

## 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	04/02/2020 14:18
Date Of Accident	03/02/2020 15:20
Exact Location Of Accident	KK WOMEN'S & CHILDREN'S HOSPITAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME418Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG GUO QIAN
NRIC No	SXXXX879C
Email Address	SUPPORT@REDPOWER.COM.SG
Mobile Phone No	(LOCAL) +65-96263470
Alternative Phone No	OFFICE-62596938

### Vehicle Particulars

Manufacturer	AUDI
Model	A6 1.8 TFSI S TRONIC
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	1800092412-01
Cover Note Number	

### Driver

Name of Driver	CHONG GUO QIAN
NRIC No	SXXXX879C
Date Of Birth	15/05/1983
Occupation	INDOOR
Date Of Driving Pass	17/09/2002
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96263470
Fax Number	
Contact Number	OFFICE-62596938
Email Address	SUPPORT@REDPOWER.COM.SG

Address	547 EAST COAST ROAD #05-17
Postcode	429073
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 - MAJOR/MINOR RD
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : ALFON CHANG GENDER: : MALE
Passenger 2	NAME: : CHRISTABELLE TEO GENDER: : FEMALE

#### 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 WAS DRIVING STRAIGHT AND A VEHICLE CAME OUT FROM MINOR ROAD AND HITTED MY CAR

#### 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	CHRISTABELLE TEO
Phone Number	91192033
Email Address	ACCOUNTS@REDPOWER.COM.SG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ7309K
Vehicle Make/Model/Colour	JAGUAR DARK BLUE
Details Of Properties	PRIVATE CAR
Vehicle Category	PRIVATE CAR

Name of Driver	LAI JUEN BIN
NRIC/Passport Number	SXXXX746Z
Contact Number	81256507
Address	2A LINCOLN ROAD #28-08
Postcode	308384
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
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: 4/2/20

11:15am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

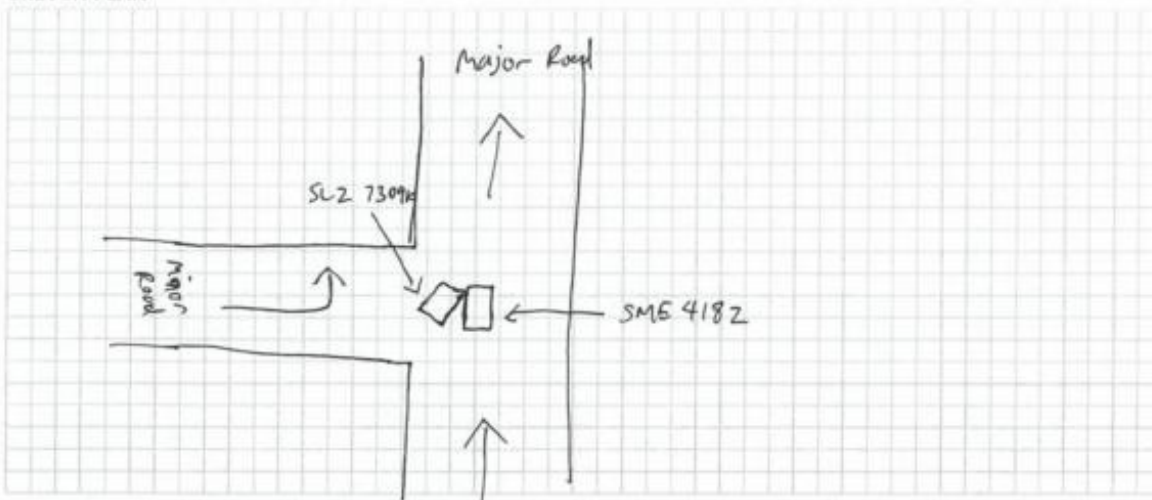
Reporting Centre Personnel's Signature

Name: Lim Kok Seng

NRIC/FIN No.: 999999999999

### Sketch Plan #2

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving straight and a vehicle came out from minor road and hit my car.

## DECLARATION

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

Policyholder's Signature

Date & Time: 4/2/20

11-15mm

GIARNC SketchForm V3

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name: Lim Kee Seng

NRIC/FIN No.: 665236924

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



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Accident Photo





## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MPA120015691 Vehicle Registration No: SME 418 Z  
Name(as shown in NRIC) : Chong Guo Qian (Zhang Guoqian) NRIC/FIN/Passport No : 58313879 C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 547 East Coast Road H05-17 Singapore(429073)  
Contact (Tel) : 62596938 Mobile No.: 96263470  
Email Address : Support@radpower.com.sg  
Date of Accident : \_\_\_\_\_ Time of Accident : 15:20  
Place of Accident : KK Women's & children's hospital  
Insurance Company: AIG

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend postal code and date of accident

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: Wu Kuo Sun  
NRIC/FIN No.: 98562569  
Date: 4/2/2020