

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	01/07/2020 16:21
Date Of Accident	30/06/2020 05:30
Exact Location Of Accident	8A ADMIRALTY STREET CARPARK ENTRANCE/EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4080D
Insured/Policyholder	
Name Of Registered Owner	MAJULAH CAR LEASING PTE LTD
Co Reg No	2XXXXX815C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98295439
Alternative Phone No	OFFICE-98295439

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NO
Policy Number	999993824
Cover Note Number	

Driver

Name of Driver	ZHENG JUNYI CALVIN
NRIC No	SXXXX022J
Date Of Birth	15/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2019
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98295439
Fax Number	
Contact Number	OTHERS-98295439
Email Address	NOEMAIL

Address	BLK 67 MARINE XDRIVE #05-208
Postcode	440067
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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: : DAVID POH GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT L/20200630/7041

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	SKU4793C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	91135878

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ZHENG JUNYI CALVIN
Approximate Age	
Injuries Sustain	NECK,BACK AND CHEST PAIN
Injured person in which vehicle?	SLW4080D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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7. 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:
 - (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.

*



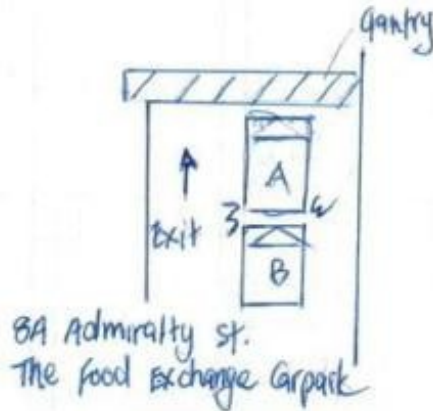
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



(A) SLW4080D
(B) SKU 4793C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/06/2020 at about 17:35, I was driving my vehicle (A) along 8A Admiralty St. While when I driving out from the carpark, I was stopped my vehicle before carpark going and waiting in front car moving out. Suddenly I felt an impact from my vehicle's behind. after accident happen, I alighted and noticed that the vehicle (B) hitled onto my vehicle's rear portion.

(A) SLW4080D

(B) SKU 4793C

POLICE REPORT 4/20200630/7041

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



L/20200630/7041

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POLICE REPORT (NP299)

Report No. L/20200630/7041

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4660000

Date/Time Report Made 30/06/2020 20:55	Vide Report No.	Station Diary No.
Name Of Informant ZHENG JUNYI CALVIN	Address APT BLK 67 MARINE DRIVE #05-208 SINGAPORE 440067	
ID Type / ID No. NRIC NO / S9137022J	Contact No. Home/Office:	Mobile: 98295439
Nationality SINGAPORE CITIZEN	Email Address calvinzheng91@gmail.com	
Occupation GRAB DRIVER	Sex Male	Age 28
Institution/School Name	Date of Birth 15/10/1991	Race Chinese
Date/Time Of Incident 30/06/2020 05:30	Location Of Incident 8A ADMIRALTY STREET FOOD XCHANGE @ ADMIRALTY SINGAPORE 757437	

Brief details.

on the mention date and time i was in my vehicle SLW4080D. i was moving out of the gantry suddenly i felt an impact from my rear i alighted and saw vehicle 3KU4793C have rear ended my vehicle.

as i have passager onboard so after exchange particulars i still proceed on to my passager location at bedok. when i have arrive customers location i felt my neck chest back discomfort i when to near by clinic unihealth (bedok) to seek for medical check i was given 5 day of mc.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2020 20:55
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



L/20200630/7041

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200630/7041

Subjects Involved			
Victim			
Person Name	ZHENG JUNYI CALVIN		
ID Type	NRIC NO	ID No	S9137022J
Gender	Male	Age	28
Race	Chinese	Language	English
Occupation	GRAB DRIVER	Address Type	
Address	APT BLK 67 MARINE DRIVE		Mobile No
	#05-208 SINGAPORE 440067		98295439
Is Informant A Victim?	Yes		
Person Name	ZHENG JUNYI CALVIN (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	30/06/2020 20:55
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

