

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	27/08/2020 16:22
Date Of Accident	27/08/2020 12:00
Exact Location Of Accident	ALONG CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4264Z
Insured/Policyholder	
Name Of Registered Owner	CAI ZHIBING
NRIC No	SXXXX046B
Email Address	ZHIBING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81880201
Alternative Phone No	OFFICE-81880201

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SPORTSBACK 1.0 TF
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?	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	2100502195-03
Cover Note Number	

Driver

Name of Driver	CAI ZHIBING
NRIC No	SXXXX046B
Date Of Birth	23/01/1987
Occupation	INDOOR
Date Of Driving Pass	30/05/2006
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81880201
Fax Number	
Contact Number	OFFICE-81880201
Email Address	ZHIBING@GMAIL.COM

Address	328 SEMBAWANG CRESCENT #15-08
Postcode	750328
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 - HEAD TO REAR
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?	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)	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 POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY5924B
Vehicle Make/Model/Colour	MERC E300
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 INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJY5924B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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:

27/8/20
1555pm

GIA/IMC SketchPlanForm_V3

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



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

62040107K

Please refer to the Police report.

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



POLICE FORCE

1/20200827/2095

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No: T/20200827/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2020 17:08		Vide Report No.: F/20200827/0095		Station Diary No.: 114
Informant's Particulars				
Name of Informant: CAI ZHIBING		Address: APT BLK 328 SEMBAWANG CRESCENT #15-08 SINGAPORE 750328		
ID Type / ID No.: NRIC NO / S9772046B		Contact No.: Home/Office: Mobile: 81880201		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 33	Date of Birth: 23/01/1987	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury: Attended by Police	Drink Drive: No	Date/Time of Accident: 27/08/2020 12:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJY5924B					Slightly Damaged	0
SLL4264G					Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



SINGAPORE
POLICE FORCE



T/20200627/2095

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
568929
Tel No: 1800-4519999

3 of 3

Report No: T/20200627/2095

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report
F /
Sgt 3 MASHIDAYAT BIN MASZENI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/08/2020 17:06

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMED FERQZ BIN HUSSIEN
Contact No : 65476206

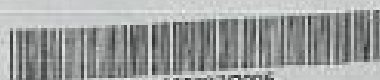
Classification Of Case:

Authentication Stamp
XP105

Police Report



**SINGAPORE
POLICE FORCE**



T/20200627/2095

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569829
Tel No: 1800-4519989

Report No: T/20200627/2095

CONTINUATION OF REPORT

Name	Unknown <i>B Sujatha</i>	ID No.	AHE 50155604E
Related Vehicle	SJY5924B	Contact No.	AHE 9654610
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver:			
Name	CAI ZHIBING	ID No.	S8772046B
Related Vehicle	SLL4264G	Contact No.	81880201
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/06/2020 at about 12pm, I was driving my car, SLL4264G, at the first lane along CTE. Suddenly, one car from the second lane, SJY5924B, signaled to switch onto my lane. I then allowed the car to filter onto my lane. At about 30 seconds, the car then jam break, which did not gave me enough time to break thus my front collided with its rear. We both stopped our car and I then went to the car ahead to check the drivers well-being. Suddenly, two private car came and they shared to us what to do. I do not know their vehicle numbers of these private cars and I am not sure if they witness the accident or not. The driver for SJY5924B, a lady, B SUJATHA, S0155604E, 98854610 then claimed that her neck is in pain and we exchanged particulars.

The lady then called for ambulance and we were attended by LTA, TP and ambulance. The TP officer then provided me a NP323 as she wanted to seize the one 128GB Samsung evo plus micro SD card for investigation reference F/20200627/0095, from my car camera. The two private cars were asked to leave before the lady was conveyed by ambulance. I am making this report as instructed by TP.