

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	17/09/2020 13:24
Date Of Accident	17/09/2020 07:00
Exact Location Of Accident	CHOA CHU KANG TERRACE (CCK AVE 3)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML6910S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW ENG CHOO
NRIC No	SXXXX890G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90103415
Alternative Phone No	OFFICE-90103415
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900103588
Cover Note Number	
<b>Driver</b>	
Name of Driver	ZHANG RUISENG LEWIS
NRIC No	SXXXX848H
Date Of Birth	31/07/1988
Occupation	INDOOR
Date Of Driving Pass	02/05/2014
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96753072
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 485B CHOA CHU KANG AVE 5 #16-120
Postcode	682485
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 ON COLLISION
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : PHAY AI XUAN CELESTINE GENDER: : FEMALE
Passenger 2	NAME: : ZHANG ZI WING SHAYMIN 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 TRAVELLING ALONG CHOA CHU KANG TERRACE ALONG CHOA CHU KANG AVE 3 ON SINGLE LANE. MY VEHICLE SLOWED DOWN INTEND TO TURN RIGHT INTO SUNSHINE PLACE CARPARK. SUDDENLY, I FELT A STRONG IMPACT ON MY RIGHT SIDE. WHEN I STEP DOWN FROM MY VEHICLE, I REALISED VEHICLE B HIT ONTO MY VEHICLE RIGHT HAND PORTION. AND THE DRIVER OF VEHICLE B LANDED NEAR TO THE CARPARK ENTRANCE. I IMMEDIATELY CALLED AN AMBULANCE AND CHECK ON VEHICLE B DRIVER CONDITION. HE WAS CONSCIOUS. WHEN THE AMBULANCE CAME, HE SAID HE DONT WANT TO GO HOSPITAL. SO THE PARAMEDIC CLEAN UP AND BANDAGE HIM. HE IS ABLE TO WALK. BOTH ME AND MY WIFE WEAR SAFETY BELT.

#### 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	FBP8964H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	MOTORCYCLE
Name of Driver	

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

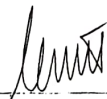
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.
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/email 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:

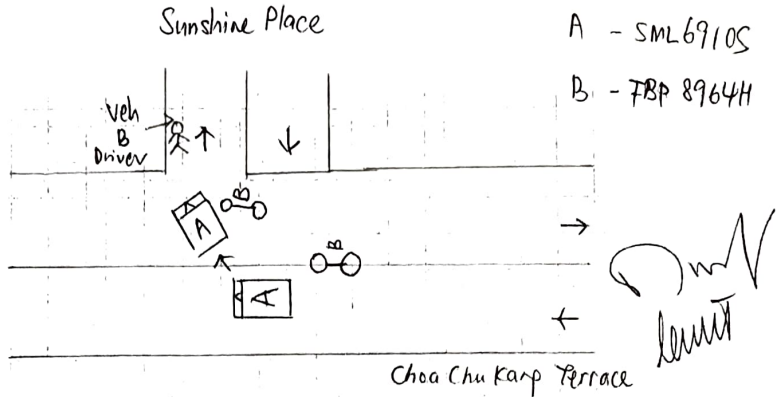
Reporting Centre Personnel's Signature  
Name:  
NEIC/PII No.:

*CAS GARNER*

Sketch Plan #2 Pg. 1

SKETCH PLAN

Choa Chu Karp  
Ave 3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Choa Chu Karp Terrace towards Choa Chu Karp Ave 3 on single lane. My vehicle slowed down intend to turn right into Sunshine Place carpark. Suddenly I felt an strong impact on my right side. When I step down from my vehicle I realised vehicle B hit onto my vehicle right hand portion. And the driver of vehicle B landed near to the carpark entrance. I immediately call an ambulance and check the vehicle B driver condition. He <sup>was</sup> conscious. When the ambulance came, he said he don't want to go hospital. So the paramedic clean up & bandage him. He is able to walk. Both me and my wife wear safety belt. Linnit

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/PRN No.: