

## 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 ability.
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 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 Report	30/11/2017 16:04
Date Of Accident	28/11/2017 21:20
Exact Location Of Accident	OPPOSITE NO 119 EVERITT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG6616S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WUI ONG CHUAN
NRIC No	S0093297C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98155103
Alternative Phone No	OFFICE-98155103

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS GS350 LUXURY AUTO
Exact Purpose for which vehicle was being used at time of accident	PARKED VEHICLE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100301692-05000
Cover Note Number	-

### Driver

Name of Driver	WUI ONG CHUAN
NRIC No	S0093297C
Date Of Birth	25/04/1953
Occupation	INDOOR
Date Of Driving Pass	28/02/1977
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98155103
Fax Number	
Contact Number	OFFICE-98155103
Email Address	NOEMAIL

Address	119 EVERITT RD
Postcode	428644
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

MY VEH WAS PARKED OPPOSITE MY HOUSE AT 119 EVERITT RD, BEFORE I LEAVE MY VEH EVERYTHING WAS INTACT. WHEN I STAND OUTSIDE MY HOUSE, I SAW THE WHOLE INCIDENT HAPPEND, VEH B (BEARING NO SLQ8624R) WAS PARKED INFRONT OF ME, THE DRIVER REVERSING HIS VEH TRY TO DROVE OFF, BUT HIS VEH LEFT SIDE HIT ONTO THE KERB AND THEN HE MOVE FORWARD HIT ONTO MY VEH, THEREFORE HE REVERSING AGAIN AND HIT THE KERB SECOND TIME, THEN HE DROVE FORWARD AGAIN HIT SECOND TIME ONTO MY VEH, I WENT TO CHECK MY VEH, THE DRIVER TOLD ME HE AGREE TO PAY FOR THE REPAIR COST AND WILL UPDATE ME ON NEXT DAY. BUT ON THE NEXT DAY, HE SAY MY VEH WAS BADLY DAMAGE, THEN HE REFUSE TO PAY AND TOLD ME TO LOUGE INSURANCE REPORT TO CLAIM ON HIS INSURANCE.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ8624R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	YEAP AH SENG
NRIC/Passport Number	S2556958Z
Contact Number	81807356
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### Details of Witness

Name	
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Phone Number  
Email Address

## Accident Sketch Plan


### SKETCH PLAN

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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 (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

Sketch plan of a railway yard layout. The layout includes several tracks and rolling stock. At the top, a track is labeled "Everitt Rd". Below it, a track contains two railcars: one labeled "B" with a triangle and arrow pointing right, and another labeled "A" with a triangle and arrow pointing left. Below this track, another track is labeled "Everitt Rd". At the bottom left, a rectangular area is labeled "119". At the bottom right, a track is labeled "Tong Tong Rd".

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please Refer to statement

## 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:

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



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