

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 22/06/2022 17:45 (SGT)
Reported by Both
Date of Accident 22/06/2022 13:30 (SGT)
Exact Location of Accident Ang Mo Kio Ave 3, Singapore
Additional Location Information UNDER FLYOVER OF CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW1306Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WANG TAO
NRIC No SXXXX714F
Email Address WANGYAODA@GMAIL.COM
Mobile Phone No (Phone) +65-98006481
Alternative Phone No +65-98006481

VEHICLE PARTICULARS

Manufacturer Audi
Model A5
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 1984

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 7220057330

DRIVER

Name of Driver WANG TAO
NRIC No SXXXX714F
Date Of Birth 26/11/1974
Occupation Indoor

Date Of Driving Pass	15/10/2010
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98006481
Alt. Phone Number	+65-98006481
Email Address	WANGYAODA@GMAIL.COM
Address	33 YISHUN ST 51
Address complement	#08-26
Postcode	767991
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 - Change/cross lane
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	YU ZHI QIN
Gender	Female

PASSENGER 2

Name	WANG YAODA
Gender	Male

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 APPROACHING THE TRAFFIC JUNCTION AND PROCEEDED TO MOVE STRAIGHT AS GREEN LIGHT IN MY FAVOUR. OUT OF SUDDEN THE LORRY ON MY RIGHT SWERF INTO MY CAR DIRECTION. HE HIT THE REAR OF MY CAR.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK7258X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ZHANG HAI JUN
Contact Number	(Phone) +65-87148283
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YU ZHI QIN
Gender	Female
Phone No	(Phone) +65-97969086
Address	33 YISHUN ST 51
Address Complement	#08-26
Post Code	767991
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLW1306Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	WANG YAODA
Gender	Male
Phone No	-
Address	33 YISHUN ST 51
Address Complement	#08-26
Post Code	767991
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLW1306Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	WANG TAO
Gender	Male
Phone No	(Phone) +65-98006481
Address	33 YISHUN ST 51
Address Complement	#08-26
Post Code	767991
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLW1306Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

WITNESS DETAILS

WITNESS 1

Name	NICHOLAS
Phone	(Phone) +65-92214102

Email -

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.



Wong / 22-6-2022
 Policyholder's Signature / Date & Time
 16:00

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

Witnessed by Reporting Centre Personnel

Sketch Plan



































































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 : SP0R226M0002 Vehicle Registration No: SLW1306Z
 Name(as shown in NRIC) : WANG TAO NRIC/FIN/Passport No : SXXXX714F
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 33 YISHUN ST 51 #08-26 Singapore(767991)
 Contact (Tel) : 98006481 Mobile No. : _____
 Email Address : WANGYAODA@GMAIL.COM
 Date of Accident : 22/06/2022 Time of Accident : 13:30
 Place of Accident : UNDER FLYOVER OF CTE
 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:

TO AMEND THIRD PARTY DRIVER NAME AND INJURED PERSON

 Policyholder / Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name: JENNIS TAN
 NRIC/FIN No.: GXXXX385W
 Date: 24/6/22