

# 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 Submission .....	09/11/2020 09:46 (SGT)
Date of Accident .....	07/11/2020 11:45 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	PIE(TOWARDS CHANGI AIRPORT)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMF5164S
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GUO HUAWEI
NRIC No .....	SXXXX329D
Email Address .....	GHWDAVID@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91260329
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	Q5
Variant .....	-
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
Vehicle Category .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	AIG
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	1800135802-02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	GUO HUAWEI
NRIC No .....	SXXXX329D
Date Of Birth .....	22/01/1971
Occupation .....	Indoor

Date Of Driving Pass .....	25/08/2016
Driving experience .....	4 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91260329
Alt. Phone Number .....	-
Email Address .....	GHWDAVID@GMAIL.COM
Address .....	11 JURONG LAKE LINK #09-37 LAKEVILLE
Address complement .....	-
Postcode .....	648155
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	HE XIN
Gender .....	Female

#### PASSENGER 2

Name .....	GUO ZIGANG
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT NO. T/20201107/2065.

#### 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 .....	SLD6163K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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/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: 7/11/2020 @ 18:00

Driver's Signature

(If driver is not the policyholder)

Date & Time:

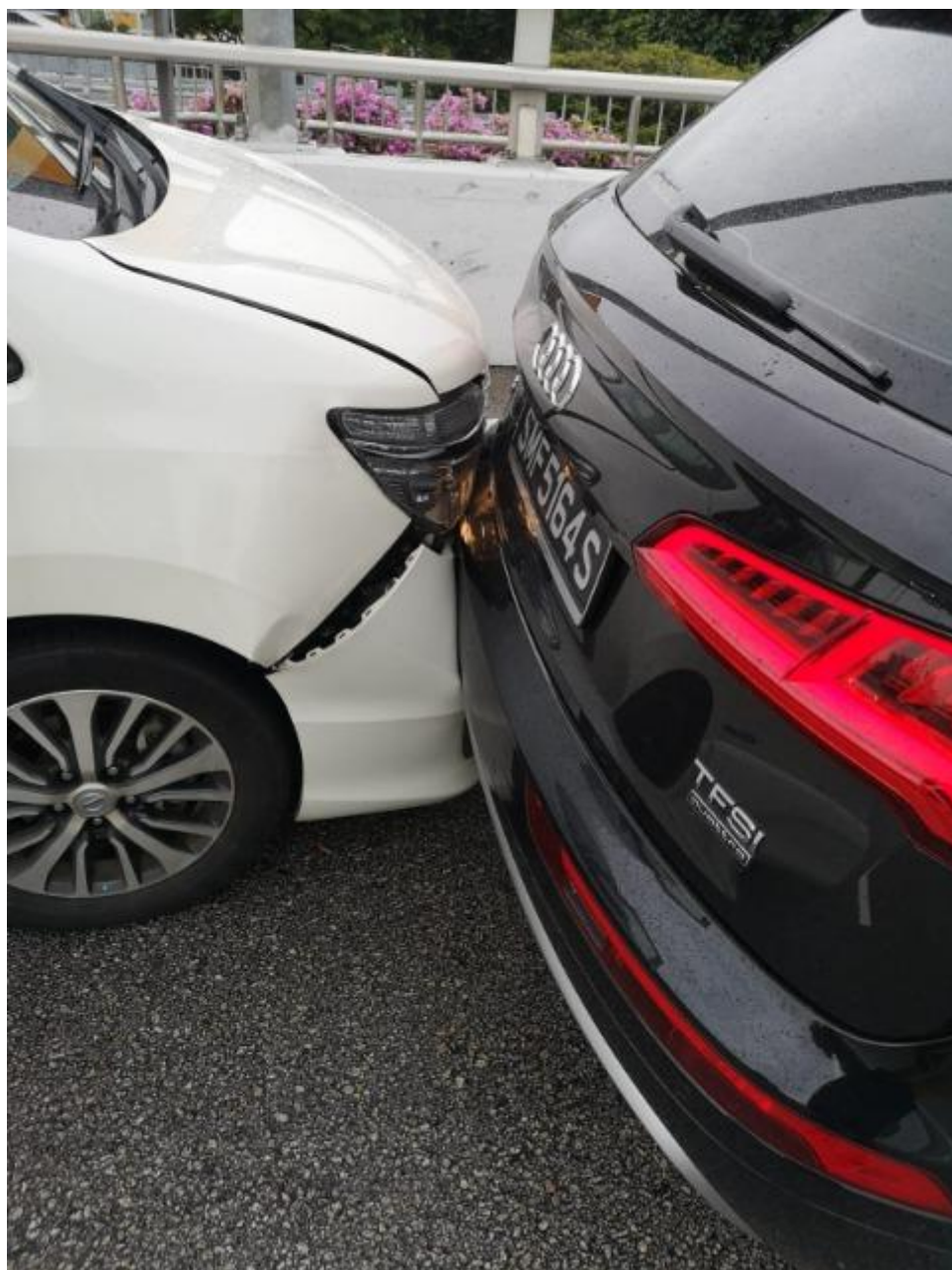
Reporting Centre Personnel's Signature

Name: Raymond Ting Sing Wei

NRIC/FIN No.: 4XXXX10X

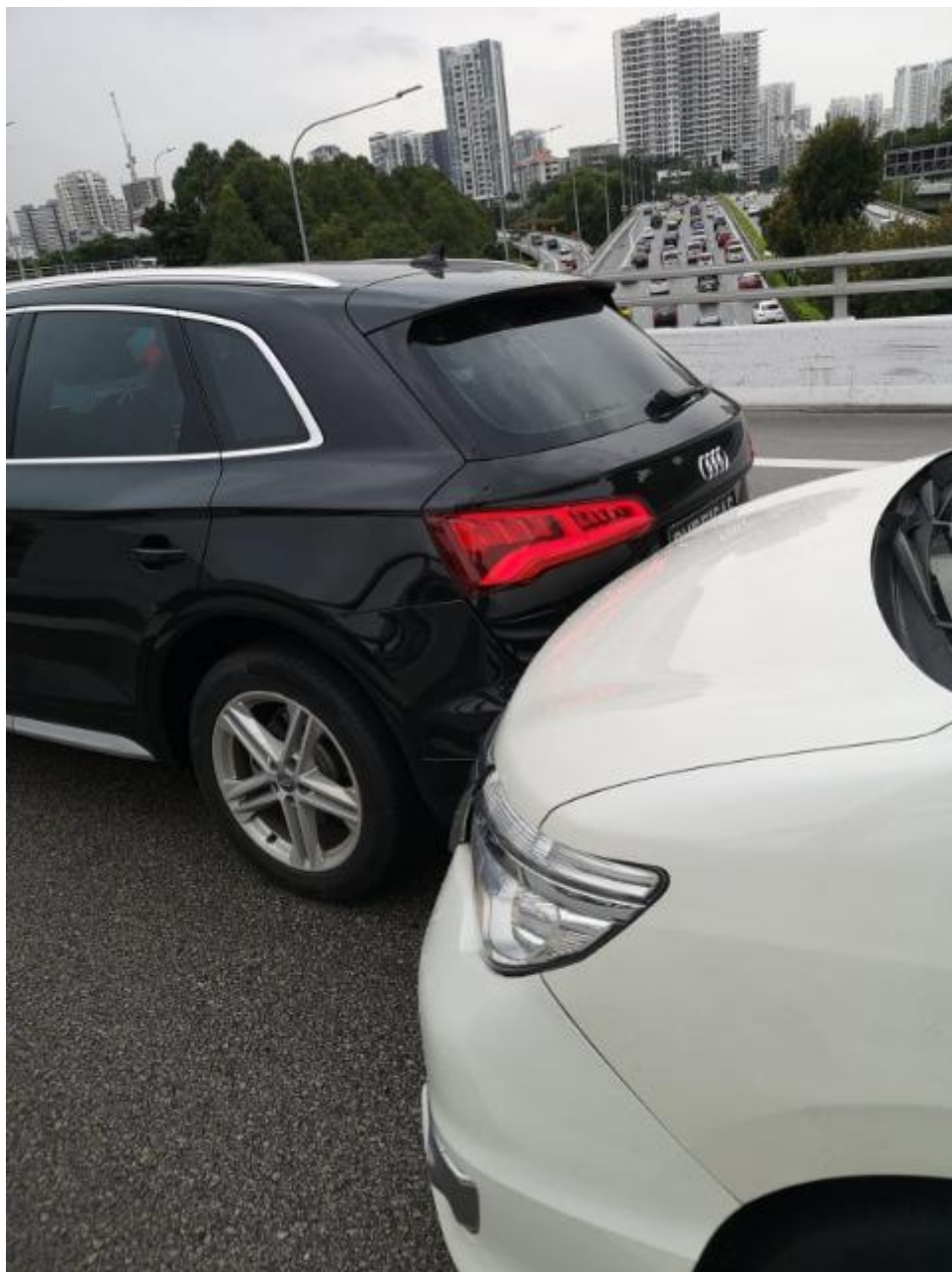














































































































SINGAPORE POLICE FORCE		T/20201107/2065				
Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999		1 of 3 Report No. T/20201107/2065				
<b>REPORT OF A TRAFFIC ACCIDENT</b>						
Date/Time Report Made: 07/11/2020 15:45		Vide Report No.:	Station Diary No.: 86			
<b>Informant's Particulars</b>						
Name of Informant: GUO HUAWEI		Address: 11 JURONG LAKE LINK #09-37 SINGAPORE 648155				
ID Type / ID No.: NRIC NO / S7189329D		Contact No.: Home/Office: Mobile: 91260329				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 49	Date of Birth: 23/01/1971	Type of Informant: Driver			
Race: Chinese		Language:	Institution / School Name:			
Occupation: MANAGER		Driving Licence Information: Class: 3 Date of Expiry:				
<b>General Information of the Accident</b>						
Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/11/2020 11:40			
Type of Location: Flyover		Location: CENTRAL EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	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: No				
<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLD6163K	Car	NISSAN	SERENA 2.0G S-HYBRID A	White	Slightly Damaged	0
SMF5164S	Car	AUDI	Q5 SPORT 2.0 TFSI QU S TRONIC	Black	Slightly Damaged	2
<b>Details of Vehicle Insurance</b>						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		





**SINGAPORE  
POLICE FORCE**



T/20201107/2065

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649618  
Tel No: 1800-2689999

2 of 3  
Report No. T/20201107/2065



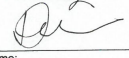


**CONTINUATION OF REPORT**


Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMF5164S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800135802-01	15/11/2019	14/11/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YANG	ID No.	NIL
Related Vehicle	SLD6163K (Car)	Contact No.	96426580
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	NIL
Driver			
Name	GUO HUAWEI	ID No.	S7189329D
Related Vehicle	SMF5164S (Car)	Contact No.	91260329
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 07/11/2020 at about 1140hrs, I was driving my vehicle SMF5164S along PIE towards Changi Airport. At the point of time, my location was at flyover and there is a motorcycle riding beside me. It was a right bend and suddenly the said motorcycle fell down due to the wet surface of the road. He motorcycle slide in front of my vehicle and I applied e brake to prevent any collision. Thus, there was a vehicle SLD6354K driving behind me could not stop in time and collided onto my vehicle. I alighted and made a check on my vehicle and discovered that my rear bumper was damaged. The other party called the police and after awhile, the ambulance and traffic police arrived at scene. The motorcyclist was conveyed by the ambulance to the hospital. Traffic police seized my in car camera SD card and advised me to lodge a report pertaining to this accident.

 <b>SINGAPORE POLICE FORCE</b>		 T/20201107/2065
Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999		3 of 3 Report No. T/20201107/2065
CONTINUATION OF REPORT		
<b>Sketch Plan</b> Informant is not able to provide sketch plan		
<p>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 <u>report number</u> as reference.</p>		
Signature Of Officer Recording The Report: J / Sgt 1 LIM FANG JIE	Signature Of Informant: 	Date/Time: 07/11/2020 15:45
Signature Of Interpreter: Not applicable	Classification Of Case:	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476200 SN 126		
 Signature : 		

 **GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #12-00 Singapore 048560  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
URL: [www.siaa.org.sg](http://www.siaa.org.sg) / SGT Reg. No.: M40001733

**IMPORTANT NOTE:** Please submit the completed Addendum form to the siaa Authorised Reporting Centre with whom you submitted the Original Report.


**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MPA120098454 Vehicle Registration No: SMF5164S  
Name (as shown in NRIC) : GUO HUAWEI NRIC/FIN/Passport No : SXXXX329D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 91260329  
Email Address : GHWDAVID@GMAIL.COM  
Date of Accident : 07/11/2020 Time of Accident : 11:45  
Place of Accident : PIE (TOWARDS CHANGI AIRPORT)  
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**  
I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:  
TO CONVERT REPORT FROM THIRD PARTY CLAIM TO CLAIM OWN INSURANCE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

  
Reporting Centre Personnel's Signature  
Name: Wong Fung  
NRIC/FIN No.: SXXXX497C  
Date: 11/11/21

GMNUT addendum form V3