

## 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 Report	12/03/2019 08:41
Date Of Accident	11/03/2019 12:40
Exact Location Of Accident	ALONG UPP THOMSON ROAD NEAR JLN TODAK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT7053D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUA CHEONG GUAN
NRIC No	S2000454A
Email Address	CHEONGGUAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81832323
Alternative Phone No	Others-81832323

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 6

Exact Purpose for which vehicle was being used at time of accident

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

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700079879
Cover Note Number	

### Driver

Name of Driver	LUA CHEONG GUAN
NRIC No	S2000454A
Date Of Birth	02/10/1949
Occupation	INDOOR
Date Of Driving Pass	18/10/1969
Driving Experience	49 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-81832323
Fax Number	
Contact Number	OTHERS-81832323
E-Mail Address	CHEONGGUAN@GMAIL.COM
Address	22 DOVER CRESCENT #11-354
Postcode	130022
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 (including own vehicle) 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: : LUA HUI CHUNG ALEX 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

REFER TO SKETCH PLAN AND STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM2056R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	PEH BOON CHENG
NRIC/Passport Number	S1682961G
Contact Number	98151907
Address	
Postcode	
Insurance Company Name	
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:

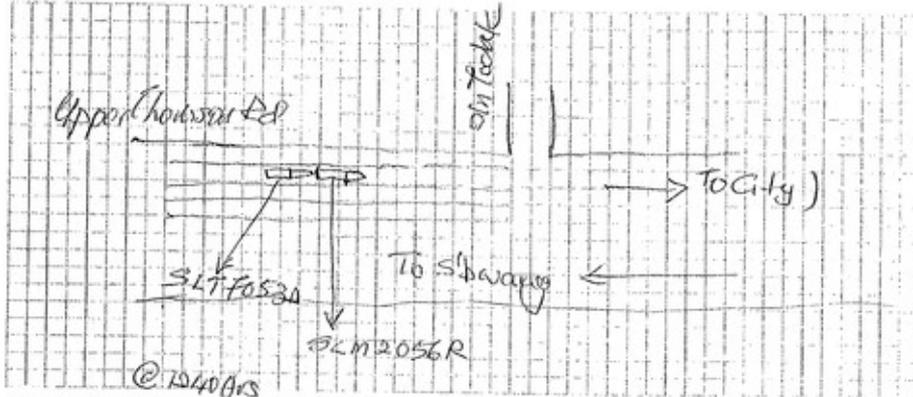
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

Reporting Person's Signature  
Name:  
NIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11 Mar 19, I was driving vehicle SLT F0530 along Upper Thomson Road towards city direction. Somewhere before Shi Tokoh junction, vehicle suddenly brake for no apparent reasons resulting my vehicle SLT F0530 collide the rear of vehicle SLM 2056R. The weather & visibility were good (bright & sunny) and traffic was light.

Driver of SLM 2056R was asked why he suddenly stopped his vehicle and he explained there was some problem to his car. Prior to the accident, I had observed that driver of SLM 2056R along Upper Thomson Rd (Thomson Plaza) had intermittently braked on a few occasions (video clip attached).

Car camera of SLM 2056R recorded show that there was a distraction (vehicles) causing him to brake suddenly. Pictures of damage to both vehicles are attached.

DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time:  
 11 Mar 19 @ 15:40hrs -  
CANISM, StandardPlanForm\_V3

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

*[Signature]*  
 Reporting Center Representative's Signature  
 Name:  
 NRIC/IN No.:  
 11 Mar 19 4:57

Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**

