

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 29/11/2021 16:13 (SGT)
Date of Accident 27/11/2021 16:30 (SGT)
Exact Location of Accident Mount Faber Loop, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV5772C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ZHANG WEI
NRIC No SXXXX538F
Email Address WEIZHANG87@HOTMAIL.COM
Mobile Phone No (Phone) +65-86860169
Alternative Phone No (Home) +65-92266809

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
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
Transmission Auto
CC 1395

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070144500
Cover Note Number -

DRIVER

Name of Driver ZHANG WEI
NRIC No SXXXX538F

Date Of Birth	28/07/1987
Occupation	Indoor
Date Of Driving Pass	29/06/2013
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86860169
Alt. Phone Number	(Home) +65-92266809
Email Address	WEIZHANG87@HOTMAIL.COM
Address	BLK 139A LORONG 1A TOA PAYOH
Address complement	#34-44
Postcode	311139
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	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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WANG YE
Gender	Female

PASSENGER 2

Name	ZHANG ZHIDONG
Gender	Male

PASSENGER 3

Name	LIU KAIZI
Gender	Female

PASSENGER 4

Name	ZHANG DUO
Gender	Female

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

I WAS DRIVING ON MOUNT FABER LOOP, WHICH IS A ONE WAY ROAD.I DIDN'T REALISE THE CAR BEHIND ME WAS ACCELERATE AND TRYING TO OVERTAKE IN THIS ONE WAY ROAD. IT IS VERY NARROW AND BEFORE I REALISE TWO CAR COLLIDED.

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 SMR905R
Vehicle Manufacturer Mercedes
Vehicle Model A180
Vehicle Variant -
Vehicle Colour Brown
Vehicle Category Private car
Name of Driver TAN KEE MIN
Contact Number (Phone) +65-84444800
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

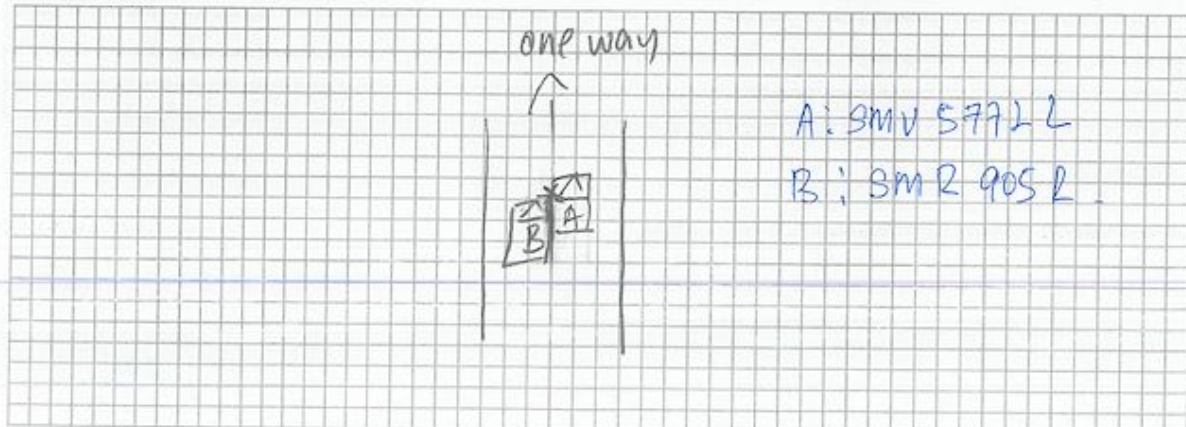
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

24/11/2024
Policyholder's Signature / Date & Time

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

2024 11/24/2024
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving on mount faber loop, which is a one way road. I didn't realise the car behind me was accelerating and trying to overtake in this one way road. It is very narrow, and before I realise the car collided.

Declaration

We declare the foregoing particulars are true in every respect.

zhayun

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



29/11
1230pm

































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 : SP0R21BT0004 Vehicle Registration No: SMV 5772 C
Name(as shown in NRIC) : ZHANG WEI NRIC/FIN/Passport No : SXXXX538F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 139A LORONG 1A TOA PAYOH #34-44 Singapore(311139)
Contact (Tel) : _____ Mobile No. : 86860169
Email Address : WEIZHANG87@HOTMAIL.COM
Date of Accident : 27/11/2021 Time of Accident : 16:30
Place of Accident : Mount Faber Loop
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:

CONVERT TO OD

Zhang Wei

Policyholder / Driver's Signature
Date:

ZOEY KUM

Reporting Centre Personnel's Signature
Name: Zoey Kum
NRIC/FIN No.: FXXXX741R
Date: 03/12/2021