SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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.

archiving and that copies of this report will, for a fee, be made avai 7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	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	S8772046B
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	S8772046B
Date Of Birth	23/01/1987
Occupation	INDOOR

30/05/2006

14 YEARS AND 2 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-81880201

Fax Number

Contact Number OFFICE-81880201

EMail Address ZHIBING@GMAIL.COM

328 SEMBAWANG CRESCENT Address

#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

NO

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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

PRIVATE CAR 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

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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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:
 - 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.

X

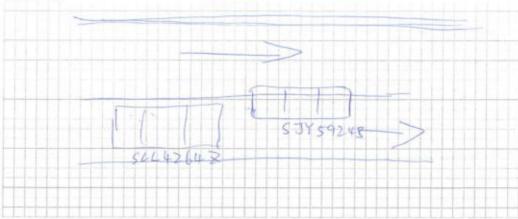
Policyholder's Signature Date & Time:

> 27/8/20 1555 pm

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: Tom From

NRIC/FIN NO .: 620 YDIATK

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	refer	to	the	Police	report.

DECLARATION

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

Policyholder's Signature Date & Time: 27 / 1/20 - 1555 p.x.

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

Reporting Centre Personnel's Signature
Name: Tony 15-16,
NRIC/FIN No.: 472041474













































Police Report

Type of Accident. Attended by Police Drive: Accident: 27/08/2020 12:00 Straight Road Accident: 27/08/2020 12:00 Straight Road 27/08/2020 12:00 Straight Roa	569929 Tel No: 180	Kio Aw 00-4519	enue 3 ! 1999	SINGAPORE					Report	No. T/20200827/209		
Informant's Particulars Name of Informant Name of Informant Name of Informant Name of Informant Address APT BLK 328 SEMBAWANG CRESCENT #15-08 SINGAPORE 750328 ID Type / ID No.: NRIC NO / S8772046B HomerOffice Nationality Sex: Age: Date of Birth: Type of Informant Marke 33: 23/01/1987 Race. Language: Institution / School Name: English Cocupation: Driving Licence Information SELF-EMPLOYED General Information of the Accident Type of Injury Attended by Pelios Drive: Accident: Attended by Pelios Location: CENTRAL EXPRESSWAY Weather: Clear Cried Control Cies Co	The second second second			DENT	Vide	Report No.	-		181	ation Diany No		
Name of Informant. CAI ZHIBING APT BLK 328 SEMBAWANG CRESCENT #15-08 SINGAPORE 750328 ID Type / ID No.: NRIC NO / 58772046B Nationality SINGAPORE CITIZEN Sex: Age: Date of Birth: Mare 33: 23/01/1987 Race. Chinese C												
CAI ZHIBING APT BLK 328 SEMBAWANG CRESCENT #15-08 SINGAPORE 750328 Contact No.: NRIC NO / S87720468 Nationality. Sex: Age: Date of Birth: Type of Informant: Mare 33 23/01/1987 Race. Language: Institution / School Name: English Occupation: Driving Licence Information SELF-EMPLOYED Class: 2B, 2A, 3 Date of Exptry Centeral Information of the Accident Type of Accident: No. 27/08/2020 12:00 Central EXPRESSWAY Veather: Road Surface: Dry Veather: Dry Traffic Flow: One Way Type of Collision: Between Moving Vehicles - Head To Rear Details of Vehicle Involved Vehicle No. Type Make Model Color Candition No of Passeng Surfaces Details of Vehicle Involved Vehicle No. Type Make Model Color Candition No of Passeng Surfaces Details of Person Involved Venicle No. Type Make Model Color Candition No of Passeng Surfaces Details of Person Involved Venicle No. Type Make Model Color Candition No of Passeng Surfaces Details of Person Involved Venicle No. Type Make Model Color Candition No of Passeng Surfaces Details of Person Involved Venicle No. Type Make Model Color Candition No of Passeng Surfaces Details of Person Involved Venicle No. Type Make Model Color Candition No of Passeng Surfaces Details of Person Involved Venicle No. Type Make Model Color Candition No of Passeng Surfaces Details of Person Involved Venicle No. Type Make Model Color Candition No of Passeng Surfaces Details of Person Involved Venicle No. Type Make Model Color Candition No of Passeng Surfaces Details of Person Involved Venicle No. No. Demanded Surfaces Details of Person Involved No.												
NRIC NO / S8772046B HomerCritice: Mobile: 81880201 Nationality: Email: SinGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Driver Race: Language: Institution / School Name: English Occupation: Driving Licence Information SELF-EMPLOYED: Driver General Information of the Accident: Type of Location Type of Accident: Injury Attended by Police Drive: Accident: No. 27/08/2020 12:00 CENTRAL EXPRESSWAY Weather: Road Surface: Dry Type of Collision: Traffic Control: One Way Not Controlled Traffic Flow: Not Controlled Light Type of Collision: Between Moving Vehicles - Head To Rear Details of Vehicle Involved Vehicle No. Type Make Model Color Candition No of Passeng Sur5924B SLL4264G Details of Person Involved Very Pedestrian Involved: No Details of Person Involved Very Pedestrian Involved: No	CAI ZHIBI	NG	r.		APT	BLK 328 SE		G CRESC	ENT #15	5-08		
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Police Report

44	T/20200527/2095
Police Station Of Origin:	3 of
Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE	Report No. 1/20/2006/27/25
DOUBES	CONTINUATION OF REPORT
Tel No: 1800-4519999	SUB-INDATION OF REPORT
Sketch Plan	
Informant is not able to provide skatch plan	
IMPORTANT: Please attach a copy of your	vehicle's insurance Certificate to this report, if you don't h
IMPORTANT: Please attach a copy of your the certificate with you now, please tax a co	vehicle's Insurance Certificate to this report, if you don't h py to 65474885 stating the report number as reference.
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Police Report



Police Station Of Origin. Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 559829 Tel No. 1800-4518999

Trg0200827/2095

Report No. T/20200637/2096

CONTINUATION OF REPORT

Name	Llaknoviii & Sujullin		ID No.	AHE SO1556045	
Related Vehicle	SJY5924B		Contact No. 14th 9 WoS 4110		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Explry: NIL And the You Speeds NICC	
Date Treatment	NIL	Date Disch	narge NIL	A STATE OF THE PARTY OF THE PAR	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury Sigh	NI .	
Driver					
Name	CAI ZHIBING		ID No.	S8772046B	
Related Vehicle	SLL4264G		Contact No.	81880201	
Hospital/Clinic	NiL		Class of Driving Licence & Expiry Date	Class: 28,2A,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc!	harge NIL		
No of Dave pres	nted Madical Leave NiL	Degree of	Injury NIL		

Brief Details.

On 27/06/2020 at about 12pm, I was driving my car; SLL4264G, at the first tane along CTE. Suddenly, On 27/06/2020 at about 12pm, I was driving my car; SLL4264G, at the first tane along CTE. Suddenly, one car from the second tane, SJY5924B, signaled to ewitch one my lane. I then allowed the car to fitter onto my lane. At about 30 seconds, the car then jam break, which did not gave me enough time to break those my front collided with its rear; We both stapped our car and I then went to the car shead to check the drivers well-being. Suddenly, two private car came and they shared to us what to do. I do not know their drivers well-being. Suddenly, two private care and I am not sure if they witness the accident or not. The driver for SJY5924B, a lady, B SUJATHA, S0155604E, 98654610 than 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 then provided me a NP323 as she wanted to seize the one 128GB Samsung evo plus micro SD card for then provided me a NP323 as she wanted to seize the one 128GB Samsung evo plus micro SD card for then provided me a NP323 as she wanted to seize the one 128GB Samsung evo plus micro SD card for the lady was conveyed by ambulance. I am making this report as instructed by TP.