

## 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	01/06/2019 10:19
Date Of Accident	31/05/2019 21:30
Exact Location Of Accident	2 STADIUM WALK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT6273S
Insured/Policyholder	
Name Of Registered Owner	ZHAO YI QUN
NRIC No	S7073244J
Email Address	ELAINE.ZHAO@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96218043
Alternative Phone No	OTHERS-96484106
Vehicle Particulars	
Manufacturer	BMW
Model	216I GT LED
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2069248
Cover Note Number	
Driver	
Name of Driver	ZHAO YI QUN
NRIC No	S7073244J
Date Of Birth	27/09/1970
Occupation	INDOOR
Date Of Driving Pass	28/05/1996
Driving Experience	23 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96218043
Fax Number	
Contact Number	OTHERS-96484106
EEmail Address	ELAINE.ZHAO@YAHOO.COM.SG

Address	7 TANJONG RHU ROAD #20-04
Postcode	436887
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 - CROSS JUNCTION
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?	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)	2
Passenger 1	NAME: : JU LI 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

REFER TO ATTACH.

#### 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 Witness 1

Name	MS SHIKIN/MR SHARI
Phone Number	66539293
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP5544M
Vehicle Make/Model/Colour	TOYOTA PRIUS GREY
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	HAN HOW HENG
NRIC/Passport Number	S1363112C
Contact Number	90366694
Address	APT BLK 2 KITCHENER RD #10-75

Postcode	200002
Insurance Company Name	
Nature Of Damage	FRONT & LEFT
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	ZHAO YI QUN
Approximate Age	49
Injuries Sustain	BRUISES
Injured person in which vehicle?	SLT6273S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	7 TANJONG RHU RD #20-04
Postcode	436887

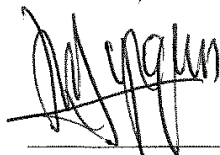
**SKETCH PLAN**

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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: 1-Jun-2019

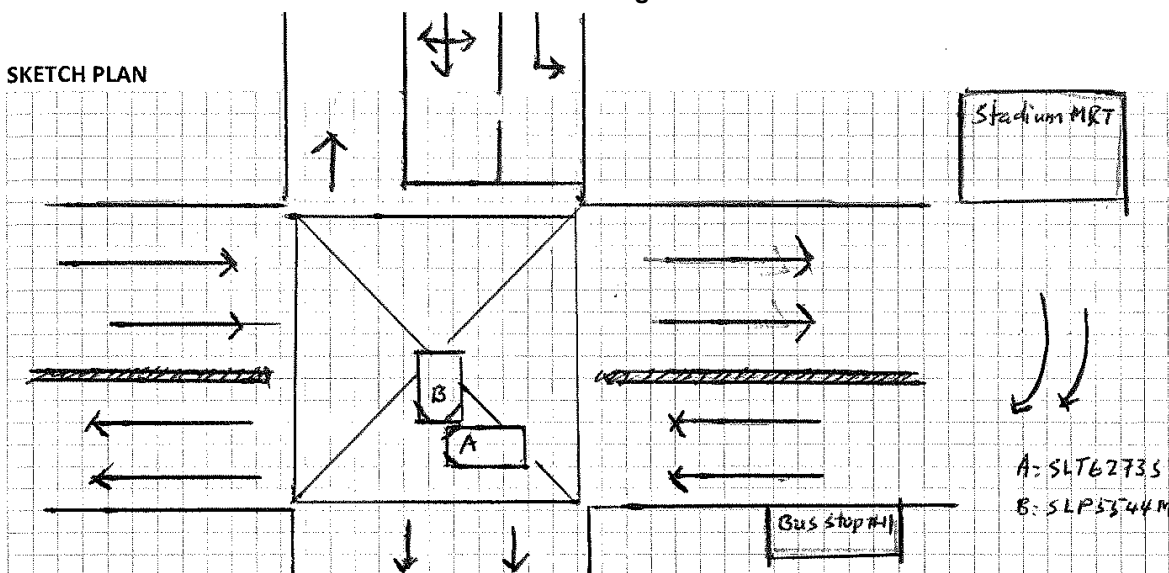
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 1-Jun-2019



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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident was on 31st May 2019 around 9:30 PM at the junction of Stadium Walk I, (Zhao Ji Run - 57073248J) drove along Stadium Walk Road heading toward Tanjong Pagar Road on a straight direction. When I drove in the junction, the car (SLP5544M, driver: Han How Heng) dashed out suddenly from the Exit of carpark of Indoor Stadium and hit into my car as drawn above. I was injured with bruises in both of my arms, some fingers and neck area. When accident happened, there were at least 2 witnesses at the scene.

- 1) Ms Shi Rin: (Fire security) stadium/sport hub command center Tel: 66539293 who walked nearby and helped to call ambulance and provided help.
- 2) Bus No = 11 with Bus Plate No: SPS6703S. The driver told us that his bus has recorded the accident and request to have the video as evidence traffic.

999 Emergency call was made. 4 Policemen came to the scene and had a FR report NO: G/20190531/0202.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

STARBUCKS Application V3

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

