

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	24/09/2020 17:25
Date Of Accident	24/09/2020 12:55
Exact Location Of Accident	HAVELOCK RD TWDS UPPER PICKERING STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKR2958Z
Insured/Policyholder	
Name Of Registered Owner	ZHANG PENG
NRIC No	S7683995F
Email Address	ZHPN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98710736
Alternative Phone No	Office-98710736

Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA 4D-2.0 I-S EYESIGHT AWD CVT (A)
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?	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	1800135302-01
Cover Note Number	

Driver	
Name of Driver	ZHANG PENG
NRIC No	S7683995F
Date Of Birth	30/06/1976
Occupation	INDOOR
Date Of Driving Pass	29/11/2005
Driving Experience	14 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98710736
Fax Number	
Contact Number	OFFICE-98710736
E-Mail Address	ZHPN@HOTMAIL.COM
Address	APT BLK 49 STRATHMORE AVENUE #03-209
Postcode	140049
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 - CHANGE/CROSS LANE
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?	
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)	2
Passenger 1	Name: : WANG GEN RONG 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?	

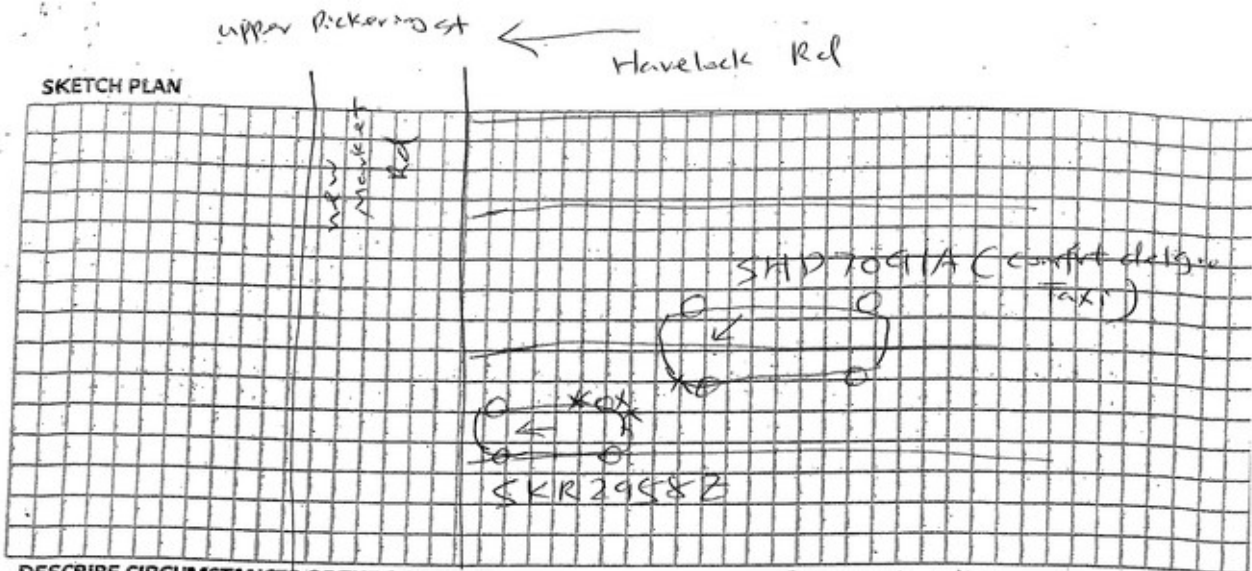
Circumstances of Accident

KINDLY REFER TO SKETCH PLAN

Attachment(s)

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

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

from right side.

on 24/09/20, around 12:54pm, I was on 3rd lane of Havelock Rd towards Upper Pickering St before New Market Rd in front of MOM building, a Comfortdelgro blue Toyota Taxi suddenly changed from his 2nd lane from right to my 2nd lane from right & hit my car's right rear door & right rear bumper. Both cars stopped & both drivers got out of cars to inspect the damages. No injury was reported. I noticed dents & scratches on my car's right rear door, right rear fender wall & right rear bumper & gaps noted at the door & bumper jointed areas. I noticed the scratches on the taxi's left front bumper. Both drivers took photos of the scene & the cars, then drove to New Market Rd & stopped at its roadside to exchange particulars & HP numbers. (videos & photos taken)

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

<input type="checkbox"/>	- Reporting Only
<input checked="" type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input type="checkbox"/>	- Claim OD/ TP at other workshop

DECLARATION

^WE declare the foregoing particulars are true in every respect.

Policyholder's signature

Date & Time

24/09/20
15:23

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Denik Leong

Nric/Fin No.



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:

24-24/10/20
15:23

4-PAC SketchPlanForm_v3

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

Reporting Centre Personnel's Signature
Name: Dennis Leong
NRIC/FIN No.:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

