

## 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 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 Report	07/03/2019 13:40
Date Of Accident	06/03/2019 20:15
Exact Location Of Accident	CLEMENTI AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMJ3422P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WU SONGWEI BENJAMIN
NRIC No	S8415901H
Email Address	BENJAMINWU84@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91120177
Alternative Phone No	Office-NOPHONE

<b>Vehicle Particulars</b>	
Manufacturer	SUBARU
Model	FORESTER-2.0 I-S EYESIGHT AWD CVT SR (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL / LEISURE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900022685
Cover Note Number	

<b>Driver</b>	
Name of Driver	WU YONG LIN
NRIC No	S2539908J
Date Of Birth	14/02/1951
Occupation	INDOOR
Date Of Driving Pass	07/04/1973
Driving Experience	45 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-82232915
Fax Number	
Contact Number	
E-Mail Address	WU.YONGLIN@HOTMAIL.COM
Address	10 JALAN LEMPENG #08-04
Postcode	128979
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### 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

PLEASE REFER TO THE ATTACHED DOCUMENTS AND ON SITE PICTURES

#### 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	SLS5882X
Vehicle Make/Model/Colour	TOYOTA CHR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NUR-IHSAN BIN MOHAMED QASSIM
NRIC/Passport Number	S8423801E
Contact Number	87269477

Address

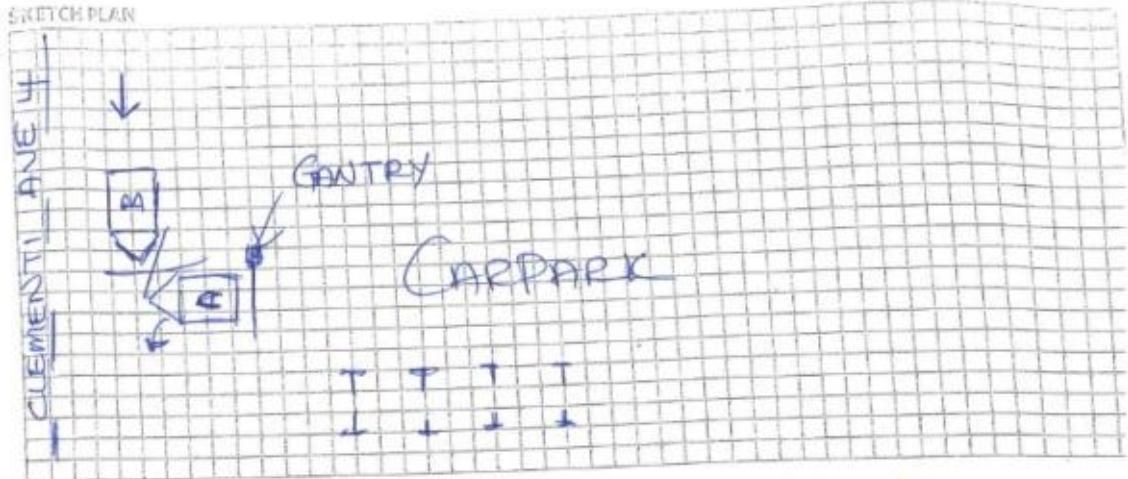
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Accident Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 1) I drove out of the parking lot <sup>and turn left</sup> to Clementi Ave 4.
- 2) Vehicle B was travelling on Clementi Ave 4
- 3) <sup>my car</sup> ~~the car~~ collided with Vehicle B on Clementi Ave 4  
driver side front right
- 4) my car hit the front left side of Vehicle B.


VEH A: SMJ 3422P


VEH B: SLS 5882X

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: DANIEL JUDE  
NRIC/FIN No.: S9001518D

GIACC SketchPlanForm\_V3

# Accident Sketch Plan

## SKETCH PLAN


### IMPORTANT NOTICE

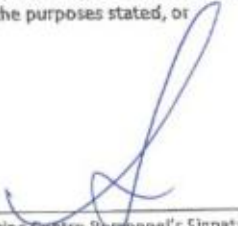
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment 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/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: DANIEL JUDE  
NRIC/FIN No.: 8900158D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Wu Yong Lin

Licence Number: **S2535908J**

Name: **WU YONG LIN**

Date of Birth: **14 Feb 1951**

Issue Date: **11 Mar 2003**

Barcode: **1000278343B**

REPUBLIC OF SINGAPORE

Identity Card No. **S2539908J**

Portrait of Wu Yong Lin

Name: **WU YONG LIN**

Chinese Name: **鄧湧麟**

Race: **CHINESE**

Date of Birth: **14-02-1951**

Sex: **M**

Country of Birth: **MALAYSIA**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Valid Date
Class 2B	Motorcycles not exceeding 200 cc	19 Mar 1977
Class 2A	Motorcycles between 201 cc and 400 cc	19 Mar 1977
Class 2	Motorcycles exceeding 400 cc	19 Mar 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms	07 Apr 1973

Licence No. **S2539908J**

NP 429A

Barcode: **8358055**

Portrait of Wu Yong Lin

MRIC No. **S2539908J**

Nationality: **MALAYSIAN**

Blood Group: **A+**

Date of Issue: **20-05-2000**

Address: **10 JALAN LEMPENG  
#08-04  
SINGAPORE 120797**

OWNER NRIC

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8415901H



Name  
WU SONGWEI BENJAMIN

邬 颂 伟

Race  
CHINESE


Date of birth  
30-05-1984

Sex  
M


Country/Place of birth  
SINGAPORE



5555902



NRIC No. S8415901H



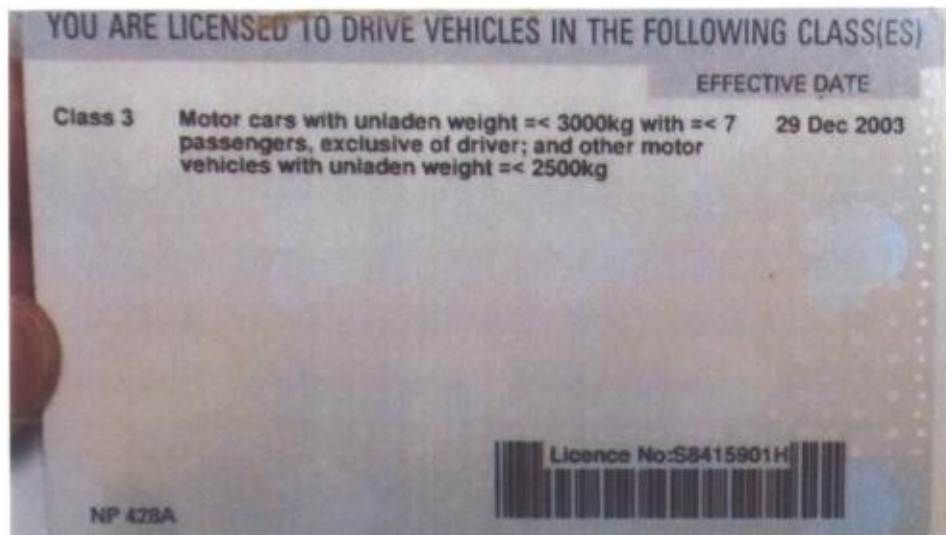
Date of issue  
12-01-2016

10 WEST COAST ROAD #02-09  
SINGAPORE 126822

NRIC No: S8415901H Date: 10/09/2018

OWNER LICENSE







Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





**Accident Photo**



Accident Photo



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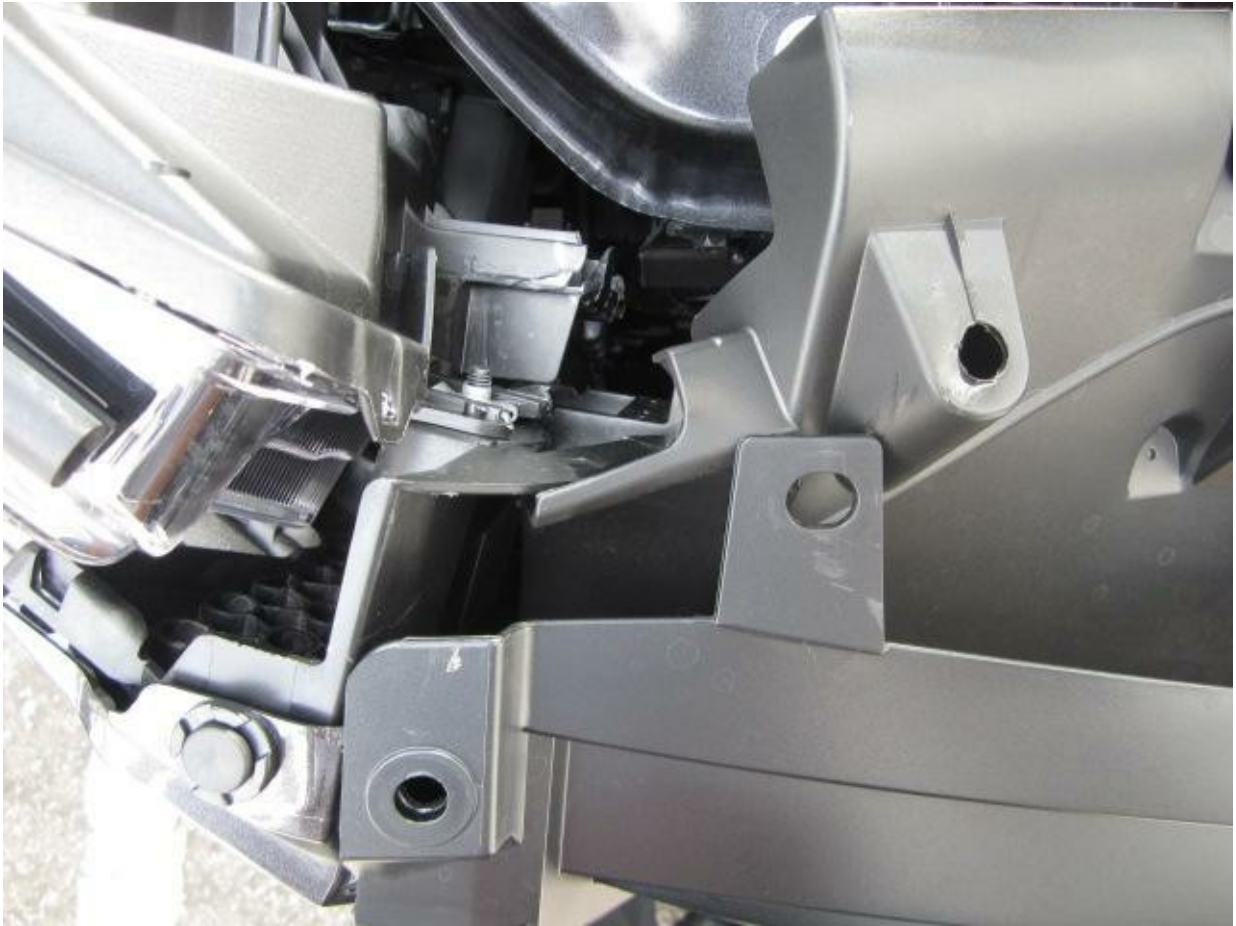


Accident Photo





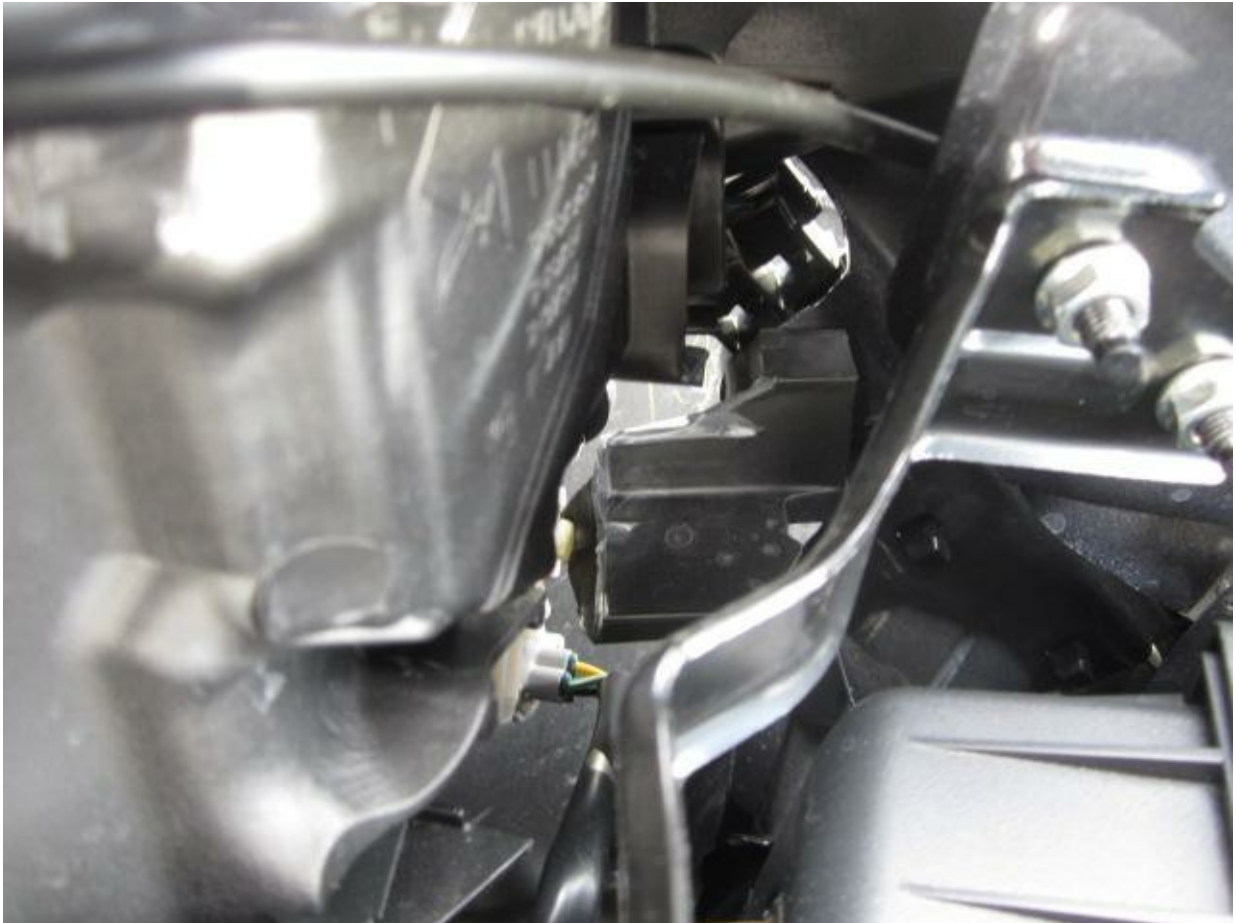
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