

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 First Submission	14/09/2024 13:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/09/2024 15:10 (SGT)
Exact Location of Accident	Near 923 Jurong West Street 92, Block 923, Singapore 640923
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA7308H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG YONG WEN (WONG YONGWEN)
NRIC No	SXXXX334F
Email Address	yi88hui@hotmail.com
Mobile Phone No	(Phone) +65-98475672
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	-
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	999
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7230114772

DRIVER

Name of Driver	ONG YONG WEN (WONG YONGWEN)
NRIC No	SXXXX334F
Date Of Birth	31/01/1987
Occupation	Indoor
Driving Pass Date	14/12/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98475672
Alt. Phone Number	-
Email Address	yi88hui@hotmail.com
Address	BLK 36 YUNNAN WALK 2
Address complement	-
Postcode	638167
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	LAU NGAI HUI
Gender	Female

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

THE ACCIDENT HAPPEN AT THE JUNCTION OF JURONG WEST ST 92 & JURONG WEST AT 91. I WAS TURNING TO RIGHT SIDE DUE TO THE TRAFFIC AHEAD. I HAVE TO STOP MY CAR TO GIVE WAY.

OUT OF A SUDDEN, I FELT AN IMPACT FROM MY REAR AND RELISE THAT VEHICLE SMY 3895 D REAR ENDED MY VEHICLE. THE VIDEO FOOTAGE ATTACHED TO THE REPORT AS WELL.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMY3895D
Vehicle Manufacturer Toyota
Vehicle Model -
Vehicle Variant -
Vehicle Colour Blue
Vehicle Category Private car
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) -

SKETCH PLAN

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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.

[Handwritten signature]
4/9
C. Lim

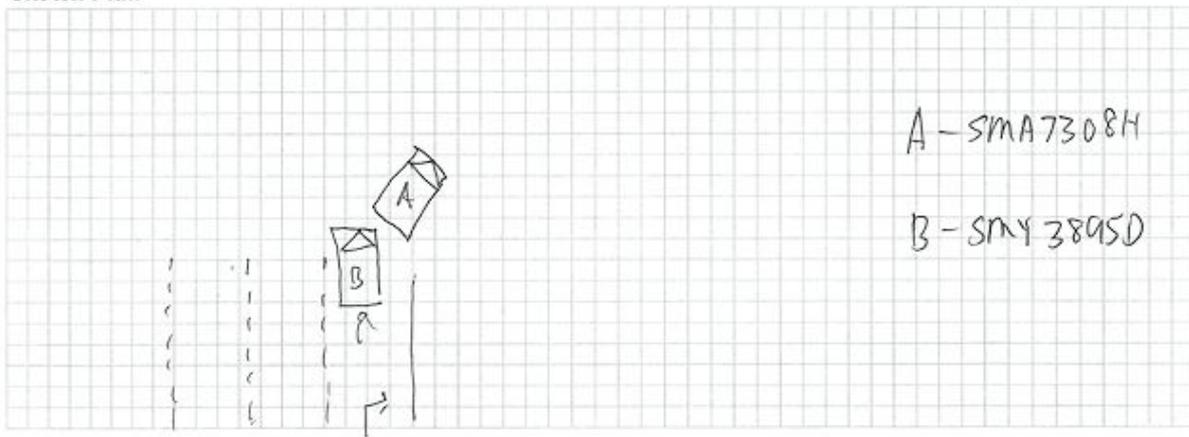
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel *Tony Foong*

Sketch Plan



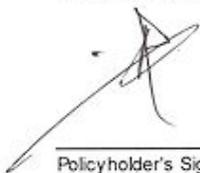
Describe Circumstances of the Accident

The accident happen at the Junction of Jurong West St 92 & Jurong West St 91, I was turning to right side and due to the traffic ahead. I have to stop my car to give way.

Out of a sudden, I felt an impact from my rear and realise that vehicle SMY3895.D rear ended my vehicle. The video footage attached to the report as well.

Declaration

We declare the foregoing particulars are true in every respect.

 14/9 C 1131ha
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel Tony Fong

