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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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.
- 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,
- 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	23/05/2019 17:30
Date Of Accident	23/05/2019 15:05
Exact Location Of Accident	TELOK BLANGAH RD U TURN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ7104J
Insured/Policyholder	
Name Of Registered Owner	XU ZHIFU
NRIC No	S8431701B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98232752
Alternative Phone No	OFFICE-98232752
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	1800054041-01
Cover Note Number	**
Driver	
Name of Driver	XU ZHIFU
NRIC No	S8431701B
Date Of Birth	14/10/1984
Occupation	INDOOR
Date Of Driving Pass	14/01/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98232752
Fax Number	

OFFICE-98232752

NOEMAIL

Address

BLK 333C ANCHORVALE LINK #04-310

Postcode

543333

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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

YES

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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Make/Model/Colour

**SLE9110M** 

**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)

### SKETCH PLAN

### **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

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

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

On t	he stated	date av	nd time,	I vehu	e A' wo	u travellu	on the
stated	venve.	I was	Stationar	y (n mu	1 lone	awaiting	for
main	road	vehale.	to Clear	before	I pro	ceed to	torn.
A fee	W MOMU	uts luter	I felt	an imp	act on	my veha	a war.
Short	y I g	of down	and	realised	vehule	B' had	Collided
agains	t my	Stationo	vy veha	e rear	portion	1,.	

## DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

# ACCIDENT STATEMENT

	ACCIDENT DATE:	25/05/2	(DD/MM/Y)	(YY), TIME: ( 15	_:)(HH:MM
		elok Blav		U Turn.	
	1. DETAILS OF	MELLICIE	0		
			SLZ 7/04]		
	a) VEHICLE				
12		CE COMPANY			
	CIPOLICY		180005404	1-01	
	a)POLICYT	YPE: (COMPRE	HENSIVE / THIRD PA	ARTY / THIRD PA	RTY FIRE &THEFT)
	6)MAKE & A	NODEL:	"Werdes	E-00	
	f)TYPE:(SALO	ON / COUPE	MPV /VAN / LOR	RY / MOTORCY	CLE / OTHERS)
	9) VEHICLE	LATEGORY: (PR	IVAJE / COMMERC	CIAL / MOTORC	YCLE)
	h)PURPOSE	OF USING AT A	CCIDENT TIME:	Personal v	26
	i) ARE YOU C	LAIMING UNDE	ER YOUR OWN INSI	URANCE (YES/M	91
	IF NO, PLEA	SE STATE (THIRD	PARTY CLAIM / R	EPORTING ONL	YI
	2. INSURED / PC	DLICY HOLDER			27467 134 23
		Xu zhfu		IMA	LE / FEMALE)
12	b) NRIC/FIN/F		S8431701B	CONTACT:	9923 2752
	c) ADDRESS:_		ichorvala Link	#04-310	
4 2	<u> </u>	Sipe	The state of the s		(i)
156 11 A	* CONTINUE T	O 3.d IF DRIVE	R ALSO POLICY HO	OLDER	
14 Ho of person	DRIVER	‡li			751
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(01)	DJNKIC/FIN/P	ASSPORT:		CONTACT:	
<u> </u>	c)ADDRESS:_	CONTRACTOR OF THE PARTY OF THE			
(B) (B) (B)	_	- 1			
	*d) DATE OF BI	RTH: (14)	1984)(DD/A	MM/YYYY)	
	e)OCCUPATIO	N: (INDOOR /	OUIDOOR		30
	. T. E. MO OI DI	INING EXPRERI	ENCE:		
	4. WAS DRIVER	AN EMPLOYEE	OF THE INSURE	D'S COMPANY	(YES / NO)
	IF NO, RELATI	ONSHIP OF T	HE DRIVER WITH	INSURED:	owner.
	5. a) WEATHER CO	DUDILION: ICIT	AR / RAINING / O	THERS	
	b)ROAD SURFA	CE: (DRY / WE	/OTHERS		11 11
	6. WAS ANYBODY	INJURED (YES	/ NO)		- T
	7. a) REPORTED TO	POLICE (YES /	NO)	şt	
	IF YES, PLEASE	STATE WHICH	POLICE STATION:_		
Ho of passenger	8. THIRD PARTY VE				Carry Colored
Challe	O) VEHICLE NE	IMBER:		MODEL: SLE	allow
	b) DRIVER'S N	AME:			
(_)	c) NRIC/FIN/P	ASSPORT:		_CONTACT:	100000000000000000000000000000000000000
·	THIRD PARTY VEH				
* No of passinge	- O VEHICLE NU	MBER:		MODEL:	77 79 12
(Including drive	E) DRIVER S NA				
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REPUBLIC OF SINGAPORE

LIDENTITY CARD NO. S8431701B





XU ZHIFU



CHINESE Date of birth 14-10-1984

\$84317015

Country/Place of birth SINGAPORE

Motorcycles =< 200 CC.
Motorcycles between 201 CC and 400 CC.
Motorcycles > 2500 kg with >= 7 passengers, exclusive of the
driver; and motor features whilely >= 2500 kg.
Carry motorcers and motorcycles > 2500 kg.
Motor vehicles > 7250 kg not constructed to carry any mad. S/No. 9000048956 98431701B

07-11-2014

APT BLK 333C ANCHORVALE LINK #04-310 SINGAPORE 543333



# CERTIFICATE OF INSURANCE

# MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : XU ZHIFU
Period of Insurance : 16 May 2019 To 15 May 2020

Engine No.

: 27492031442893

Chassis No.

: WDD2130422A436777

Vehicle No.

: SLZ7104J

Policy No.

1800054041-01

Endorsement No.

Issued Date

29 Apr 2019

### ABOUT THE COVER

Make/Model

: MERCEDES Benz E200 Sedan Avantgarde

Engine Capacity/Tonnage : 1,991.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder b) Any other person who is striving on the Policyholder's order or with teather permission. This Policy will indomnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an addbonal sum of \$3,000 es. "Inexpensed Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving expe

Age Condition

: 30 years old and above

Limitation as to use\*

Use only for social, domestic and pressure purposes and for the Policyholders business.
This Policy does not cover use for hire or reward, driving tution, driving test, racing, pace-making, reliability trivil or speed-testing, the carri-

Loss of Use 2000cc

\* Limitations rendered inciporative by Section 8 of the Motor Vehicles (Thed-Party Risks and Completesation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Maleysia), are not to be included under those headings.

### EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

XU ZHIFU - \$800 (Own Damage)

## APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS

1 Cycle & Carriage Eurocs Service Center (For accident reporting only). Add: 330 Util Road 3 Singapore 408650 62061818 2 Cycle & Carriage Pandan Loop Service Center - Body Care & Ropair. Add: 160 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AIG Authorised Reparens, please contact our 24-hour accident emergency hottens at +85 6338 6200. Alternatively, you may refer to AIG website www.aig.com.ag or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

"We hereby certify that the policy to which this Condicate of Insurance relates is issued in accordance with the provisions of the Motor Veteclas (Thed Party Risks and Consponsation) Act (Cop. 189). Part N of 5 are Rose Francost Act. 1987 (Muleysia) and Motor Veteclas (Tied Party Risks) Rules. 1969 (Melaysia).

0504612213

CYCLE & CARRIAGE - DANIEL 239 ALEXANDRA ROAD

BINGAPORE 150930

Underwritten by AIG Asia Pacific insurance Pte. Ltd.

a making a sortion to the property of the party of the convertion

AIG Asia Pacific Insurance Pte. Ltd.

AUTEDRISCO REPRESENTATIVE