

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	11/04/2024 18:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/04/2024 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENG POH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC5581A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG WAI MING
NRIC No	S7138535C
Email Address	samsong490@yahoo.com
Mobile Phone No	(Phone) +65-91011916
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ford
Model	Focus
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?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	999

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10819161R01

DRIVER

Name of Driver	WONG WAI MING
NRIC No	S7138535C
Date Of Birth	24/10/1971
Occupation	Indoor

Driving Pass Date	16/10/1990
Driving experience	33 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91011916
Alt. Phone Number	-
Email Address	samsong490@yahoo.com
Address	BLK 1B CANTONMENT ROAD #21-13
Address complement	-
Postcode	085201
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 on collision
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)	4
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	BRIAN
Gender	Male

PASSENGER 2

Name	BARRICK
Gender	Male

PASSENGER 3

Name	MAY
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

REFER TO SKETCH

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ3833D
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	NA / Unknown
Name of Driver	MR WONG
Contact Number	(Phone) +65-97623833
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEHICLE NO: **SNC5581A**
 DATE OF ACCIDENT: **10/4/24**

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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 shall be collectively referred to as the "Insurer", 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")

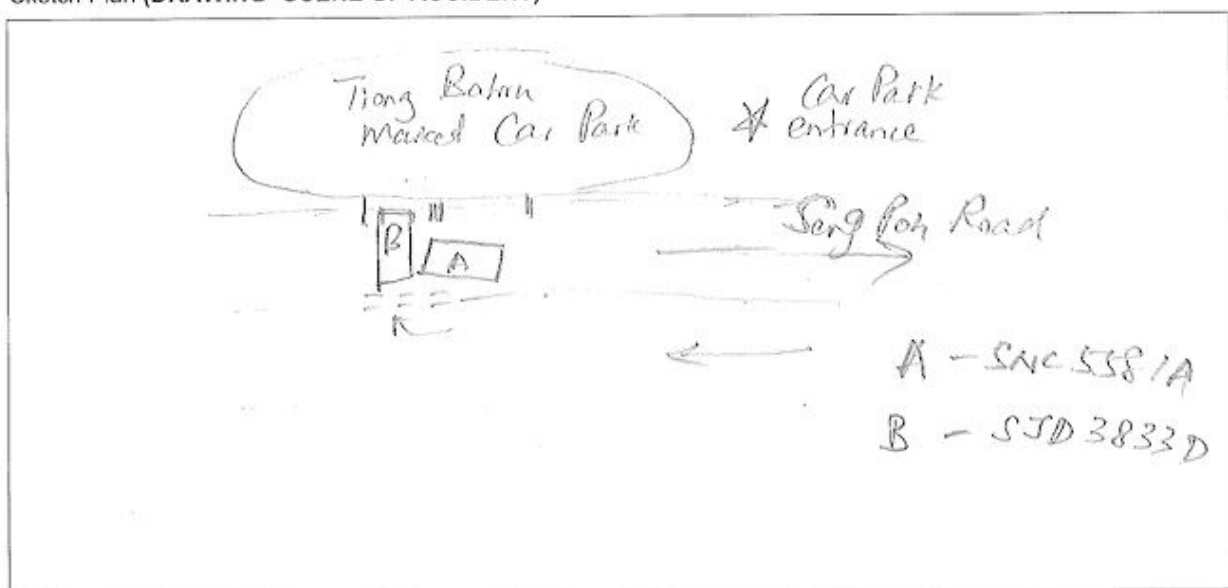
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/ law firms, may/ are permitted to collect, use, disclose and/ or process my Personal Information for one or more of the above Purposes; and

(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
11 Apr 2024

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ ID card)
CHARN'S CUSTOMCRAFT

Sketch Plan (DRAWING- SCENE OF ACCIDENT)

VEHICLE NO: SNC 5581A

DATE OF ACCIDENT: 10 APRIL 2024

Describe Circumstances of the Accident

On 10 Apr 2024 12:30pm, I was driving along Seng Poh Road towards the direction of Lim Liak Street.

As I was driving near the Tiong Bahru Market Car Park entrance, I had missed it and driven forward by about one car length. After checking there was no car behind, I reversed my car to enter the car park.

As I was reversing, suddenly there was a car (SJD 3833D) turning into the car park from the opposite side of Poh Seng Road. I hit the car behind with my back right corner against the other car right side bumper. There was only a few light scratches on my back of the car. The other car was also has a few scratches on the bumper.

REPORTING ONLY () ☒ OWN DAMAGE () THIRD PARTY () OWN WORKSHOP ()

Declaration

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

NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. KINDLY REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature / Date & Time

11 Apr 2024

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

11 Apr 2024

Witnessed by Reporting Centre Personnel (Name as in NRIC/ ID card)

CHARN'S CUSTOMCRAFT



















































