

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 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

Vehicle Registration Number SMA1031U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GAO YUN
NRIC No S7480556F
Email Address zhanglin@hotmail.com
Mobile Phone No (Phone) +65-87987621
Alternative Phone No +65-87987621

VEHICLE PARTICULARS

Manufacturer Subaru
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

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800061259-02
Cover Note Number -

DRIVER

Name of Driver ZHANG LIN
NRIC No S7381163E
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?	No
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	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)	1
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

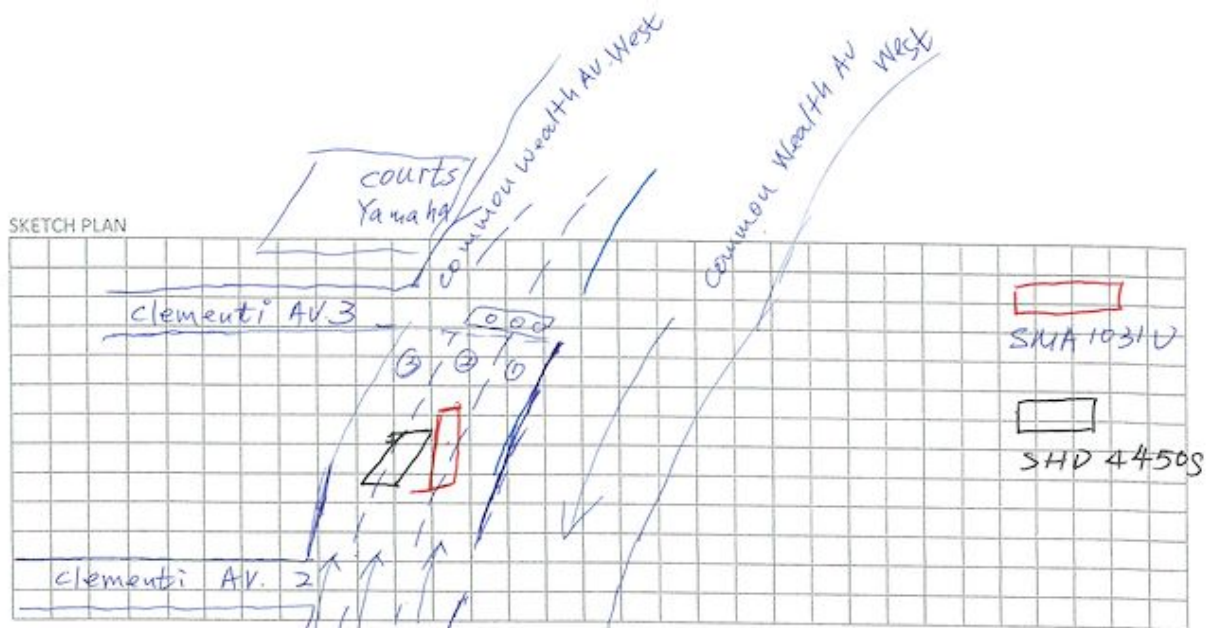
ATTACHMENT(S)

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	SHD4450S
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHUA LIM SHY ANG
NRIC No	S7637243H
Contact Number	(Phone) +65-91284956
Address	-
Address complement	-
Postcode	-

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- The accident happened on 16th Jan-2021 at about 4pm.
- The accident occurred at Commonwealth Avenue West, the part in between Clementi Ave 2 and Clementi Avenue 3
- The accident happened while I was trying to change from lane 1 to lane 2. I signalled and checked left & outside mirror, before I changed lane. I did not see any vehicles at my left side.

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)

Reporting Centre Personnel's Signature
Name: DANIEL CXXX 518D

SKETCH PLANIMPORTANT NOTICE

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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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18-Jan-2021

Reporting Centre Personnel's Signature
Name: DANIEL
NRIC/FIN NO.: SXXXX 518D













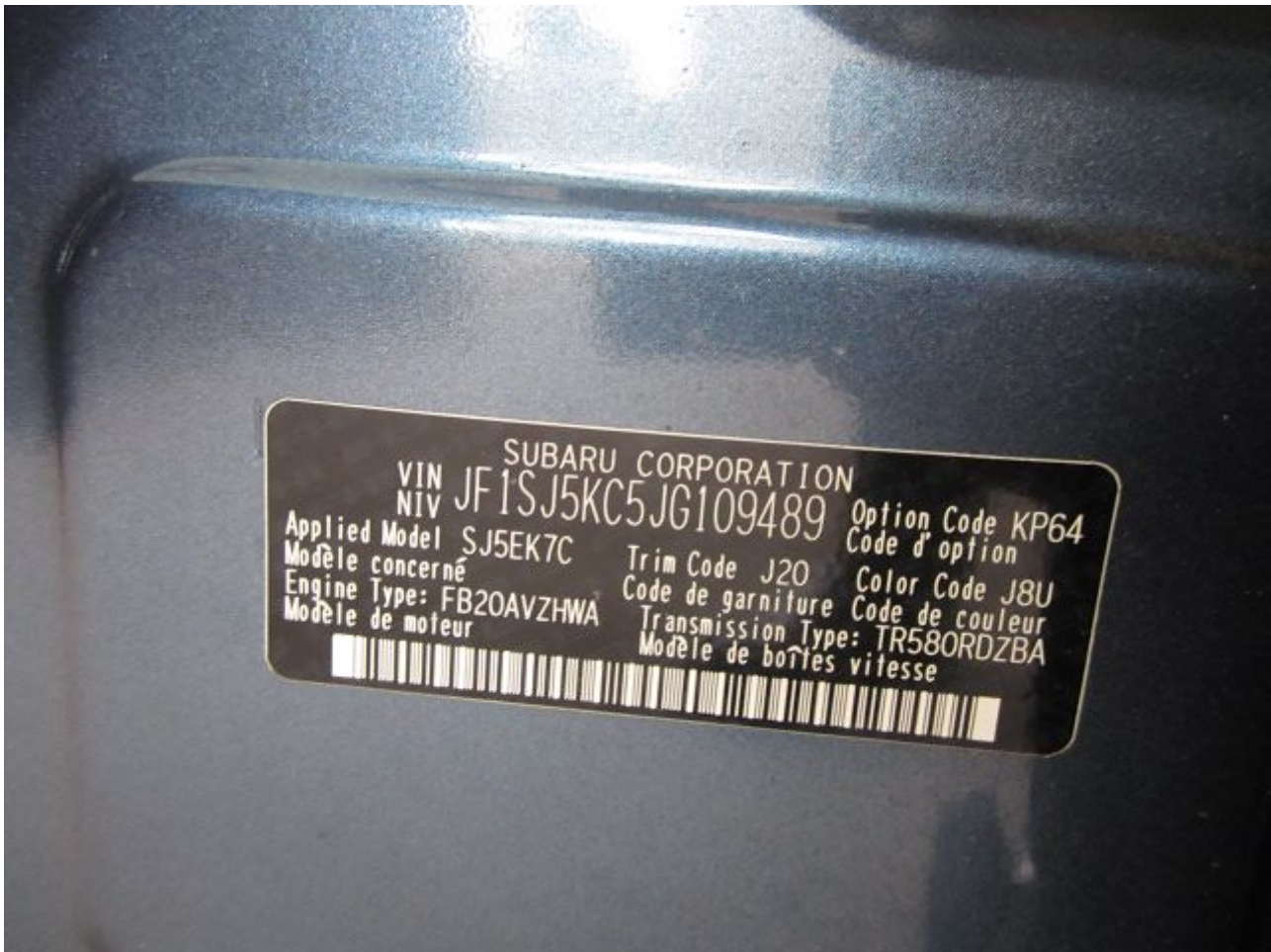




































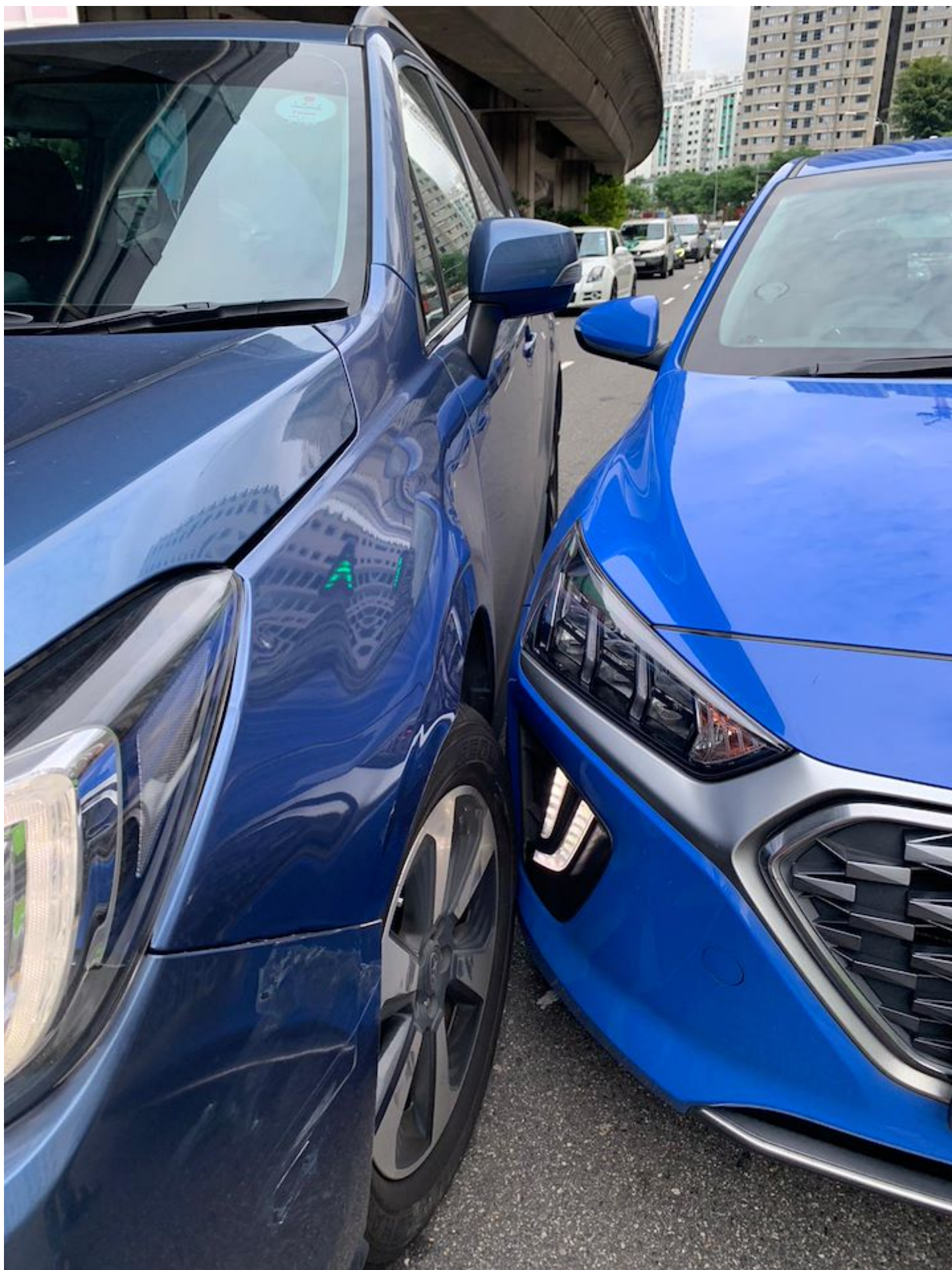




















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SMON21110002 Vehicle Registration No: SMA 1031 U
Name (as shown in NRIC) : GAO YUN NRIC/FIN/Passport No : 87480556 F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 818 C CHOA CHU KANG AVE 1 Singapore (683818)
Contact (Tel) : _____ Mobile No. : 97320938
Email Address : zhonglin@hotmail.com
Date of Accident : 16/01/2021 Time of Accident : 1600 HRS
Place of Accident : COMMONWEALTH AVE WEST
Insurance Company : AIG

(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 AMEND DRIVER NAME AND OWNER NAME

Policyholder / Driver's Signature
Date:

lomen
Reporting Centre Personnel's Signature
Name: lomen
NRIC/FIN No.: 88101381 F
Date: 20/01/2021