

## 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	09/11/2019 10:56
Date Of Accident	18/02/2019 11:40
Exact Location Of Accident	9 LOR 27A GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8992G
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#### Insured/Policyholder

Name Of Registered Owner	GU ZONGLI
NRIC No	S8380708C
Email Address	GU_ZONG_LI_77@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91712312
Alternative Phone No	OFFICE-91712312

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	1800043689
Cover Note Number	

#### Driver

Name of Driver	GU ZONGLI
NRIC No	S8380708C
Date Of Birth	22/08/1983
Occupation	INDOOR
Date Of Driving Pass	12/02/2010
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91712312
Fax Number	
Contact Number	OFFICE-91712312
Email Address	GU_ZONG_LI_77@HOTMAIL.COM

Address	9 LORONG 27A GEYLANG #07-12
Postcode	388134
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 (including own vehicle) involved in the accident	2
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: : UNKNOWN GENDER: UNKNOWN GENDER: : MALE

#### 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

I CAME OUT FROM LOR 27A. SUDDENLY, VEHICLE B ON MY RIGHT STOP. I CANNOT STOP IN TIME AND HIT VEHICLE B REAR LH CORNER.

#### 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	SHB774U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)

## 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.

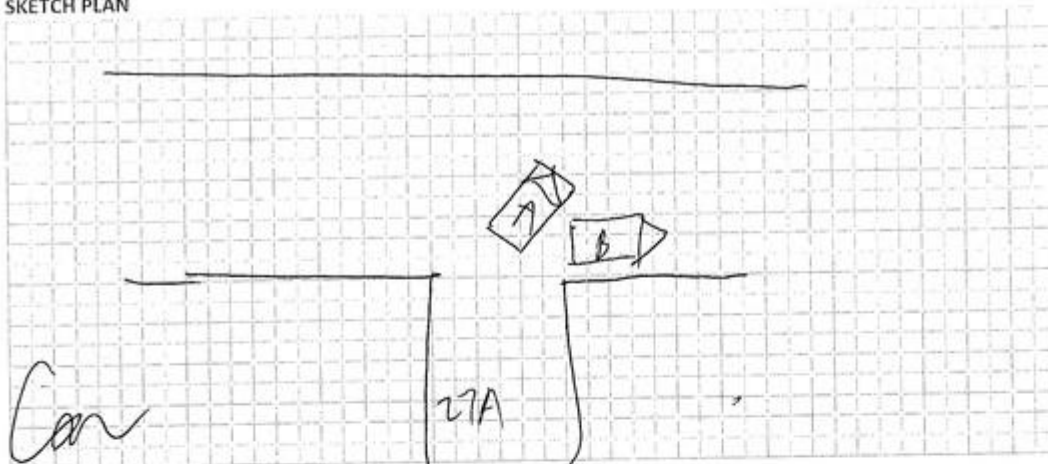
Policyholder's Signature  
Date & Time:

8/11/2019

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I come out from lor 27A, suddenly veh B on my right stop, I cannot stop vehicle I hit veh B near LH corner.

Car

## DECLARATION

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

Car  
Policyholder's Signature

Date & Time:  
8/11/2019  
4.40pm

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

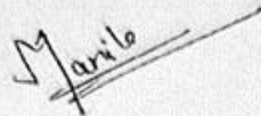
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



www.aig.com.sg or a fax at +65 6415 3723.

Thank you for your support. We look forward to serving you in all your general insurance needs.

Yours sincerely



Bucha Manik  
Head of Individual Personal Insurance

PS: You can enjoy round-the-clock access to selected AIG products and services with our easy-to-use Apple or Android smartphone app. Purchase new policies, renew your policies, access claims support or receive assistance with motor accidents, anytime, 24-hours a day. Your AIG Mobile App can be downloaded for free at iTunes or Google Play.

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## CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Gu Zongli  
Period of Insurance : 21 Apr 2018 To 20 Apr 2019  
Engine No. : 4B11AT3023  
Chassis No. : CZ4A0000779

Vehicle No. : SJP8992G  
Policy No. : 1800043689  
Endorsement No. :  
Issued Date : 23 Apr 2018

### ABOUT THE COVER

Make/Model : MITSUBISHI LANCER EVOLUTION 10 2.0  
Engine Capacity/Tonnage : 1,998.00 CC  
Driver Restriction : Named Driver Basis  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2009  
Insuring with COE/PAF : Yes

#### Person or Classes of Persons Entitled to Drive\* :

- a) The Policyholder
- b) Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable

#### Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), as included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$5000 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

MITSUBISHI MOTORS CORPORATION

MODEL CBA-CZ4A SNGFZ

CZ4A-0000779

ENGINE 4B11 EXT P26B

TRANS  
AXLE W5M6A 3307

COLOR INT P26 TEX 000

PART NO. M5903080

Accident Photo

