

## 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 ability.
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 Report	21/05/2018 18:01
Date Of Accident	21/05/2018 15:25
Exact Location Of Accident	AT THE END OF ORCHARD BLVD BEFORE GRANGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ7354A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHUSUKE TSUKIOKA
NRIC No	S7287133B
Email Address	SHUSUKE.TSUKIOKA@TOTSA.COM
Mobile Phone No	(LOCAL) +65-96608992
Alternative Phone No	OFFICE-68494242

### Vehicle Particulars

Manufacturer	AUDI
Model	A6 C7 AVANT 2.0 TFSI MU
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	SHUSUKE TSUKIOKA
NRIC No	S7287133B
Date Of Birth	01/02/1972
Occupation	INDOOR
Date Of Driving Pass	17/08/2005
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96608992
Fax Number	
Contact Number	OFFICE-68494242
Email Address	SHUSUKE.TSUKIOKA@TOTSA.COM

Address	91 GRANGE ROAD #02-03
Postcode	249613
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : MIORI TSUKIOKA GENDER: : FEMALE
Passenger 2	NAME: : KISHO TSUKIOKA GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

OUR CAR WAS IN ORCHARD BLVD CLOSE TO GRANGE ROAD TOWARD " GRANGE RESIDENCES " (91 GRANGE ROAD) AT LEFT LANE OF 3 LANES. THE LORRY CAME FROM MIDDLE LANE WITHOUT TURN SIGNAL TO LEFT UNTIL THE END. SLOWLY IT CAME VERY CLOSE TO OUR CAR AND HIT AND SCRATCHED IN RIGHT BACK SIDE FROM DOOR TO UPPER CAR TYRE.

#### 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	GBD6883J
Vehicle Make/Model/Colour	WHITE/LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	96207126/82000497
Address	

Postcode

Insurance Company Name

LONPAC INSURANCE BHD

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature


Date & Time:

21/05/2018  
1600

1344272 1344272 1344272

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

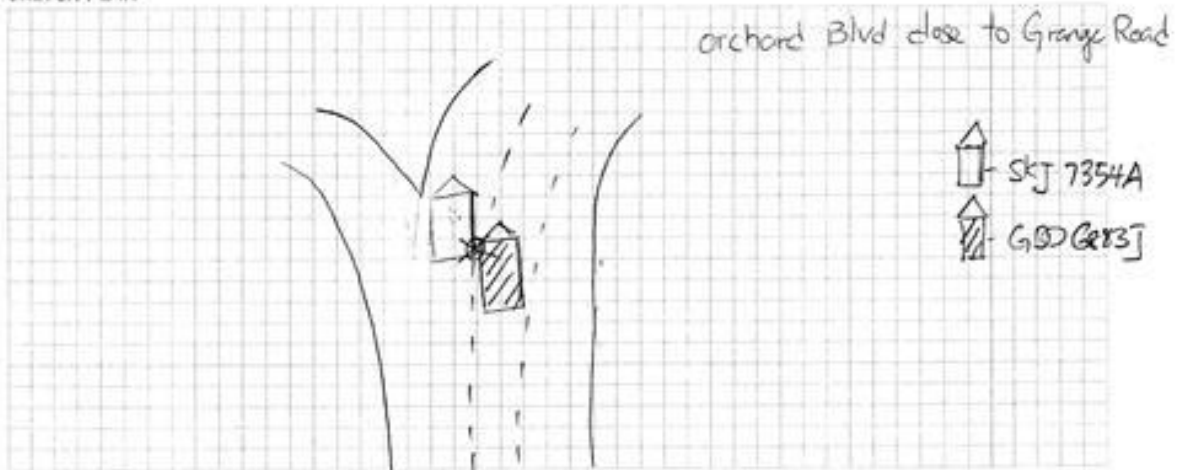
Reporting Centre Personnel's Signature

Name:   
NRIC/FIN No: G2487145A



## Sketch Plan #2

### SKETCH PLAN



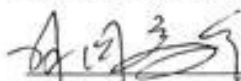
### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Our car was in Orchard Blvd close to Grange Road  
Toward "Grange Residences" (91 Grange Road) left  
lane of 3 lanes. the Lorry came from middle  
lane without turn signal to left until the end.

slowly it came very close to our car and hit  
and scratched in right back side from door  
to upper car tyre.

### DECLARATION


I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

21/05/2018  
1600

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

  
Reporting Centre Personnel's Signature  
Name: NURUL KHAN BINTI, hagh  
NRIC/FIN No.: G29797143X



Accident Photo



Accident Photo





Accident Photo





**Accident Photo**



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo





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Accident Photo



Accident Photo

