

## 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	23/07/2019 11:57
Date Of Accident	22/07/2019 06:10
Exact Location Of Accident	157 JALAN TECK WHYE #2B-69 HDB CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1842A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG YEN KWOK
NRIC No	S7118046H
Email Address	FASTANDFURIOUSWONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97826093
Alternative Phone No	OTHERS-97826093

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	EVO 10-2.0 GSR (M)
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	2100501829
Cover Note Number	

### Driver

Name of Driver	WONG YEN KWOK
NRIC No	S7118046H
Date Of Birth	29/05/1971
Occupation	INDOOR
Date Of Driving Pass	15/06/1989
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97826093
Fax Number	
Contact Number	OTHERS-97826093
Email Address	FASTANDFURIOUSWONG@GMAIL.COM

Address	BLK 157 JALAN TECK WHYE #12-125
Postcode	680157
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
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG DIVISION HQ
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 18007910000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT.

#### 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	GBG915A
Vehicle Make/Model/Colour	NISSAN / VAN / GREY
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)

## Sketch Plan

### SKETCH PLAN

#### 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. 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 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: Chang Chee Sing  
NRIC/FIN No.: G22481700



### Sketch Plan #2

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please refer to the police report

## DECLARATION

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

Policyholder's Signature  
Date & Time:

23/7/19

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

Reporting Centre Personnel's Signature  
Name: Chang Chell Sing  
NRIC/FIN No.: G2248170W

G:\BMC-SwitchPlanForm\_V3

# Police Report



**SINGAPORE  
POLICE FORCE**



J20190722/7044

1 of 2

## POLICE REPORT (NP299)

Report No. J20190722/7044

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 22/07/2019 19:19	Video Report No.		Station Diary No.	
Name Of Informant WONG YEN KWOK	Address 157 JALAN TECK WHYE #12-125 SINGAPORE 680157			
ID Type / ID No. NRIC NO / S7118048H	Contact No. Home/Office:		Mobile: 97826093	
Nationality SINGAPORE CITIZEN	Email Address fastandfuriouswong@gmail.com			
Occupation Management executive	Sex Male	Age 48	Date of Birth 29/05/1971	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 22/07/2019 08:10 - 22/07/2019 07:50	Location Of Incident 157 JALAN TECK WHYE #2b-69 HDB-CHOA CHU KANG SINGAPORE 680157			

### Brief details.

Today I reach car park deck 2B and found my car's bumper (SLL1842A) got heavy scratches. I remember the day before I parked my car there was a van, vehicle no.GBG915A parked beside. Just now @ 6.00pm I saw this van at the car park and found there were dented mark at the left side of the van. My car colour is turquoise and the van's dented area still have the colour paint of my car's colour. I am quite sure it's this van hit my car. I am reporting this to have my insurance claim against this vehicle.

Subjects Involved	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2019 19:19
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# Police Report



**SINGAPORE  
POLICE FORCE**



J/20190722/7044

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. J/20190722/7044

<b>Victim</b>			
Person Name	WONG YEN KWOK		
ID Type	NRIC NO	ID No	S7118046H
Gender	Male	Age	48
Race	Chinese	Language	English
Occupation	Management executive	Address	157 JALAN TECK WHYE #12-125 SINGAPORE 680157
Mobile No	97828093	Is Informant A Victim?	Yes
Person Name	WONG YEN KWOK (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2019 19:19
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

### THIRD PARTY VAN





THIRD PARTY VAN



**THIRD PARTY VAN**



THIRD PARTY VAN



THIRD PARTY VAN



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

