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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/07/2019 12:20
Date Of Accident	20/07/2019 10:10
Exact Location Of Accident	ALONG KPE BEFORE TUNNEL
Country/State of Loss	SINGAPORE
0	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX6769H
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MARTINHUANGHUAYU@SENSETIME.COM
Mobile Phone No	(LOCAL) +65-87109918
Alternative Phone No	OFFICE-87109918
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARREIR
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO PAN PACIFIC HOTEL
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994316
Cover Note Number	
Driver	

Name of Driver HUANG HUAYU
Passport No/FIN G3258208M
Date Of Birth 24/04/1979
Occupation OUTDOOR
Date Of Driving Pass 07/12/2018

Driving Experience 0 YEAR AND 7 MONTH

Gender MALE

Mobile Number (LOCAL) +65-87109918

Fax Number

Contact Number OTHERS-87109918

EMail Address MARTINHUANGHUAYU@SENSETIME.COM

Address 1 AMBER GARDEN

#09-03

Postcode 439957

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) 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 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 SKP3384H
Vehicle Make/Model/Colour TOYOTA

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SDU8193C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

BMW

PRIVATE CAR

Sketch Plan

SKETCH PLAN

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- 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 aforeseld.
- 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") maylars 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 (ordectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(a) involved in this accident (all insurer(s) who have issued vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the Insurers faw yorulaw time, the Monetary Authority of Singapore and any relevant government agency/authority (such as the pulses), for the purpose(s) of :

(i) processing, handling und/or dealing with my claims including the settlement of the dalms and any necessary invastigations 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;

(b) administering my claims (including the multing 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 sover of envelopes/met packages); and/or

(v) complying with applicable law in administrating, processing, handling and/or dealing with my claims. (collectively the "Perpassa")

(8) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law tirms, maylare permitted to collect, use, disclose and/or process my Personal Information for one or ment of the above Purposes; and

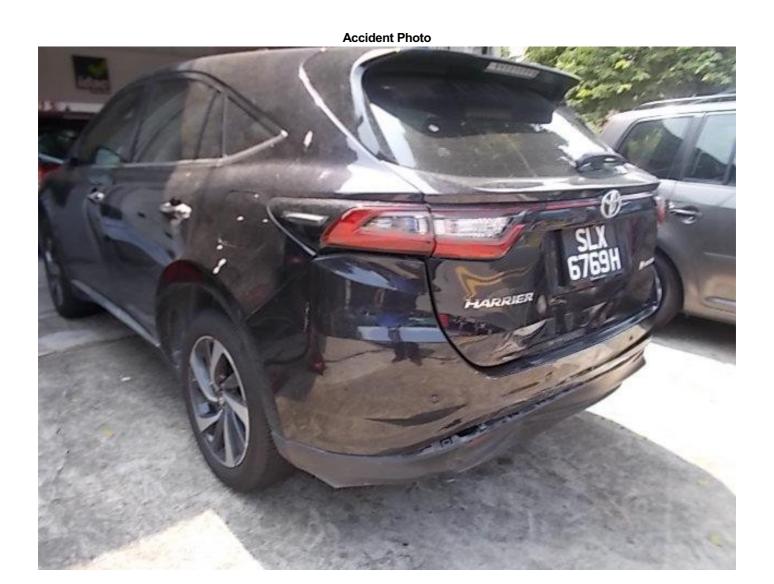
(a) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to Shelf third party service providers or agents (including their lawyers/law firms), which may be siled outside of Singapore, for one or more of the above Purposes.

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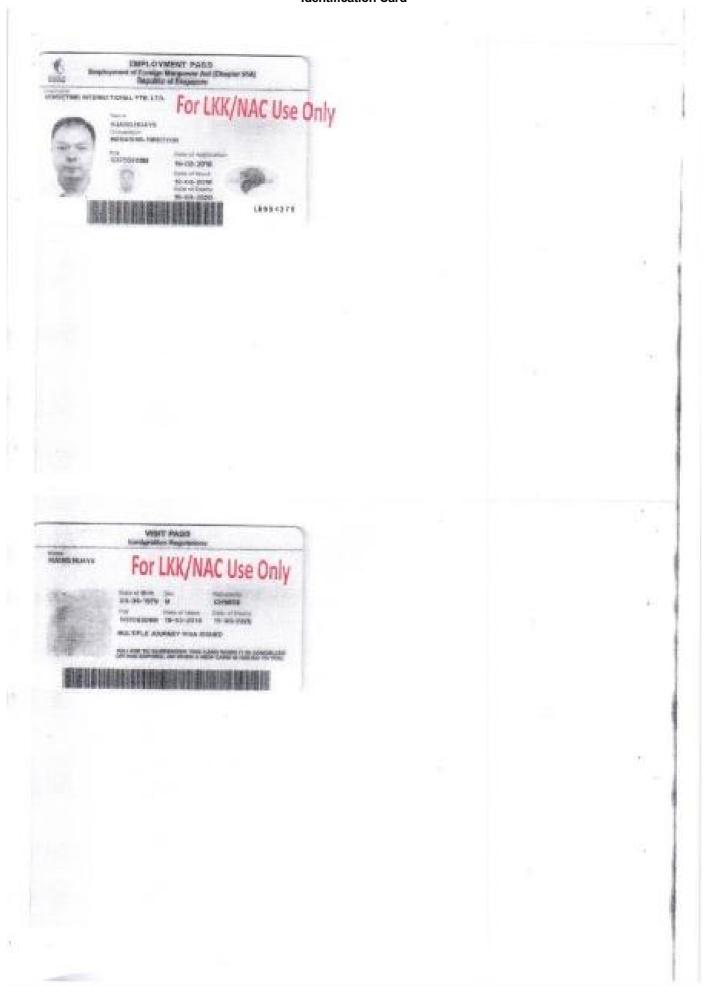








Identification Card





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Driving License

