

CS/CTI 21011521/Avy3

The U/C / Chassis frame / Body Structure affected due to collision.

N/S	O/S

Date / Time	Action / Instruction
	TP Ching SK.
	MV :
	PV :
	Nett:

	Others
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LEWIS, J. 1993. *Journal of Fish Biology* 43:103-116.

## 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 Submission	26/10/2021 15:12 (SGT)
Date of Accident	25/10/2021 18:20 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	ALONG DUNEARN ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBQ4009L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KIA MUI
NRIC No	SXXXX701E
Email Address	chuaioanne73@gmail.com
Mobile Phone No	(Phone) +65-97976118
Alternative Phone No	+65-82823004

#### VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Rx300
Variant	SUV
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210060880
Cover Note Number	-

#### DRIVER

Name of Driver	YEO YI XUAN
NRIC No	SXXXX184H



Date Of Birth .....	18/08/1998
Occupation .....	Indoor
Date Of Driving Pass .....	04/04/2017
Driving experience .....	4 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-82823004
Alt. Phone Number .....	-
Email Address .....	chuajoanne73@gmail.com
Address .....	NA
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	YEO CHENG HONG
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER ATTACHED STATEMENT AND VIDEO

#### 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 .....	EZ31P
Vehicle Manufacturer .....	Bentley
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	LIM GUAN PHENG
Contact Number .....	(Phone) +65-91919219
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	ACCIDENT
Details of property damaged in accident .....	FRONT PORTION
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

IMPORTANT NOTICE

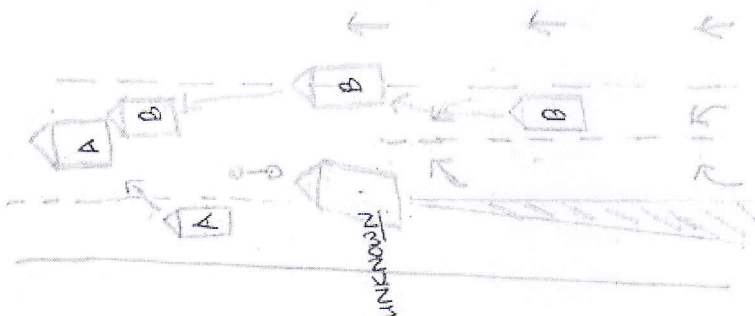
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

At the said time and location:

I was travelling along Duncern Road.

I filtered to my right lane with my signal on. Upon successfully into my lane, vehicle B came from a merging lane behind me at a fast speed (about 100 km/hr) on a (70 km/hr) road and hit onto the rear right portion of my vehicle.

Vehicle B was swerving towards the right side of the merging lane to avoid an unknown vehicle whom was 50% into the lane already before getting back into the lane again behind me but eventually hit onto the rear portion of my vehicle. My lane was slow moving due to a vehicle ahead of me moving slowly to allow another vehicle making a left turn into the petrol kiosk.

I want to stress that I am in my own lane when the accident happen.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel