

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	08/04/2019 20:29
Date Of Accident	08/04/2019 08:15
Exact Location Of Accident	ALONG AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ2815K
Insured/Policyholder	
Name Of Registered Owner	CHUA THIAM HENG (CAI TIANXING)
NRIC No	S7137533A
Email Address	GARY_CHUA07@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97901901
Alternative Phone No	OTHERS-97901901

Vehicle Particulars

Manufacturer	VOLVO
Model	XC60
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100456777-02
Cover Note Number	

Driver

Name of Driver	CHUA THIAM HENG (CAI TIANXING)
NRIC No	S7137533A
Date Of Birth	07/10/1971
Occupation	INDOOR
Date Of Driving Pass	04/02/1993
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97901901
Fax Number	
Contact Number	OTHERS-97901901
EEmail Address	GARY_CHUA07@HOTMAIL.COM

Address	BLK 103A DEPOT ROAD #10-545
Postcode	101103
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 - CHANGE/CROSS LANE
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)	1

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?	YES
Remarks/ Reasons:	NOT CAPTURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB2224Z
Vehicle Make/Model/Colour	TOYOTA
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)	

Accident Sketch Plan

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: 08/04/2019
3:45pm.

Driver's Signature

(If driver is not the policyholder)
Date & Time:

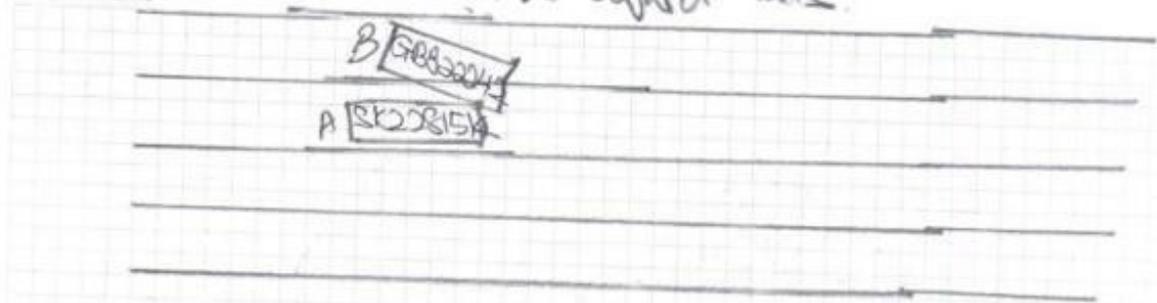
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

AYE toward time



A) SKZ-2815K

B) GBB2224Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 04th April morning around 8:15am while travelling along AYE on the 3rd lane, this lorry GBB2224Z suddenly cut into my lane on the left and knock onto my left side of the car, he then sped off and I had to chase him about 80m-100m before he stopped down. He is very aggressive and don't want to pass me like particular. The lorry is from Auto B1 leasing the hold as stated on the lorry driver side door.

DECLARATION

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

Policyholder's Signature
 Date & Time: 08/04/2019
 3.45pm

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

Reporting Centre Personnel's Signature
 Name: Rishi
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7137533A



CHUA THIAM HENG
(CAI TIANKING)

Sex: CHINESE
Date of Birth: 07-10-1971
Country of Birth: SINGAPORE

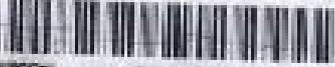
REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7137533A



CHUA THIAM HENG
(CAI TIANKING)

Exp. Date: 07 Oct 1971
Issue Date: 08 Sep 2000

UIC No. S7137533A

Diclofenac Sodium

Brand Name: A+
Date of Issue: 08-11-1992

AFF BLK. 100, DEPUTY ROAD #10 - 543
SINGAPORE 101102

UIC No. S7137533A Date: 04-07-2001 No. 3000010

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES:

Class 01	Motorcycles not exceeding 250 cc	21 Oct 1991
Class 02	Motor Cars and Motor Tractors the weight of which excludes driver and its load 2500 kilograms	04 Feb 1992

Diclofenac Sodium

License No. S7137533A



Addendum Sheet



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: S665500200 / GST Reg. No: M400017733

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: MA469045858 Vehicle Registration No: SKZ 2815K
Name (as shown in NRIC): CHIA THAM HUAN (COI TRANXINS) NRIC/FIN/Passport No: S1137533A
(*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate
Address: Singapore
Contact (Tel): Mobile No.: 97901901
Email Address:
Date of Accident: 28/04/2019 Time of Accident: 08:15
Place of Accident: Along AYE towards MAS
Insurance Company: AIG

(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:

Include Vehicle number to SKZ 2815K

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Paul Horton
NRIC/FIN No.:
Date: 12/04/2019

Addendum Sheet



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: S669300200 / GST Reg. No.: M40017733

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: MAY19045858-01 Vehicle Registration No: SKZ 281SK
Name (as shown in NRIC): Chua Thiam Heng NRIC/FIN/Passport No: S737533A
(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate
Address: BK 103A, Depot Rd #10-545 Singapore (101103)
Contact (Tel): 97901901 Mobile No.: _____
Email Address: gary_chua07@hotmail.com
Date of Accident: 08/04/2019 Time of Accident: 0815
Place of Accident: Along A7E
Insurance Company: AIG

(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:

I would to change the report from claiming Third Party to just reporting as I realized the other party is not claiming and didn't report the accident after one week of the accident.

[Signature]
Policyholder / Driver's Signature
Date: 17/04/2019

[Signature]
Reporting Centre Personnel's Signature
Name: Rohi Lim
NRIC/FIN No.: _____
Date: 17/04/2019