2058

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

JLK3194

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver GAN AH SIONG
NRIC/Passport Number 870905015215
Contact Number 87432955

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKM4256D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KENNETH TOH JUN YONG

NRIC/Passport Number S9134783J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMF5934L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHEW YANG YANG JACKSON

NRIC/Passport Number S9149288A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJU7937Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver REDDIPALLI ASHOK RAMAURTHY

NRIC/Passport Number S7464476G

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- By the lodgment 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.
- 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 ".
 - 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:
 - 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: Briver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnal's Signatu

NRIC/FIN No.:

SMOVE Sheld-building Vi

Accident Sketch Plan

KETCH PLAN	work byk havakes McR	
	A	(A) SLU 1869B
	1 1 1 8 1	(B) JLK 3194
		(C) SKM 4256D
		(D) SMF 5934 L
		(E) SJU 7937 y
ESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	
	to Patie Report: 1/20190113/	2054
		/
ECLARATION		
We declare the foregoing par	ticulars are true in every respect.	au 14/01/2019
licyholder's Signature ite & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnyl's Signature Name: NRIC/FIN No.:



T/20190113/2058

Institution / School Name:

Date of Expiry:

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Race:

Chinese

Occupation:

MANAGER

REPORT OF A TRAFFIC ACCIDENT

FOOD AND MANUFACTURING

1 of 5 Report No. T/20190113/2058

Station Diary No.: Vide Report No.: Date/Time Report Made: D/20190112/0107 13/01/2019 14:28 Informant's Particulars Name of Informant: Address: APT BLK 157 YUNG LOH ROAD #04-28 SINGAPORE 610157 DAI JIADI Contact No.: ID Type / ID No .: Mobile: 92956169 Home/Office: NRIC NO / S8187865Z Email: Nationality: CHINESE Date of Birth: Type of Informant: Sex: Age: Driver 09/10/1981 Male 37

Driving Licence Information:

Language:

English

Class: 3

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 12/01/2019 18:30	Type of Location Straight Road	
Location: Along Road 1 AYER RAJAH Towards MCI	EXPRESSWAY				
Weather:		Road Surface: Wet		Road Speed Limit: 90 Km/h	
		4401		O'O THITTE	
Raining Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JLK3194	Car					0
SJU7937Y	Car					0
SKM4256D	Car					0
SLU1869B	Car					3
SMF5934L	Car					0



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Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

Report No. T/20190113/2058

CONTINUATION OF REPORT

Any Pedestrian In	volved: No					
No. of Pedestrians		Use of Pede	strian	Crossi	ng: NA	
	Hijurdo, Mic					
Oriver Name	Gan Ah Siong				870905015215	
Related Vehicle	JLK3194 (Car)			t No.	87432955	
Hospital/Clinic	NIL			of e & Date	Class; NIL Date of Expiry; NIL	
	6.112	Date Disch	4 7			
Date Treatment	NI-			C. C		
	ed Medical Leave NIL	1 508.00 01.				
Driver	The same of Association		ID No.		S7464476G	
Name	Reddipalli Ashok Ramaurthy		110		Secretarian di En	
Related Vehicle	SJU7937Y (Car)		Contact No.		NIL	
Hospital/Clinic	NIL.		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc		charge NIL			
Na of Dave eran	ted Medical Leave NIL	Degree of				
	ted Medical Loavo				+	
Driver Name	Kenneth Toh Jun Yong		ID No.		S9134783J	
Related Vehicle	SKM4256D (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
	MILL	Date Disc	12.4	NIL		
Date Treatment	NIL	Degree of		NIL		





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Report No. T/20190113/2058

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

CONTINUATION OF REPORT

Passenger		11/2				
Name	Wen Fengduo			3	S879465B	
Related Vehicle	SLU1869B (Car)			ct No.	NIL	
Hospital/Clinic	NIL			of ce & Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disci			harge NIL		
	ted Medical Leave NIL	Degree of I				
Driver						
Name	DAI JIADI		ID No.		S8187865Z	
Related Vehicle	SLU1869B (Car)			ct No.	92956189	
Hospital/Clinic	NIL			of g ea & Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disch	scharge NIL			
	ted Medical Leave NIL	Degree of I	77.77.28			
Passenger	to all actions are a little					
Name	Dai Wenrui William		ID No.		T1433722E	
Related Vehicle	SLU1869B (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disch	arge	NIL		
	ted Medical Leave NIL	Degree of				
Passenger					*	
Name	Dai Wenhan		ID No.		T1270208B	
Related Vehicle	SLU1869B (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disch	narge	NIL		
LIGHT HEALTHOIL	ted Medical Leave NIL		e of Injury NIL			



T/20190113/2058

4 of 5

Report No. T/20190113/2058

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

Driver				Limite		S9149288A,
Name	Chew Yang Yang Jackson			ID No.		58148200M,
Related Vehicle	SMF5934L (Car)			Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Dat		Class; NIL Date of Expiry; NIL	
Date Treatment	NIL	VIL		Discharge NIL		
No. of Days granted Medical Leave NIL Degree of			of Injury	NIL		

Brief Details.

On 12/01/2019 at about 1830hrs I was driving in my car along AYE towards MCE on the right most lane. Due to the heavy traffic, I had used the brake to slow down my car to follow the traffic. While my car was slowly moving. I felt an impact from the rear of my car. I then stopped my car made a check outside. After I had left my car, I discovered that one Proton car(JLK3194), had hit on to the rear of my car bumper. There are scratches and dents on my car rear bumper. There was 3 other car that was also involved in the said accident. Traffic police later attended to us and I was advised to lodged an accident report.





















