

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 witholding 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.

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 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 05/07/2024 15:42 (SGT) Reported by **Actual Driver** Date of Accident 04/07/2024 07:25 (SGT) Exact Location of Accident Singapore Additional Location Information Cross junction at Tiong Bahru Road and Seng Poh Road and Zion Road Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU9894A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Healthy Heart Specialist Centre Pte Ltd Company Reg No 201732642R **Email Address** siongsung@gmail.com Mobile Phone No (Phone) +65-94237319 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Subaru Model Forester Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7230014371-01

DRIVER

Name of Driver Wong Siong Sung NRIC No S7587128G Date Of Birth 17/04/1975

Occupation Indoor Driving Pass Date 27/10/2015 Driving experience 8 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-94237319 Alt. Phone Number Email Address siongsung@gmail.com Address 8 Bhamo road Address complement #04-05 Postcode 329640 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Wong Mon Enn Gender Female 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 refer to police report ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Vehicle Registration Number	SME4683Y
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Metalic
Vehicle Category	Private car
Name of Driver	Woon Hwee Meng (Yun Weimin)
NRIC No	S7443119D
Contact Number	(Phone) +65-97391767
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre establised 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.
- 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' law yers/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 w ith applicable law in administering, processing, handling and/or dealing w ith 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 Witnesser by Reporting Centre Personnel

= SLU9894A

Towards Tiong Bahru Road

= SLU9894A

Describe Circumstance of the Accident

Please refer to the police report that I lodged.

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (if driver is nor the policyholder) / Date 8. Time

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Witnessed by Reporting Centre Personnel















































Police Station Of Origin:

Traffic Police

Sex:

10 Ubi Avenue 3 SINGAPORE 408865

Date of Birth:

REPORT OF A TRAFFIC ACCIDENT

Age:

Tel No: 65470000

1 of 3 Report No. 1/20240705/7040

Date/Time Report Made: 05/07/2024 12:12	Vide Report No.: Station Diary No		
Informant's Particulars			
Name of Informant: WONG SIONG SUNG	Address: 8 BHAMO ROAD #04-05	NOVA 88 SINGAPORE 329640	
ID Type / ID No.: NRIC NO / S7587128G	Contact No.: Home/Office:	Mobile: 94237319	
Nationality: SINGAPORE CITIZEN	Email: siongsung@gmail.com		

Male 49 17/04/1975 Driver

Race: Language: English

Occupation: Driving Licence Information: Cardiologist Class: Date of Expiry:

Type of Informant:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2024 07:25	Type of Location X-Junction
Location: TIONG BAHRU RO)AD	Road Surface:		
Clear		Dry		
		Traffic Control: Traffic Light - Working		fic Volume: lerate
Type of Collision:	V00.00 000 00000	Side		one conveyed by

Details of Ye	hicle Involved				1000	2020
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLU9894A	Motor car					0

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. 1/20240/05/7040

CONTINUATION OF REPORT

Driver				10			
Name	WONG SIONG SUNG		ID No		S7587128G		
Related Vehicle	SLU9894A (Motor car)		SLU9894A (Motor car)		Conta	ct No.	94237319
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disch	narge	NIL		
No. of Days grant	ed Medical Leave (MC)				NIL		

Brief Details.

I was driving along the Tiong Bahru Road and when I reached at the cross junction between the Tiong Bahru Road, Seng Poh Road and Zion Road where I wanted to drive straight along on the Tiong Bahru road across the Cross junction, suddenly a car with the plate number SME 4683Y with a very high driving speed on my left overtook my car from behind and drove to the front of my car and turn right in front of my car where the driver drove into the Zion Road. In view of this, my car could not have enough time to react to this and knocked onto the car and I was forced to drive into the Zion road as well at that moment to avoid greater damage to both my car and his car. The driver of the car SME4683Y is Mr Woon Hwee Meng (Yun Weimin) License number is S7443119D.

As a result, my car sustained damage to the left front part of the vehicle and his car sustained damage to the right side of his car. The photos were as attached. Nobody was injured in this case.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. 1/20240705/7040

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2024 12:12
Officer In Charge Of Case: TP / AEIT / BOON YEN KIAN Contact No.: 65472079	Classification Of Case:
NP168	