

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	29/07/2019 12:06
Date Of Accident	22/07/2019 18:00
Exact Location Of Accident	BLK 439 FAJAR ROAD OPEN CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV7756K
Insured/Policyholder	
Name Of Registered Owner	AW YONG JIN WEI
NRIC No	S7101832F
Email Address	GARYAWYONG@GOOGLE.COM
Mobile Phone No	(LOCAL) +65-98291499
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	BMW
Model	420I-2.0 GRAN COUPE (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00522632
Cover Note Number	
Driver	
Name of Driver	AW YONG JIN WEI
NRIC No	S7101832F
Date Of Birth	19/01/1971
Occupation	INDOOR
Date Of Driving Pass	12/07/1997
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-98291499
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	GARYAWYONG@GOOGLE.COM

Address BLK 439 FAJAR ROAD #09-418
 Postcode 2367
 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? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

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 GBF4240S
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver TANG KWOK HOONG
 NRIC/Passport Number S1237370H
 Contact Number 9612 9229
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: SKV7956K
ACCIDENT DATE: 22/07/19 @ 18:00

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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.

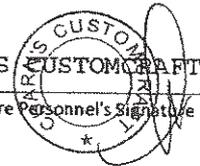
NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature
Date & Time

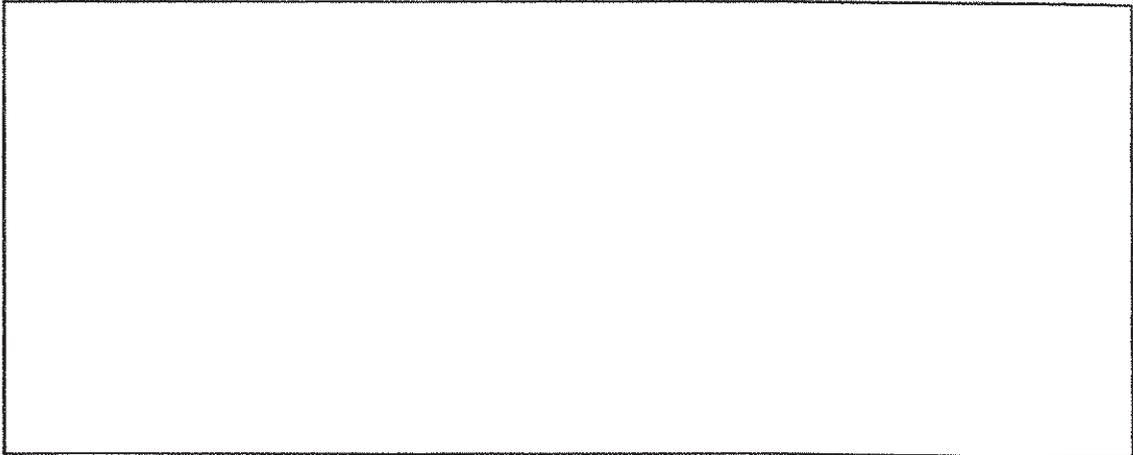
29/7/19
0920hrs

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Incident happened on 22nd July 2019. I was overseas when my family member called to tell me my car, which was parked at the car park (Lot number 66) at the block of my house (B/E 439 Fajar Road) was being knocked into. The person left a note on the windscreen of my car. I subsequently called the person and he admitted to the accident. His name is Stephen and he worked for FedEx. He was sending a parcel when he reversed his car & knocked into the right front bonnet of my car. He has reported this incident to his company since.			
Stephen details are as follow:			
name: Tang Kwok Hoang (IC = S123737014)			
vehicle number: 4bf 4240S Hp: 9612 9229			
Company: FedEx Express			
Stephen said his company has reported this accident to their insurance company & they are willing to bear the consequences of this accident.			
Additional info: I was over-seas from 22nd July to 27th July.			
copies of the custom sticker & boarding pass were attached here as proof.			
OWN DAMAGE ()	3RD PARTY CLAIM <input checked="" type="checkbox"/>	REPORTING ONLY ()	OWN WORKSHOP <input checked="" type="checkbox"/>

DECLARATION

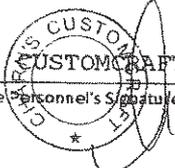
I/we declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

29/7/19
0920hrs

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

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



SINGAPORE AIRLINES **ECONOMY CLASS**

ECONOMY CLASS

AW YONG JIN WEI
SQ*G QPPS 8083015289

AW YONG JIN WEI
 SQ*G QPPS 8083015289

Flight	SQ 865	From	HKG	To	SIN	Date	27JUL19
Terminal	1	Gate	7	Boarding time	06:10 PM	Seat	45D
					27JUL19	Boarding Group	2

From **HONG KONG**
 To **SINGAPORE**

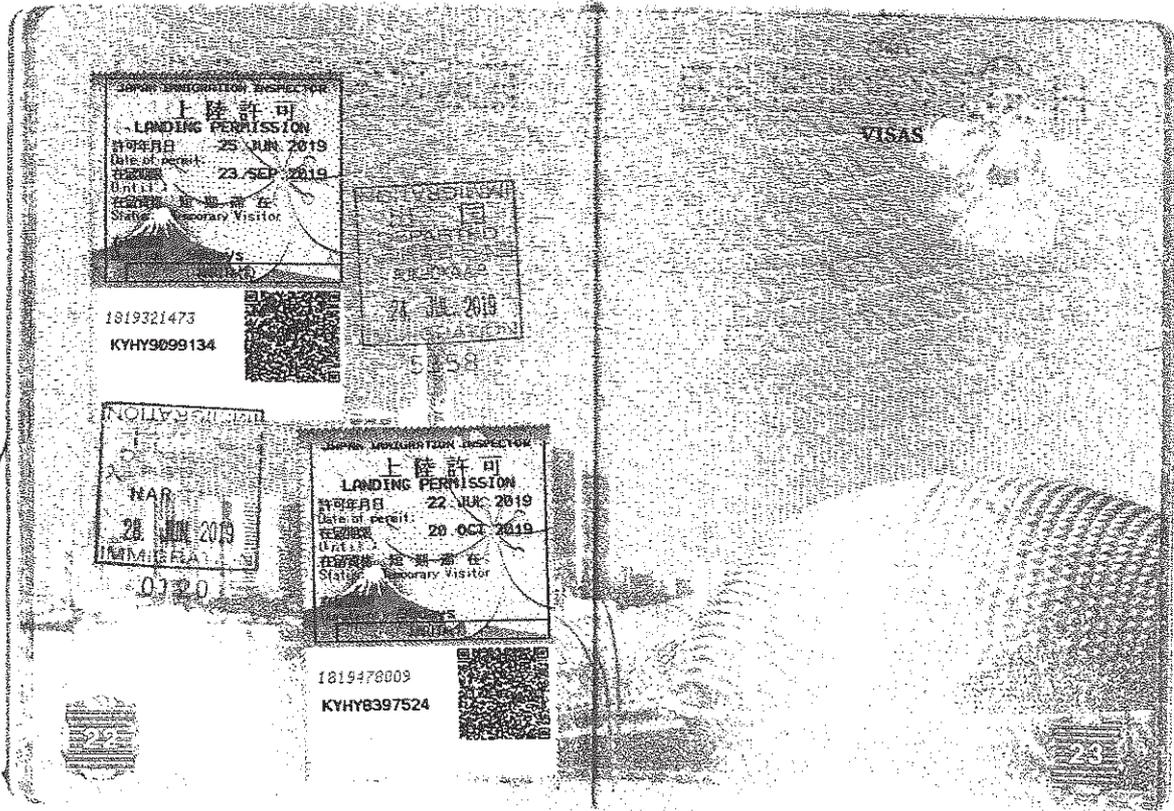
Flight **SQ 865** Seat **45D**
 Date **27JUL19**

YOU ARE INVITED TO THE BUSINESS CLASS SKI
GATE CLOSES 10 MINS BEFORE DEPARTURE

00236 ETNo 618342618334703

00236 ETNo 618342618334703

A STAR ALLIANCE MEMBER



Accident Photo

