

# 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 ..... 03/09/2021 16:51 (SGT)  
Date of Accident ..... 01/09/2021 15:00 (SGT)  
Exact Location of Accident ..... Lor 1 Toa Payoh, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP8623U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CHEONG FATT PET SUPPLY  
Company Reg No ..... 5XXXX289A  
Email Address ..... zhaoguoweialvin@icloud.com  
Mobile Phone No ..... (Phone) +65-96864985  
Alternative Phone No ..... +65-96864985

### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... XZU710R  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 4009

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2070061292-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ZHAO GUOWEI. ALVIN  
NRIC No ..... SXXXX888Z

Date Of Birth .....	20/06/1983
Occupation .....	Outdoor
Date Of Driving Pass .....	13/01/2005
Driving experience .....	16 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96864985
Alt. Phone Number .....	-
Email Address .....	zhaoguoweialvin@icloud.com
Address .....	BLK 636B SENJA ROAD #23-323
Address complement .....	-
Postcode .....	672636
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Major/Minor Rd
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle 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 .....	Tanglin Division Headquarters
Police Station Phone No .....	(Phone) +65-18003910000
Alt. Police Station Phone No .....	(Fax) +65-63964900
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT E/20210902/7007

#### 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 .....	GBE5705S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	ERGO Insurance Pte. Ltd.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	ZHAO GUOWEI. ALVIN
Gender .....	Male
Phone No .....	(Phone) +65-96864985
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP8623U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****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 willful 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. 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 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.

**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.



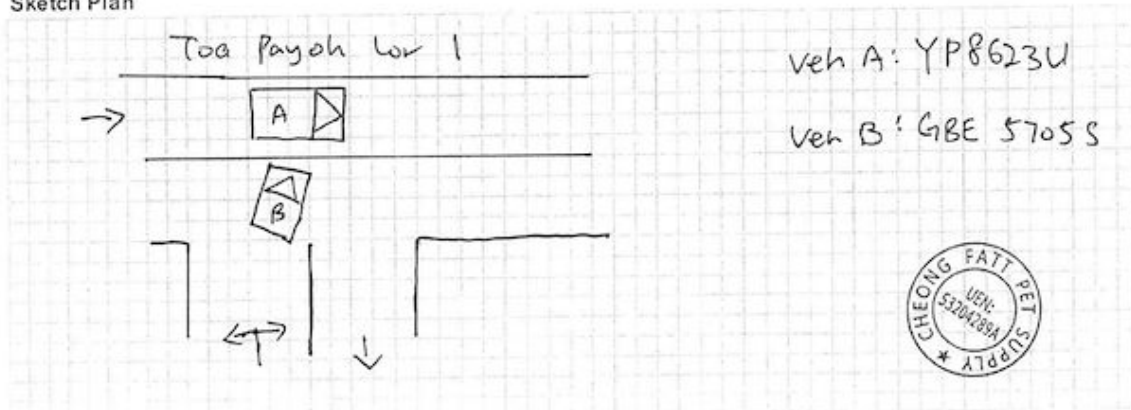
*[Signature]*

*[Signature]* 03/09/2021

Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

\* Pls refer to Police Report. E/20210902/70077



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*Alvin*

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

*03/09/2021*  
Witnessed by Reporting Centre Personnel



























1 of 1

## Report No. E/20210902/7007

Date/Time Report Made 02/09/2021 11:45	Vide Report No.	Station Diary No.		
Name Of Informant ZHAO GUOWEI, ALVIN	Address 636B SENJA ROAD #23-323 SINGAPORE 672636			
ID Type / ID No. NRIC NO / S8318888Z	Contact No. Home/Office:	Mobile: 96864985		
Nationality SINGAPORE CITIZEN	Email Address zhaoguoweialvin@icloud.com			
Occupation Self employed	Sex Male	Age 38	Date of Birth 20/06/1983	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 01/09/2021 15:00	Location Of Incident LORONG 1 TOA PAYOH			

On the stated date and time I vehicle YP8623U was travelling straight on the stated venue. Suddenly vehicle GBE5705S who was coming out from the carpark on my right side came and hit onto my vehicle right portion. The impact was great and I suffered pain on my body. I later then proceeded to unihealth 24hr clinic at Jurong East to seek treatment and I was given 3 days MC.

Signature Of Informant:  
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
02/09/2021 11:45

Classification Of Case: