

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 Actual 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	14/03/2022 15:51 (SGT)
Reported by	Both
Date of Accident	04/03/2022 18:00 (SGT)
Exact Location of Accident	Near 126 Balestier Rd, Singapore 329681
Additional Location Information	CTE TOWARDS BALESTIER ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT8483C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHANG LING
NRIC No	SXXXX042C
Email Address	CHLITINABEAUTY2017@GMAIL.COM
Mobile Phone No	(Phone) +65-88563068
Alternative Phone No	+65-88563068

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q2
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	999

INSURANCE COMPANY

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

DRIVER

Name of Driver	ZHANG LING
NRIC No	SXXXX042C
Date Of Birth	13/09/1978
Occupation	Indoor

Date Of Driving Pass	23/08/2011
Driving experience	10 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88563068
Alt. Phone Number	+65-88563068
Email Address	CHLITINABEAUTY2017@GMAIL.COM
Address	BLK 506 YISHUN ST 51
Address complement	#10-28
Postcode	762505
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	CHEN RUIEN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	-
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

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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:

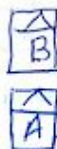
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



SMT 8483C

* NO IMPACT *

Describe Circumstances of the Accident

Refer to traffic Police.

Declaration

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


2024 Kulkarni 08/08/2022 1:45 PM
Witnessed by Reporting Centre Personnel























**SINGAPORE
POLICE FORCE**



E/20220314/2021

1 of 2

POLICE REPORT (NP299)

Report No. E/20220314/2021

Police Station Of Origin
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Date/Time Report Made 14/03/2022 11:45	Vide Report No.	Station Diary No. 26
Name Of Informant ZHANG LING	Address APT BLK 505B YISHUN STREET 51 #10-28 SINGAPORE 762505	
ID Type / ID No. NRIC NO / S7868042C	Contact No. Home/Office	Mobile 88563068
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF-EMPLOYED	Sex Female	Age 43
Institution/School Name	Date of Birth 13/09/1978	Race Chinese
Date/Time Of Incident 04/03/2022 18:00	Location Of Incident CENTRAL EXPRESSWAY SINGAPORE Lane 1 before Balestier Rd Exit	

Brief details.

On the 4/3/2022, at about 1800hrs, I was CTE towards Balestier Rd exit, I was driving on lane 1 (right most lane) when I saw a vehicle in front of me emergency brake. I emergency braked and stopped in time. I felt that I did not hit the vehicle in front of me. The driver of the vehicle got out of the vehicle and walked over to my car. The other party requested my contact number and informed that he was not the vehicle owner and he will let the vehicle owner contact me. He then left the scene as he did want us to obstruct traffic.

Signature Of Officer Recording The Report: E / SCSGT(1) EMMANUEL LAI JIAN HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/03/2022 11:45
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / INSP (1) PARVIN S/O MANOHARAN Contact No.: 65529999	Classification Of Case:





**SINGAPORE
POLICE FORCE**



E/20220314/2021

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220314/2021

At that point in time, I did not take any pictures of our vehicles or exchange particulars and report this matter to insurance I did not feel that there was any collision and no accident occurred.

On the 5/3/2022, at 1732hrs, I received a message from the number +6594551413, informing me that the vehicle owner would be sending the vehicle for repair and claiming against me. I asked for photos however the other party did not provide any. I suggested to refer this matter to our insurance, and they acknowledged. There was no reply since then.

I am lodging this report for insurance record purposes.

Signature Of Officer Recording The Report: E / SCSGT(1) EMMANUEL LAI JIAN HAO 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/03/2022 11:45
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / INSP (1) PARVIN S/O MANOHARAN Contact No.: 65529999 	Classification Of Case: SN 061





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: S66SS0020G / 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 : SP0R223E0006 Vehicle Registration No: SMT 8483 C
Name (as shown in NRIC) : ZHANG LING NRIC/FIN/Passport No : SXXXX042C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 506 YISHUN ST 51, #10-28 Singapore(762505)
Contact (Tel) : _____ Mobile No. : 8856 3068
Email Address : CHLITINABEAUTY2017@GMAIL.COM
Date of Accident : 04/03/2022 Time of Accident : 18:00
Place of Accident : CTE TOWARDS BALESTIER ROAD EXIT
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 TO CONVERT TO OD CLAIM.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature

Name: Lim Lee Sen
NRIC/FIN No.: SXXXX569M
Date: 22/3/2022