

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 25/03/2021 18:19 (SGT)
Date of Accident 24/03/2021 21:50 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY6699J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIU ZHIHAO
NRIC No SXXXX835C
Email Address SALES@83TECHGP.COM
Mobile Phone No (Phone) +65-96616910
Alternative Phone No +65-96616910

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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070125648
Cover Note Number -

DRIVER

Name of Driver LIU ZHIHAO
NRIC No SXXXX835C

Date Of Birth	26/08/1983
Occupation	Outdoor
Date Of Driving Pass	02/10/2012
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96616910
Alt. Phone Number	+65-96616910
Email Address	SALES@83TECHGP.COM
Address	BLK 209 JALAN LOYANG BESAR #01-09
Address complement	-
Postcode	509489
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	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?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210325/2001

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	SMJ4570M
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) -

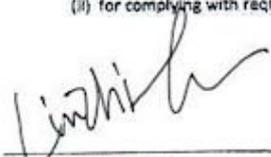
SKETCH PLAN

IMPORTANT NOTICE

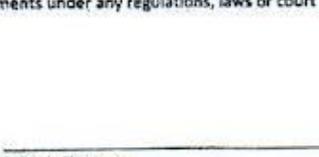
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:



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

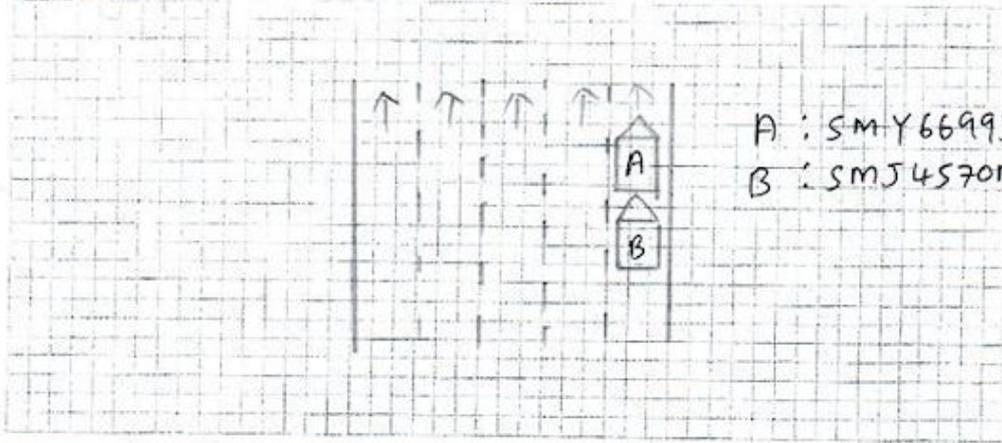


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

02/2011 - 1/2012 (1/2012) - 1/2012

SKETCH PLAN

TPE towards PIE before PASIR RIS DR 12.



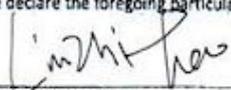
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT. — —

T/20210325/2001

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 Centra Personnel's Signature
Name:
NRIC/FIN No.:





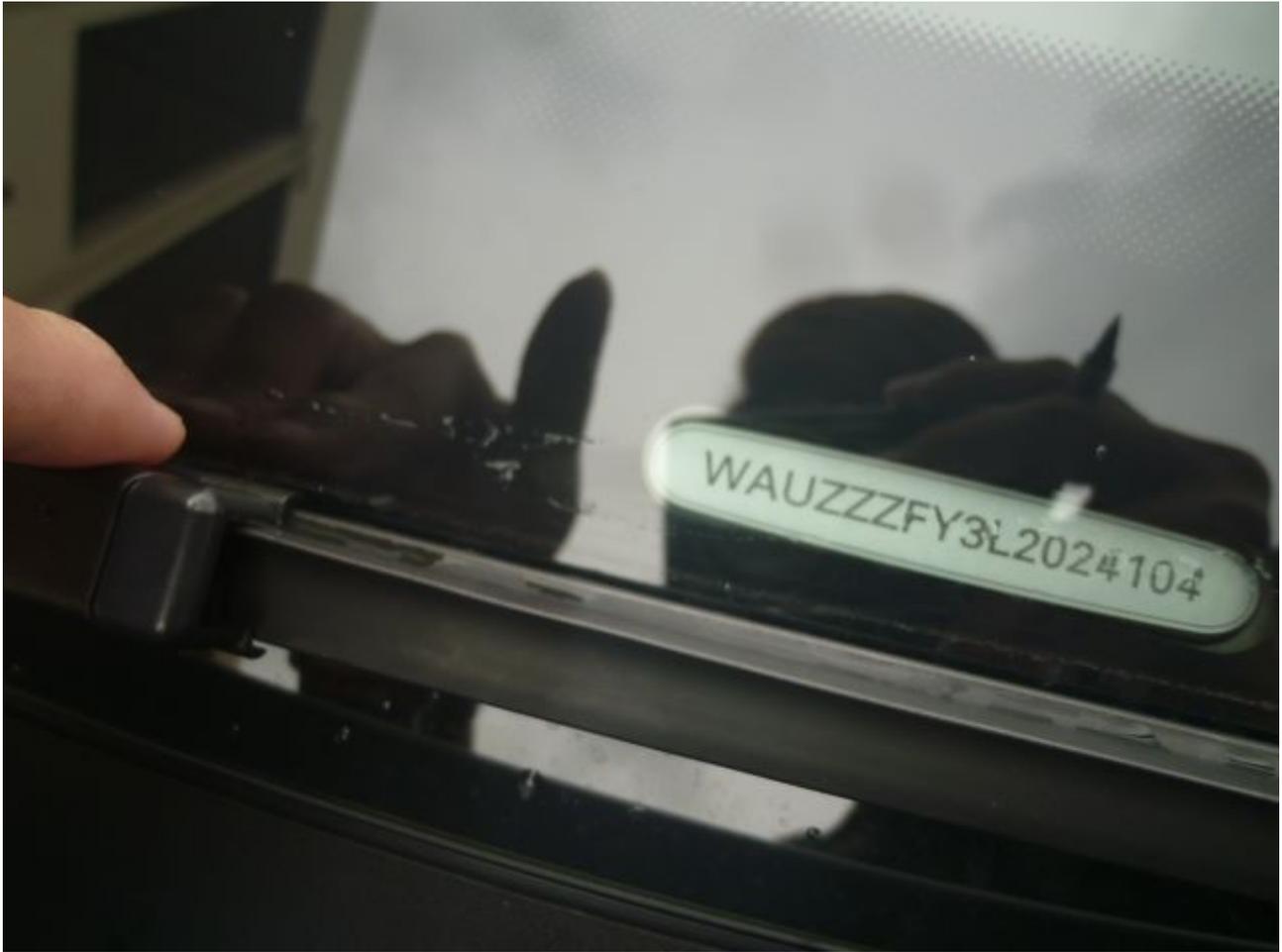














**SINGAPORE
POLICE FORCE**



T/20210325/2001

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5862999

Report No: T/20210325/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2021 00:23	Vide Report No.: G/20210324/0173	Station Diary No.: 5
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Informant's Particulars

Name of Informant: LIU ZHIHAO		Address: BLK 209 JALAN LOYANG BESAR #01-09 SINGAPORE 509489	
ID Type / ID No.: NRIC NO / S8361835C		Contact No.: Home/Office: Mobile: 96616910	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 26/08/1983	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SERVICE MANAGER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/03/2021 21:50	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY			
Weather: Clear		Road Surface: Dry	Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMJ4570M	Car			White	Seriously Damaged	0
SMY6699J	Car	AUDI	Q5 SPORT 2.0 TFSI QU S TRONIC	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE
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T/20210325/2001

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Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No: T/20210325/2001

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry	Date
SMY6699J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070125648	26/08/2020	25/08	21

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver:					
Name	LIU ZHIHAO		ID No.	S8361835C	
Related Vehicle	SMY6699J (Car)		Contact No.	96616910	
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 24/03/2021 at about 9.50pm, I was driving my vehicle along Tampines Expressway (TPE), heading towards the direction of Pan-Island Expressway (PIE). I was on my way home to Loyang area from Woodlands. At that point in time, I was alone in my vehicle and there was no passenger on board with me. As I was travelling on the lane 1 (extreme right Lane) of the said expressway and when my vehicle reached near to Elias Exit, there was an accident scene in front of me. Thus, I immediately applied my brakes to slow my vehicle. As I was braking, a white vehicle with plate bearing SMJ4570M who was traveling behind me, did not managed to brake in time and collided onto the rear bumper of my vehicle. My vehicle then surged forward and managed to stop behind the accident scene. I wish to state that I did not hit any of the accident vehicles which was in front of me.

Following which, both parties then alighted, and we exchanged our details for insurance purposes. I did not sustain any injury from the accident however, one of the passengers from the said vehicle (SMJ4570M) was conveyed to the hospital. The police were at scene and I was advised to lodge a traffic accident report. My vehicle does have an in-car camera however, the recording footage is not available.



SINGAPORE
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T/20210325/2001

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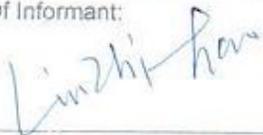
Report No: T/20210325/2001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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 report number as reference.

Signature Of Officer Recording The Report: G / Sgt 3 MUHAMMAD FIRDAUS BIN ABDULLAH SHAFI-IE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/03/2021 00:23
Officer In Charge Of Case: / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp 2168	