### 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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/04/2019 16:44
Date Of Accident	28/04/2019 16:00
Exact Location Of Accident	NIM ROAD OPPOSITE ESTE VILLA
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ2600Z
Insured/Policyholder	
Name Of Registered Owner	WONG PAUL WING-YAN
NRIC No	S7656744A
Email Address	PAULWONGDR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98805049
Alternative Phone No	OTHERS-98805049
Vehicle Particulars	
Manufacturer	KIA
Model	STONIC
Exact Purpose for which vehicle was being used at time of accident	GOING TO CHILDREN'S BIRTHDAY PARTY @ NIM ROAD
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
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900020634
Cover Note Number	
Driver	

Name of Driver WONG PAUL WING-YAN

NRIC No S7656744A

Date Of Birth 09/02/1976

Occupation INDOOR

Date Of Driving Pass 17/02/2014

Driving Experience 5 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98805049

Fax Number

Contact Number OTHERS-98805049

EMail Address PAULWONGDR@GMAIL.COM

Address 98 SOPHIA ROAD #04-01

Postcode 228165

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 COLLIDED INTO PARKED VEHICLE

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

4

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

#### REFER TO ATTACHMENT

### 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 SFU93A

Vehicle Make/Model/Colour SILVER BMW 5 SERIES

Details Of Properties FRONT RIGHT

Vehicle Category PRIVATE CAR

Name of Driver LONG TIAN-EN IAN

NRIC/Passport Number

Contact Number 91550879

Address Postcode

Insurance Company Name

Nature Of Damage

### No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKC995H

Vehicle Make/Model/Colour VOLKSWAGEN/GOLF/RED

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver RAYMOND

NRIC/Passport Number

Contact Number 96327221

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SLN1592K

Vehicle Make/Model/Colour KIA CERATO/FORTE/GREY

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- 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)
  - (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")
- 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
- 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.
- 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 305 Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time

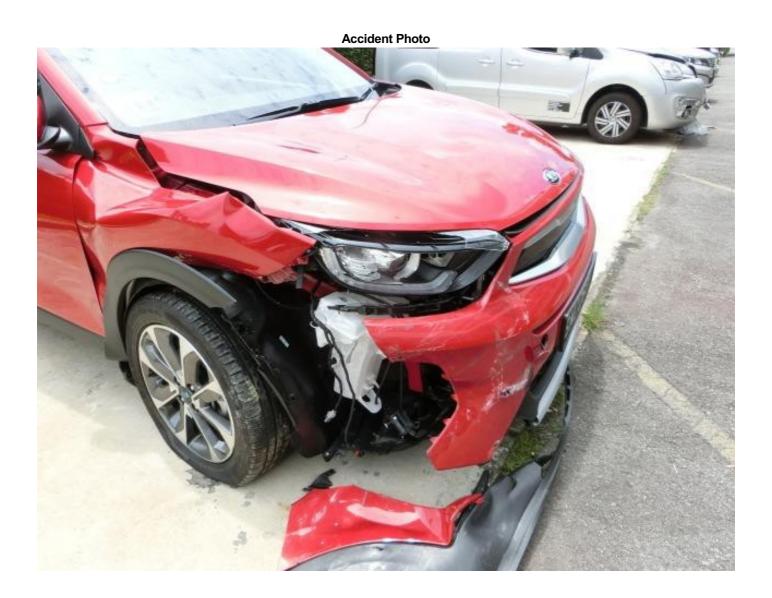
Reporting Centre Personnel's Signature

Name:

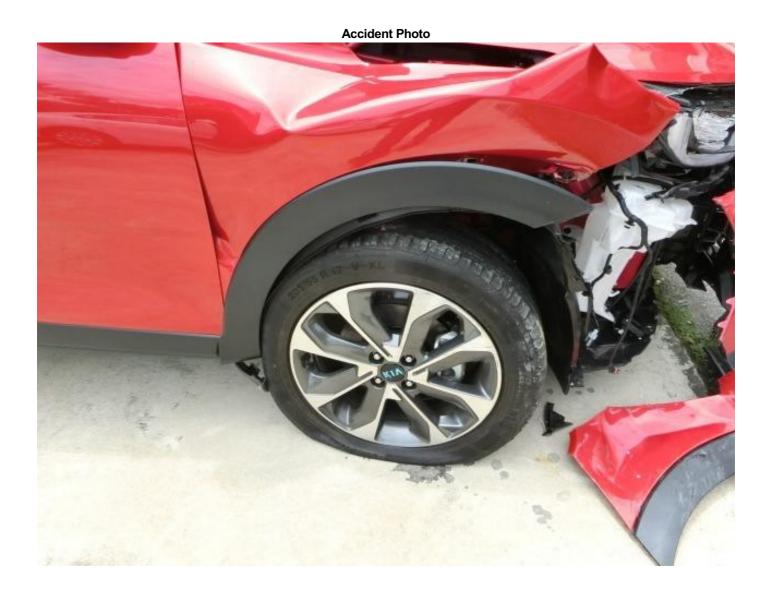
NRIC/FIN No.:

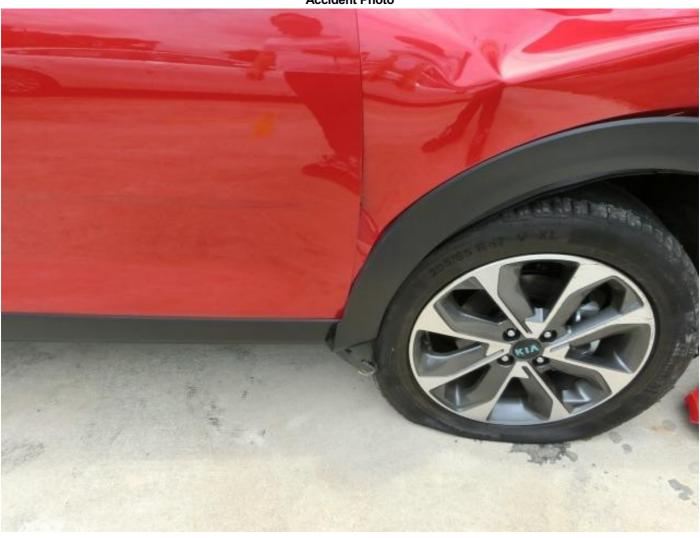
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(USTE VILLA.)	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
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(11. Post dange impact mable to apr mont most in (21 - Unable to renere child seat 2° itobio jam following impac	10
- BAYW C Speek hit VW GOLF SC C 9954 Front agent de	
then hit SMJ 2600 2 kin steric. Then hit a kin com	200
SIGHT FUNICH DUNGER SLN1592K)	
- All cas were puch & stitung except BMW	
- (cin Theric subsequent) after impact, mounted out	-
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Philis will be set to asper enal.	1
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	+
ECLARATION	_
We declare the foregoing particulars are true in every respect.	
Nicyholder's Signature Driver's Signature Reporting Centre Personnel's Signature	
licyholder's Signature  Driver's Signature  (If driver is not the policyholder)  Date & Time:  NRIC/FIN No.:	



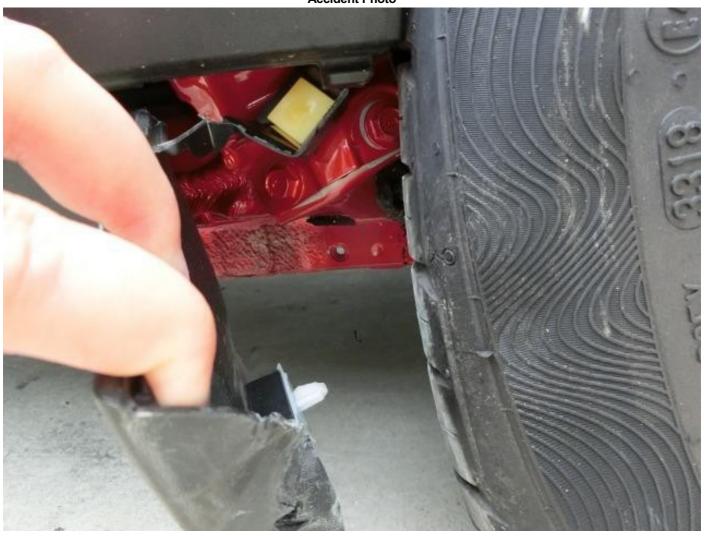












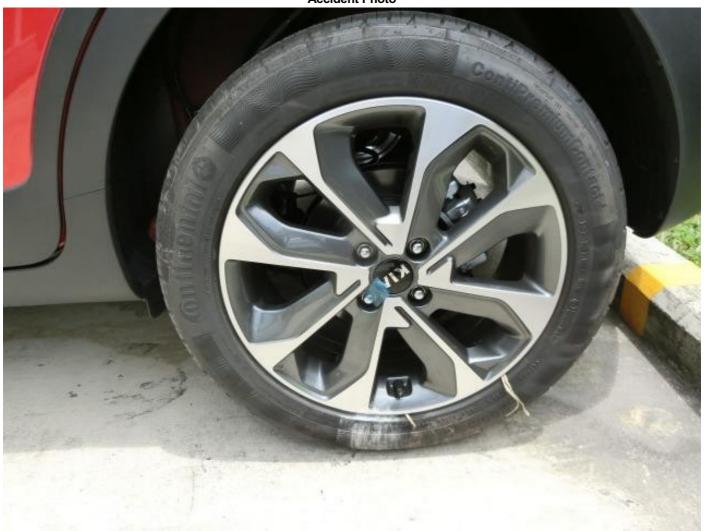




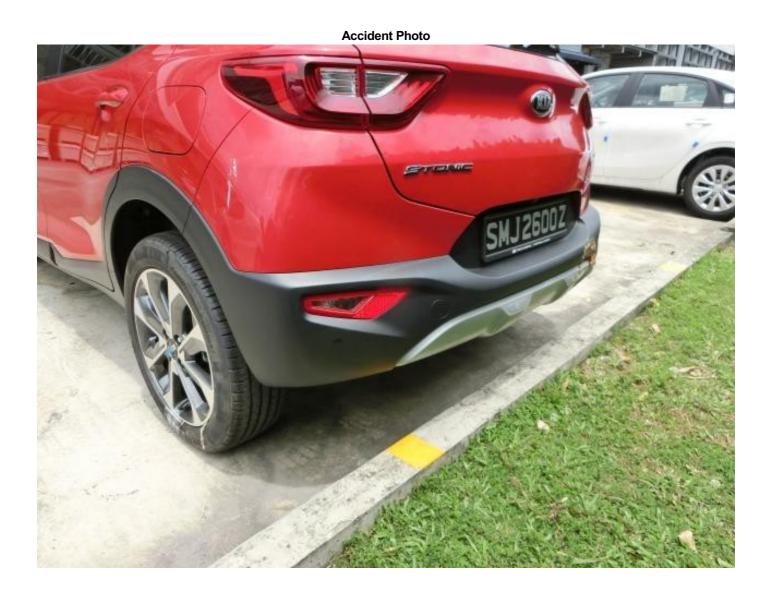








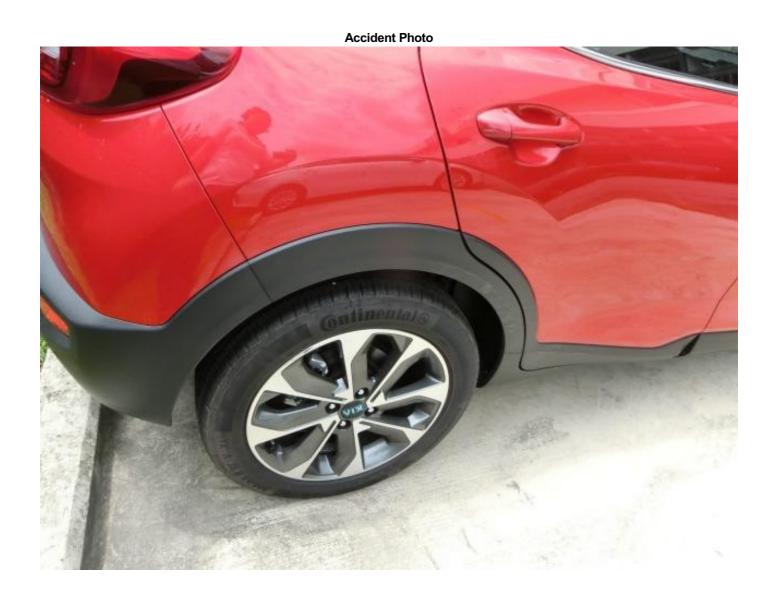


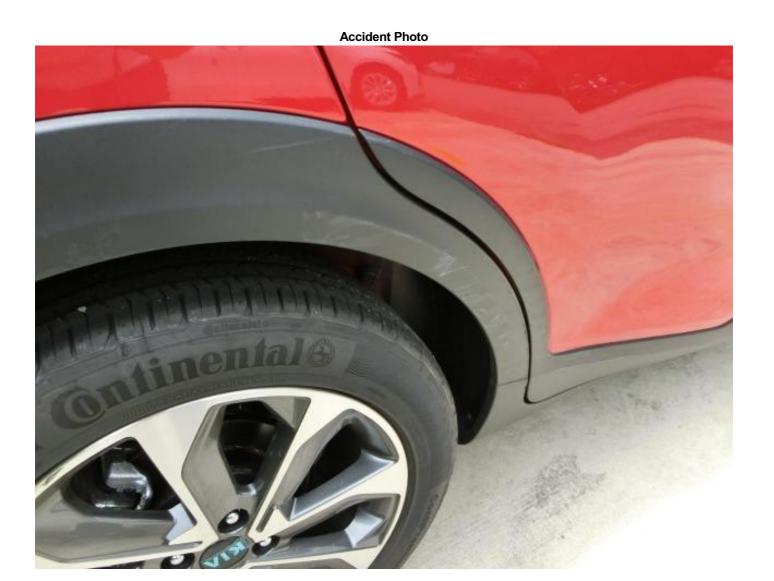


















Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 7/20190429/7013 1 of 4

Report No. 1720190429/7013

# REPORT OF A TRAFFIC ACCIDENT

Date/Tir 29/04/20	ne Report I 19 15:26	Made:	Vide Report No.: F/20190428/0163	Station Diary No.:
Informa	nt's Partic	ulars	en and the same of	
Name of WONG	Informant: PAUL WIN	G-YAN	Address: 98 SOPHIA ROAD #04-01 SI	NGAPORE 228165
ID Type NRIC N	/ ID No.: ) / S76567-	44A	Contact No.: Home/Office:	Mobile: 98805049
National BRITISH	ty:		Email: paulwongdr@gmail.com	
Sex: Male	Age: 43	Date of Birth: 09/02/1976	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupat Anaesth	ion: osiologist		Driving Licence Information: Class:	Date of Expiry:

Type of Accident	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident 28/04/2019 16:00	Type of Location Straight Road	
Location: NIM ROAD					
Weather:		Road Surface:	F	Road Speed Limit:	
Clear		Dry	1	io Km/h	
		Dry Traffic Control: Not Controlled			

Details of V	chicle invo	lved				
Vehicle No.	Type .	Make	Model	Color	Condition	No of Passenger
SFU93A	Car	BMW	5 series	Silver	Seriously Damaged	Market Street,
SKC995H	Car	VOLKSWAGO N	golf	Red	Seriously Damaged	0
SLN1592K	Car	KIA	?cerrato/fort e	Grey	Slightly Damaged	0
SMJ 2600Z	Car	KIA	Stonic	Red	Seriously Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Details of Vehicle Insurance

2 of 4 Report No. T/20190429/7013

### CONTINUATION OF REPORT

Vehicle No.	Insurance Company		Insuran	one No.		Effective	Expliny Date
SMJ 2600Z	AIG ASIA PACIFIC INSURANCE P	TE.	190002	DESCRIPTION OF THE PARTY.		27/02/2019	26/02/2021
Details of Pe	erson Involved						
Any Pedestri	an Involved: No				_		
No. of Pedes	trians Injured: NIL	UB	se of Pec	deatria	n Cross	sine: NA	
Driver	Company Control of the Control of th				The second	anny, rara	
Name	Long Tian-En Ian			ID No		S9112700H	
Rolated Vehi	cle SFU93A (Car)			Conta	ict No.	91550879	
Hospital/Clini	c NIL	NIL			of g ce & y Date	Class: 3A Date of Exp	iry: NIL
Date Treatme	NIL Date Di			sance	NIL		
No. of Days g	ranted Medical Leave NIL		egree of		NIII		
Vehicle Owne	if.		Marie Contract	-	1	-	
Name	WONG PAUL WING YAN			ID No	Ø.	S7656744A	

Contact No.

Class of

Driving Licence & Expiry Date

Date Discharge NIL

Degree of Injury NIL

98805049

Class: NIL Date of Expiry: NIL

#### Brief Details.

Related Vehicle

Hospital/Clinic

Date Treatment NIL

MIL

NIL

No. of Days granted Medical Leave

28.4.19:

New Red Kira Stonic SMJ 2600Z Nim road opposite Este Villa, (facing Mimosa Cres direction) parked at 13:00hrs to attend childrens party at Este Villa, together with Pregnant wife and 2 year old son.

At 17:06 notified by mother in law who informed us that Traffic police requestesd immediate attendance as our our red Kia Stonic was involved in a car accident.

On arrival, 2-3mins later, I found our car mounted on grass verge, smashed Front driver side of vehicle with its rear against a broken tree (which was subsequent) cut down by NEA after our car was towed). Police informed us that a driver of a BMW 5 series had hit a red golf in fron of ours (driver side door impact- SKC 995H) and then hit our parked vehicle on the street, which sent it onto the grass verge pavement, into the tree, and breaking it.

Driver of the car was allegedy: Long Tian-En, Ian S9112700H of vehicle SFU93A

The child seat could not be removed following the impact, and our red vehcile was towed away at aproximately 6:30pm uneventfully.



T.20190429/7013

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 4 Report No. T/20190429/7013

#### CONTINUATION OF REPORT

"I spoke to the security guard of este villa at 6:35pm and he said he heard two large bangs, and came out to see, but specifically did not hear any screeching of breaks or tyres.

was asked by IO Ivan to submit within 24hrs traffic accident report, hence am now here at Police station next to KK hospital typing the report on Police computer photos available





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Informant is not able to provide sketch plan

Sketch Plan

Authentication Stamp

NP168

4 of 4 Report No. T/20190429/7013

CONTINUATION OF REPORT

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 29/04/2019 15:28
Classification Of Case:

#### **Identification Card**





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTER BASEDOATE RECORDS MANAGEMENT CENTER 1616/91224 0013 Operating Hours: Monday to Friday, 05:00 – 17:00 Operating Hour	GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTER (1958) 224 0013 (Departing Hours: Monday to Friday, 05:00 – 17:00 utra-sessosopor / 637 Mar, No. 1800) 100 (Priday, 05:00	GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTER INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTER INSURANCE SENDING SOLVEN SENDON FOR INSURANCE PRECORDS MANAGEMENT CENTER INSURANCE SENDING SOLVEN SENDON FOR INSURANCE SOLVEN SENDON FOR INSURANCE PRECORDS MANAGEMENT CENTER INSURANCE SENDING SOLVEN SENDON FOR INSURING SOLVEN SENDON FOR INSUR	na	Addendum Sheet 07:16			6
GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTER BUSURANCE RECORDS MANAGEMENT CENTER  RECORDS MANAGEMENT CENTER  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:  MCC619056048  Vehicle Registration No:  WONG PAUL WING-YAN  NRIC/FIN/Passport No:  S7656744A  Address:  Contact (Tel):  MONG PAUL WING-YAN  Mobile No::  Email Address:  Date of Accident:  Insurance Company:  (B) ADDITIONALINFORMATION / AMENDMENTS:  I have made a report on the above mentioned accident and would like to include additional information of the same of section of the same in the same of the same of the same in the same of the sam	GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTED SINGAPORE RECORDS MANAGEMENT CENTED ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CONTED ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CONTED ASSOCIATION OF SIN	GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTE INSURANCE INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTE INSURANCE INSURED INSURANCE INSURED	ııg	07.10			
## Facility Court   Fac	GENERAL RECORDS MANUACHMENT CENTRE RECORDS MANUA	### Contact (Tel)    Contact (Tel)   Contact (		GIA-addendu	Q	<b>*</b>	
ADDENDUM  (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:  Original Report No: MCC619056048 Vehicle Registration No: SMJ2600Z  Name(as shown in NRIC): WONG PAUL WING-YAN NRIC/FIN/Passport No: S7656744A  (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate  Address: Singapore(  Contact (Tel): Mobile No.:  Email Address:  Date of Accident: 28/04/2019 Time of Accident: 16:00  Place of Accident: NIM ROAD OPPOSITE ESTE VILLA  Insurance Company:  (B) ADDITIONAL INFORMATION / AMENDMENTS:  I have made a report on the above mentioned accident and would like to include additional information of the contact of	ADDENDUM  (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:  Original Report No: MCC619056048 Vehicle Registration No: SMJ2600Z  Name (as shown in NRIC): WONG PAUL WING-YAN NRIC/FIN/Passport No: S7656744A  (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate  Address : Singapore(  Contact (Tel) : Mobile No.:  Email Address :  Date of Accident : 28/04/2019 Time of Accident : 16:00  Place of Accident : NIM ROAD OPPOSITE ESTE VILLA  Insurance Company:  (B) ADDITIONAL INFORMATION / AMENDMENTS:  I have made a report on the above mentioned accident and would like to include additional information of make the following amendments:	ADDENDUM  (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:  Original Report No: MCC619056048 Vehicle Registration No: SMJ2600Z  Name[as shown in NRIC]: WONG PAUL WING-YAN NRIC/FIN/Passport No: S7656744A  (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate  Address : Singapore(  Contact (Tel) : Mobile No.:  Email Address :  Date of Accident : 28/04/2019 Time of Accident : 16:00  Place of Accident : NIM ROAD OPPOSITE ESTE VILLA  Insurance Company:  (B) ADDITIONAL INFORMATION / AMENDMENTS:  I have made a report on the above mentioned accident and would like to include additional information make the following amendments:		GENERAL INSURANCE ASSOCIATION For (65) 6224 0010 Fax (65) 6224 0010 Fa			
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Address :	Address :	Address :	(A)	Original Report No : MCC619056048 Vehicle			
Date of Accident:	Date of Accident:	Date of Accident: 28/04/2019 Time of Accident: 16:00  Place of Accident: NIM ROAD OPPOSITE ESTE VILLA  Insurance Company:   (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information make the following amendments:		Address :		-3.50	
(B) ADDITIONAL INFORMATION / AMENDMENTS:  I have made a report on the above mentioned accident and would like to include additional information of	(B) ADDITIONALINFORMATION / AMENDMENTS:  I have made a report on the above mentioned accident and would like to include additional information of make the following amendments:	(B) ADDITIONALINFORMATION / AMENDMENTS:  I have made a report on the above mentioned accident and would like to include additional information make the following amendments:		Date of Accident : 28/04/2019 Time of NIM ROAD OPPOSITE ESTE VILLA	Accident :	16:00	
	change to own damage to TP	change to own damage to TP	(B)	ADDITIONALINFORMATION / AMENDMENTS:  I have made a report on the above mentioned accident and would			on o

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

WONG PAUL WING-YAN

# **Addendum Sheet** fil Singtel 07:43 GIA-addendu... 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: 5665500206 / 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. (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: SMJ2600Z Original Report No : \_\_Vehicle Registration No: \_ Name(as shown in NRIC) : WONG PAUL WING-YAN S7656744A \_NRIC/FIN/Passport No: (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address \_Singapore( Contact (Tel) Mobile No.: Email Address Date of Accident \_Time of Accident : \_\_ NIM ROAD OPPOSITE ESTE VILLA Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: change TP to own damage WONG PAUL WING-YAN Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No .: Date: