

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 Actual 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	02/12/2022 13:25 (SGT)
Reported by	Both
Date of Accident	26/11/2022 09:25 (SGT)
Exact Location of Accident	Stevens Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD289J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEONG KOK WING, LUCAS (ZHANG GUORONG, LUCAS)
NRIC No	SXXXX670B
Email Address	gcb_1961@hotmail.com
Mobile Phone No	(Phone) +65-94526336
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1198

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210151745

DRIVER

Name of Driver	CHEONG KOK WING, LUCAS (ZHANG GUORONG, LUCAS)
NRIC No	SXXXX670B
Date Of Birth	02/01/1982
Occupation	Outdoor

Date Of Driving Pass	20/02/2004
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94526336
Alt. Phone Number	-
Email Address	gcb_1961@hotmail.com
Address	BLK 655B JURONG WEST STREET 61 #10-544
Address complement	-
Postcode	642655
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221126/7024

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2759X
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS



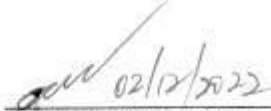
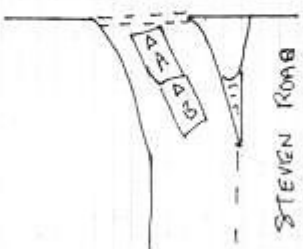
INJURED 1

Name of injured person	CHEONG KOK WING, LUCAS (ZHANG GUORONG, LUCAS)
Gender	Male
Phone No	(Phone) +65-94526336
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SMD289J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- B. 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.
 - (b) collectively the "Purposes")
 - (c) 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
 - (d) 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.

<p></p> <p>Policyholder's Signature / Date & Time</p>	<p></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p> 02/12/2022</p> <p>Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)</p>
<p>Sketch Plan</p> <p>BUKIT TIMAH ROAD</p>  <p>STEVEN ROAD</p>		
<p>A - SMO 2892</p> <p>B - XE 2759 X</p>		

Accident report SN0822C20007

Describe Circumstances of the Accident

REFER TO POLICE REPORT -
T/20721126/9074

Declaration

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

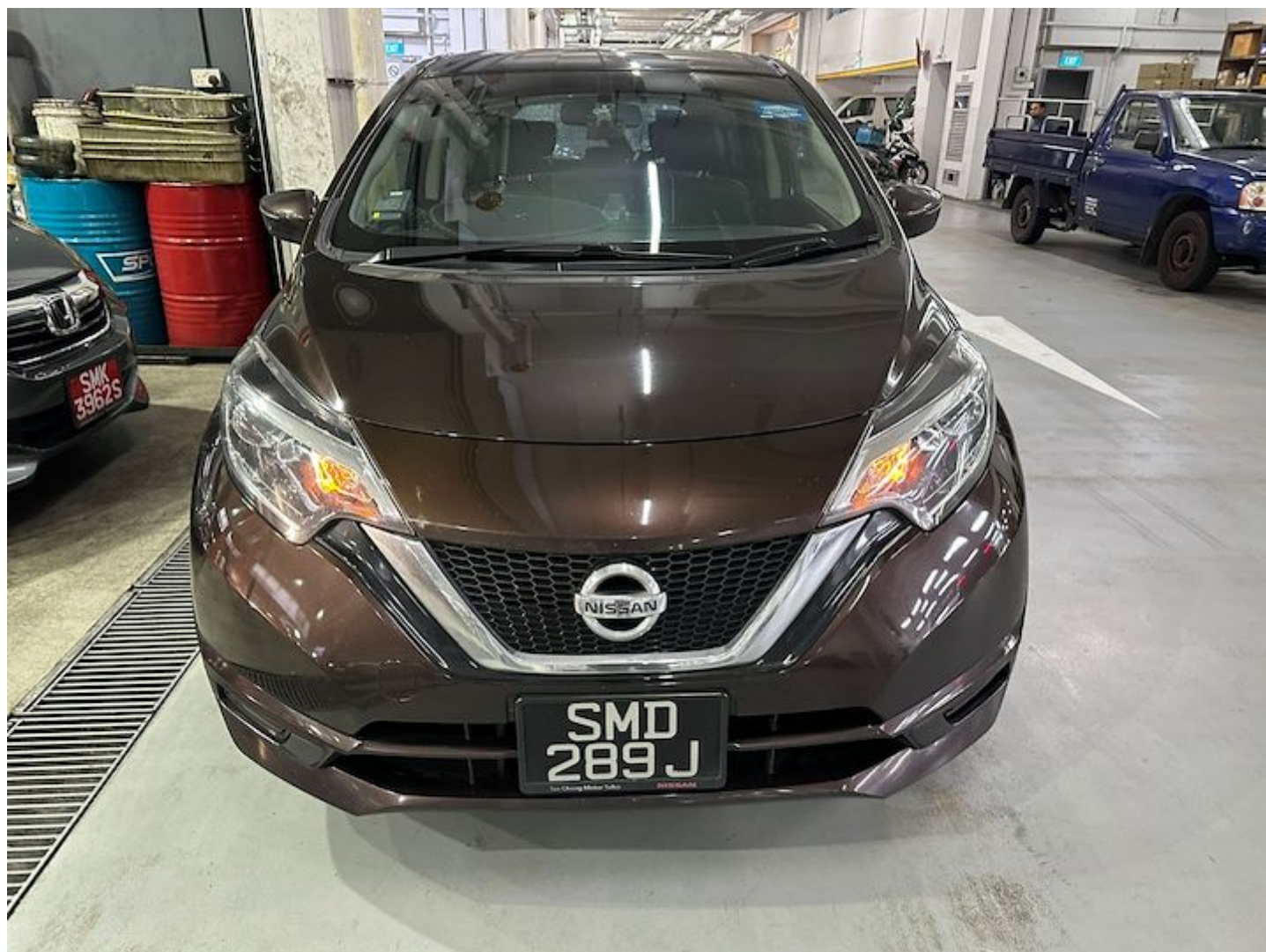
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel









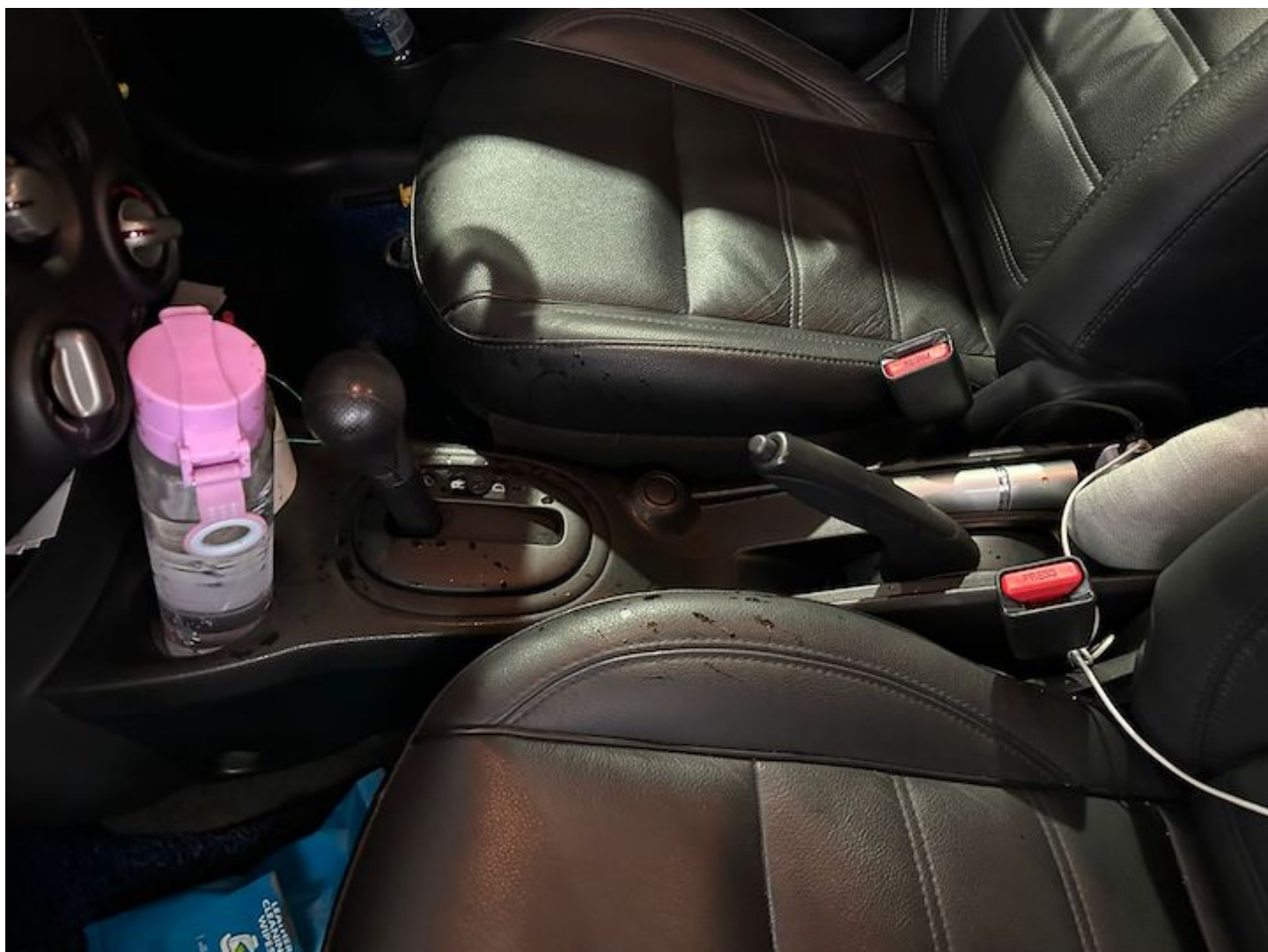















**SINGAPORE
POLICE FORCE**


T/20221126/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No: T/20221126/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2022 11:48	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHEONG KOK WING, LUCAS		Address: 655B JURONG WEST STREET 61 #10-544 SINGAPORE 642655	
ID Type / ID No.: NRIC NO / S8200670B		Contact No.: Home/Office:	Mobile: 94526336
Nationality: SINGAPORE CITIZEN		Email: SACUL_82@HOTMAIL.COM	
Sex: Male	Age: 40	Date of Birth: 02/01/1982	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/11/2022 09:25	Type of Location: Slip Road
Location: STEVENS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SMD289J	Car	NISSAN	NOTE 1.2 CVT	Brown		0
XE2759X	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**


T/20221126/7024

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Report No. T/20221126/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD289J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210151745	01/02/2022	31/01/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEONG KOK WING, LUCAS	ID No.	S8200670B
Related Vehicle	SMD289J (Car)	Contact No.	94526336
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/11/2022	Date	26/11/2022
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On the stated dates, times and location, i was driving vehicle bearing plate number SMD289J along Steven road slip road towards Bukit Timah road, while reaching the give way line, there is oncoming traffic from the main road, as such i stop my vehicle to give way, suddenly i felt a very huge impact from the rear of my vehicle, i then stop and alighted from my vehicle, realized that vehicle bearing plate number XE2759X failed to keep a safety distant and collided onto my vehicle, the collision causes serious damage to my vehicle and also contributed to my injury.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221126/7024

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Report No. T/20221126/7024

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
26/11/2022 11:48

Classification Of Case: