VERSION: 1 (18/01/2021 11:58 (SGT))

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 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.
- 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 18/01/2021 11:58 (SGT) Date of Accident 16/01/2021 16:00 (SGT) Exact Location of Accident Commonwealth Ave W, West Park, Singapore Additional Location Information COMMONWEALTH AVE WEST Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Subaru

Vehicle Registration Number SMA1031U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **ZHANG LIN** NRIC No S7381163E Email Address zhanglin@hotmail.com Mobile Phone No (Phone) +65-87987621 Alternative Phone No +65-87987621

VEHICLE PARTICULARS

Model Forester 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

Manufacturer

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 1800061259-02 Cover Note Number

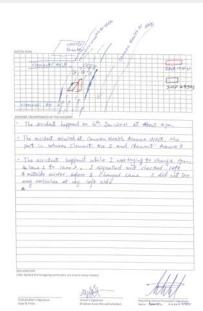
DRIVER

Name of Driver **GAO YUN** NRIC No S7480556F Date Of Birth 29/07/1973 Occupation Indoor

Date Of Driving Pass 21/11/2009 Driving experience 11 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-87987621 Alt. Phone Number Email Address zhanglin@hotmail.com Address BLK 818 CHOA CHU KANG AVE 1 #15-136 Address complement Postcode 683818 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Spouse 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER ATTACHED 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 | 02000 |
|--|--|
| Vehicle Manufacturer | Hyundai |
| Vehicle Model | |
| Vehicle Variant | . <u>-</u> |
| Vehicle Colour | . - |
| Vehicle Category | Taxi |
| Name of Driver | CHUA LIM SHY ANG |
| NRIC No | S7637243H |
| Contact Number | (Phone) +65-91284956 |
| Address | . - |
| Address complement | <u>-</u> |
| Postcode | . - |
| Vehicle Variant Vehicle Colour Vehicle Category Name of Driver NRIC No Contact Number Address Address complement | - Taxi - CHUA LIM SHY ANG - S7637243H - (Phone) +65-91284956 |

| Insurance Company Name | - |
|---|------------------|
| Nature Of Damage | SLIGHT DANAGE |
| Details of property damaged in accident | RIGHT HAND FRONT |
| No. Of Passenger (Including Driver) | _ |



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2. This Parts must be completed to the Policyholder and in the Authorities Drives.

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9. Conseed ander the Personal Date Protection Act (PCP)

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