

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	01/04/2019 14:03
Date Of Accident	29/03/2019 19:35
Exact Location Of Accident	JUNC OF QUEENSWAY & COMMONWEALTH DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ7235L
Insured/Policyholder	
Name Of Registered Owner	WOON JIA RONG
NRIC No	S9343623G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94238967
Alternative Phone No	OTHERS-94238967

Vehicle Particulars

Manufacturer	KIA
Model	CERATO
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
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	1900067635
Cover Note Number	

Driver

Name of Driver	WOON JIA RONG
NRIC No	S9343623G
Date Of Birth	15/11/1993
Occupation	INDOOR
Date Of Driving Pass	30/12/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94238967
Fax Number	
Contact Number	OTHERS-94238967
EEmail Address	NOEMAIL

Address	BLK 767 PASIR RIS ST 71 #13-312
Postcode	510767
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	COLLISION - HEAD TO REAR
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : GIY GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	GBC4320K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

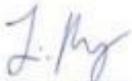
SKETCH PLAN

IMPORTANT NOTICE

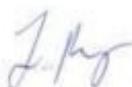
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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 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.

x 

Policyholder's Signature
Date & Time:

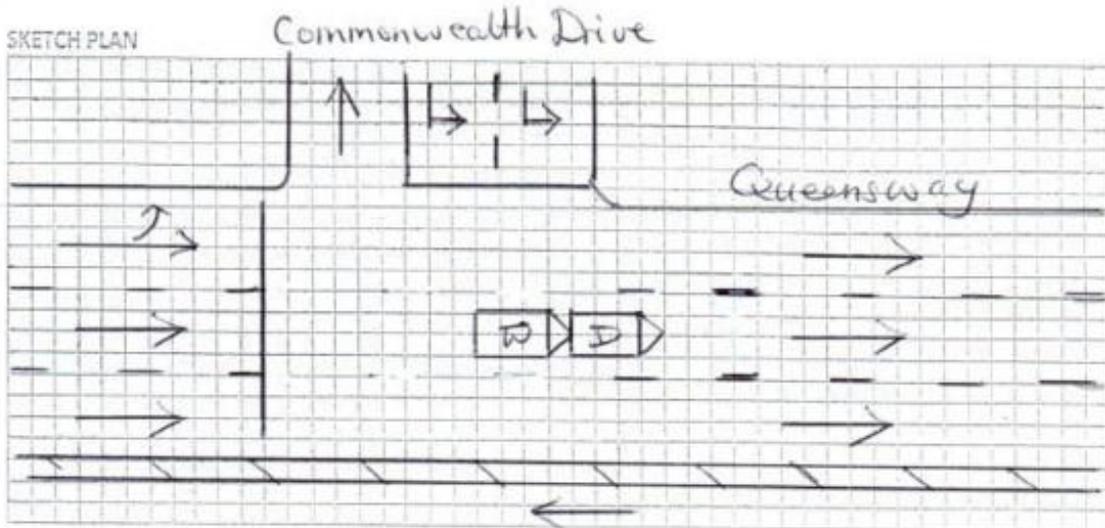


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 01/10/19

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

Individual Statement



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/03/2019 at about 1935 hrs at Junction of
 Queensway and Commonwealth Drive. I was travelling
 on the Centre lane along Queensway towards Holland
 Road and when crossing towards the above mentioned
 junction, my front vehicle slow down and stop due to
 heavy traffic hence I follow suit. Suddenly I heard a loud
 bang from behind and when I alighted, I realised that
 it was Vehicle (B) who hit onto my Rear Portion of my
 Vehicle (A) causing damages to my vehicle. I have one
 passenger inside my vehicle.

(A) SMJ 7235 L
 (B) GBC 4320 K

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

* *[Signature]*

Policyholder's Signature
 Date & Time:

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

[Signature]

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

OWNER & DRIVER
SMJ7235L

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9343623G



Name
WOON JA RONG

姓 名
W

Chinese
CHINESE

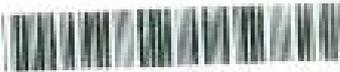
Date of birth
15-11-1993

Sex
M

Country of birth
SINGAPORE

01 4022 01

01 4022 01



01 4022 01

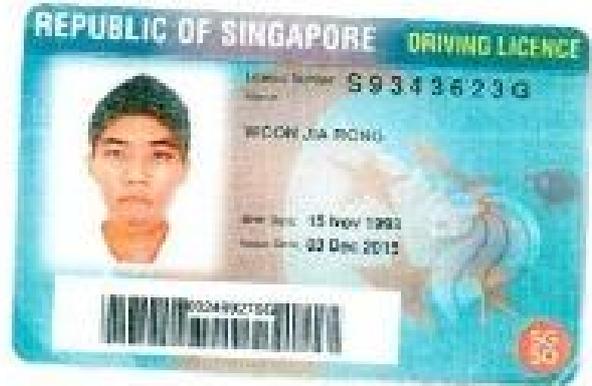


01-03-2017

Address
APT BLK 107 PARRIS STREET 71
#10-01B
SINGAPORE 11007

Driving License

OWNER & DRIVER
SWG 7235L



Other

[> Back to OneMotoring](#)

Enquire Road Tax Expiry Date (Details)

Vehicle Particulars	
Vehicle No.:	SMJ7235L
Road Tax Expiry Date:	17 Sep 2019
Vehicle Make:	KIA
Vehicle Model:	CERATO LS 1.8i 4DR
Please note: The information contained herein is correct as at 28 May 2019 / 15:00.	

OK

Save as PDF

Print

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500296 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119041973 Vehicle Registration No: SMJ7235J

Name(as shown in NRIC) : WONG JIA RONG NRIC/FIN/Passport No : 593436236

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 767 PASIR RIS ST 71 #15-312 Singapore(510767)

Contact (Tel) : Mobile No.: 94238967

Email Address :

Date of Accident : 29/03/19 Time of Accident : 19:35

Place of Accident : JUNC OF QUEENSWAY & COMMONWEALTH DR

Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND VEH NO
[Multiple blank lines for additional information]

Policyholder / Driver's Signature
Date:

[Signature] 11/04/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: