



## 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	28/05/2018 18:24
Date Of Accident	28/05/2018 09:40
Exact Location Of Accident	AYE TOWARDS TUAS(BEFORE SOUTH BUONA VISTA EXIT 8)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5222K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUO CHUAN
NRIC No	S7069061F
Email Address	DANNYLUO0209@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-96726186
Alternative Phone No	OTHERS-96726186

### Vehicle Particulars

Manufacturer	AUDI
Model	SQ5
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	1700090330
Cover Note Number	

### Driver

Name of Driver	LUO CHUAN
NRIC No	S7069061F
Date Of Birth	09/02/1970
Occupation	INDOOR
Date Of Driving Pass	24/02/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96726186
Fax Number	
Contact Number	OTHERS-96726186
EEmail Address	DANNYLUO0209@ICLOUD.COM



Address	13 COVE DRIVE #04-04
Postcode	098327
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	2
Passenger 1	NAME: : YANG BIN BIN GENDER: : FEMALE

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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	YP6220L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

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7. By the lodgment 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' 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:



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

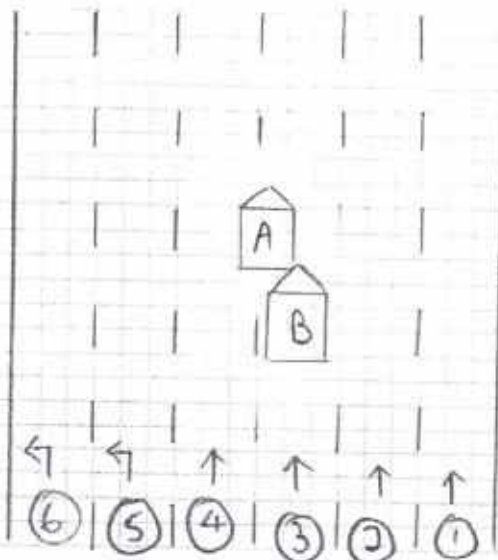
  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN



A = SLV 522K

B = YP 6220L

AYE to Tuas

(Before South Buona Vista Road Exit 8)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28.05.18 at about 09:40 hours along AYE towards Tuas (Before South Buona Vista Road Exit 8). I was travelling straight on the lane 3, when I was about filtering to lane 4 and I saw a vehicle approaching fast on my left and not allowed me to filter, hence I slowed down my vehicle (A).

Suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) which had hit onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SLV 522K

Vehicle (B): YP 6220L

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 28/05/2018

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.: *[Signature]*



# SINGAPORE ACCIDENT STATEMENT

Accident Date: 28/05/2018		Time: 09:40 (hh:mm) 24 hr format	
Location AYE towards Tuas (Before South Buona Vista EHT B)			
Vehicle Number SLV5222			
Insured Name LEO Chan			
NRIC/FIN S7069061F		Contact Number 9672 6186	
Make Audi		Model SQ5	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting			
Insurance Company AIG			
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only			
Policy Number 1700090330			
Name of Driver		( <input checked="" type="checkbox"/> ) Same as Insured	
NRIC / FIN		Contact Number	
Date of Birth 09/02/1970			
Driving Pass Date 24/02/2010			
Occupation ( <input checked="" type="checkbox"/> ) Indoor ( ) Outdoor			
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female			
Email Address dannyleo0209@icloud.com		( ) NO EMAIL	
Address of Driver 13 Love Drive #04-04 Singapore 098327			
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No			
If No, Relationship of the Driver with the Insured			
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling			
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No			
If Yes, Vehicle Registration Number of Driver's Own Vehicle			
Insurance Company of Driver's Own Vehicle			
Weather Conditions ( ) Clear ( <input checked="" type="checkbox"/> ) Raining ( ) Others			
Road Surface ( ) Dry ( <input checked="" type="checkbox"/> ) Wet ( ) Others			
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No			
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No			
If yes, injured detail			
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No			
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report			
DETAILS OF 3 <sup>rd</sup> party		Name / Nric Contact	
Veh B YP6220L			
Veh C			
Veh D			
Veh E			
Veh F			

P1 = Yang Bin Bin (F).

Driver + 1 passenger

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7069061F



Name

LUO CHUAN

罗 川

Race

CHINESE

Date of birth

09-02-1970

Sex

M

Country of birth

CHINA



9069868

NRIC No. S7069061F



Nationality

CHINESE

Date of issue

09-12-2009

13 COVE DRIVE #04-04  
SINGAPORE 098327

NRIC No: S7069061F

Date: 17/01/2018

SLV5222K, Owner & Driver.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man.

Licence Number: S7069061F

Name: LUO CHUAN

Birth Date: 09 Feb 1970

Issue Date: 24 Feb 2010

Barcode: 001833142A

SLV5222

Owner & driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg 24 Feb 2010

Nº 426A

Licence No: S7069061F





Name of Policyholder : LUO CHUAN  
Period of Insurance : 30 Dec 2017 To 29 Dec 2018  
Engine No. : CWG028683  
Chassis No. : WAUZZZF4J2028504

Vehicle No. : SLV5222K  
Policy No. : 1700090330  
Endorsement No. : 000000000179787  
Issued Date : 03 Jan 2018

Make/Model	AUDI SQ5 3.0 TFSI QU
Engine Capacity/Tonnage	2,995.00 CC
Driver Restriction	NA

Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2017  
Insuring with COE/PARE : Yes

a) The Policyholder

Any other who is below 26 years old is not covered under this Policy. You have to pay an additional sum of \$35,000 as "Early Termination and Incomplete Driver Service" (ETIDS) if You are or Your Authorized Driver (named or unnamed) is below the age of 26 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

This Policy does not allow use for hire or reward, gaming, betting, driving test, racing, pari-mutuel, handbilly trial or speed-testing; the savings of goods other than supplies in connection with the business or use for any, outside in connection with Kente Trade.

Loss of Use 1320cc - 2000cc Optional

\* Litigations awarded inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.

Section 1  
Fire - \$0 Own Damage - \$3000 Theft - \$0 Flood Cover - \$0

Section 2  
Property Damage - 50

Windscreens : \$100

Named Driver and Excess (where applicable)

LUO CHUAN = \$2000 (Own Damage)

**APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)**

1. Avail Customer Service Centre: Add: 55, Old Post Office Building, Singapore 408695 33661123

For other Approved Registry Centres/AIG Authorised Providers, please contact our 24-hour accident emergency teams at +44 1322 63200. Alternatively, you may refer to AIG website [www.aig.com](http://www.aig.com) or call AIG 900 Mobile App. Simply search and download AIG 900 from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

0504125216

251 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE  
SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

陈江华等