

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 witholding of material facts may allow insurance companies to repudiate 5. Intermitted in provided intest be as it during an accurate as possible. Any wind misrepresentation of windowing of material facts may allow insurance companies to reputial 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 20/06/2023 11:24 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 20/06/2023 08:20 (SGT) Exact Location of Accident PIE, Singapore PIE TOWARDS CHANGI BEFORE EUNOS EXIT LANE 1. REAR Additional Location Information ENDED AFTER EMERGENCY BRAKE IN THE CARS INFRONT. Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Vehicle Registration Number **SLT7333X**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ZHENG ZHONGXI NRIC No S8224239B Email Address ZHENGZHONGXI@GMAIL.COM Mobile Phone No (Phone) +65-81280462 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model A4 Variant SEDAN 1.4 TFSI S Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Private car Transmission Auto CC 1395

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1700075696-05

DRIVER

Name of Driver ZHENG ZHONGXI NRIC No S8224239B Date Of Birth 16/08/1982

Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	Indoor 08/05/2002 21 YEARS AND 1 MONTH Male (Phone) +65-81280462 - ZHENGZHONGXI@GMAIL.COM 141 TANAH MERAH KECHIL ROAD SOUTH - 466672 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Head to Rear Clear Dry
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
DRIVING ON 1ST LANE (RIGHTMOST) ON PIE TOWARDS CHASUDDENLY BRAKED HARD. I EMERGENCY BRAKED ALONG WITH THE FRONT CARS, CO I WAS SUBSEQUENTLY REAR-ENDED BY THE PASSENGER OF THERE WAS A SIGNIFICANT IMPACT AND MY CAR AT A COM THERE WAS NO SUBSEQUENT IMPACT OF THE CAR IN FROM THE ACCIDENT OCCURRED APPROXIMATELY 0821-0822 HO	MING TO A STOP FROM ABOUT 80KM/HR. CAR FROM THE BACK BY ANOTHER PASSENGER CAR. PLETE STOP LURCHED FORWARD A DISTANCE OF ~ 1 METRE. NT.
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW8002C
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	CHEW WAN JUN SABRINA
Contact Number	(Phone) +65-96169058
Address	<u>.</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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

l 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 malling 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' 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.

20/6/23

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

Witnessed by Reporting Centre Personnel Texy Foors

Sketch Plan

~·	Circumstances of the Accident
19,10	IN ON 124 IGHE (NOTH) ON PIE TENNOS CHANGE AMPOUT
Nea	ing on 1st lane (night most) on PIE Towards Changi Wimport viny the Euros Exit front COR Suddanly brolloed Ward.
7	emergency broked along with the front cary coming to 9 HOD
ne	in about so bullin.
T	was subsequently recovered by the participar car from to bade
7	and the state of t
177	answe track are
-4-	w was significant impact and my courant a compacts stop turched or word of distore ~ I metre.
1/4	of more similar impact and my can at a compact exclis innovers
4	ovused of distore ~ I metre:
11	we was no subsequent impact of the con informet.
VA.	adat saced appreciately 0821-0822 hours.
1.76	MACH C- COLL COLD

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time Sq27.

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

Witnessed by Reporting Centre Personnel Tony Fron





































