

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	02/12/2019 21:10
Date Of Accident	29/11/2019 19:30
Exact Location Of Accident	AMK AVE 3 TURNING TO AMK ST 23 (T-JUNCTION)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4521U
Insured/Policyholder	
Name Of Registered Owner	QU HONGYU
NRIC No	S8778132A
Email Address	QUHONGYU163@OULOOK.COM
Mobile Phone No	(LOCAL) +65-97769136
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	XV-2.0 I-S EYESIGHT AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL / LEISURE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900100130
Cover Note Number	

Driver

Name of Driver	QU HONGYU
NRIC No	S8778132A
Date Of Birth	27/03/1987
Occupation	INDOOR
Date Of Driving Pass	20/12/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97769136
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	QUHONGYU163@OULOOK.COM

Address APT BLK 260B ANG MO KIO STREET 21 #02-155
 Postcode 562260
 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 CHAIN COLLISION
 Weather Conditions RAINING
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 3
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 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) 3
 Passenger 1 NAME: : 1
 GENDER: : MALE
 Passenger 2 NAME: : 2
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4519999 - FAX NO: 65535679
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE ATTACHED DOCUMENTS

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
 Vehicle Make/Model/Colour
 Details Of Properties TAXI
 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 INJURED PERSON 1

Name QU HONGYU
Approximate Age
Injuries Sustain
Injured person in which vehicle? SML4521U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name JIANG TIAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SML4521U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name QU ZHENGLIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SML4521U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKELETON PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/11/2019 at about 1925 hrs. I was driving my vehicle bearing registration plate SML45214 along Ang Mo Kio Avenue 3 towards Ang Mo Kio Street 23 at the most right lane. I was stationary at the T-junction waiting to turn to street 23. After which my vehicle was hit from the rear and when I woke up, I discovered my vehicle at the other side of the lane and the whole vehicle was on the pathway.

Subsequently ambulances came to scene and conveyed me, my wife namely Jiang Tian, 58774538D and my 2 years old son namely Gu Zhenglin, T1706967A to the hospital.

to the hospital.
My wife and son were seated at the rear passenger seats at the point of time and
• my son was seated in a baby seat. TP came to scene and my in-car camera
was hand over to the police.

me and my wife was conveyed to Tan Tock Seng Hospital and I was hospitalised due to head injury. My 2 years old son was conveyed to KK hospital.

due to head injury. My 2 years old son was hospitalized in the hospital. I received 4 days hospitalization leave from 29/11/2019 to 02/12/2019. I received 4 days hospitalization leave from 02/12/2019 to 05/12/2019.

My wife received 4 days medical leave from 02/12/2019 to 05/12/2019

I wish to state that I have no idea how the accident happened.

DECLARATION

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

Policyholder's Signature 12 Dec 2019
Date & Time: 15:56

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

Reporting Centre Personnel's Signature
Name: DANIEL JUDE
NRIC/FIN NO.: SXXX1518D

Accident 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:

 02 Dec 2019
15:56

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

Reporting Centre Personnel's Signature
Name: DANIEL JUDE
NRIC/FIN NO.: SXXX1518D