

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	12/12/2019 13:38
Date Of Accident	12/12/2019 09:25
Exact Location Of Accident	GOLDHILL AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7258J
Insured/Policyholder	
Name Of Registered Owner	NG WAN CHING
NRIC No	SXXXX343I
Email Address	WANCHINGNG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98230493
Alternative Phone No	OFFICE-98230493

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI
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	REPORTING ONLY
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	2100476589-03
Cover Note Number	

Driver

Name of Driver	WONG RUI EN
NRIC No	SXXXX854I
Date Of Birth	12/04/1998
Occupation	INDOOR
Date Of Driving Pass	17/04/2018
Driving Experience	1 YEAR AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82981850
Fax Number	
Contact Number	OFFICE-98230493
Email Address	REYRNWONG@GMAIL.COM

Address	37 GOLDHILL AVENUE
Postcode	309020
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	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

I WAS DRIVING DOWN GOLDHILL AVENUE WHEN MY SISTER CALLED ME TO PICK HER UP, SO I DECIDED TO MAKE A 3 POINT TURN INTO THE DRIVEWAY BEHIND ME. I WAS BEGINNING TO REVERSE INTO THE DRIVEWAY WHEN A LADY DRIVING A BMW DROVE DOWN THE HILL. SHE CAME DOWN QUICKLY AND WAS VERY CLOSE BEHIND MY CAR. BY THE TIME I REALISED SHE WAS THERE I JAM BRAKED, BUT IT WAS TOO LATE AND OUR CARS COLLIDED.

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	SKP5282E
Vehicle Make/Model/Colour	BMW
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

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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: 01/12

Driver's Signature

(If driver is not the policyholder)

Date & Time:

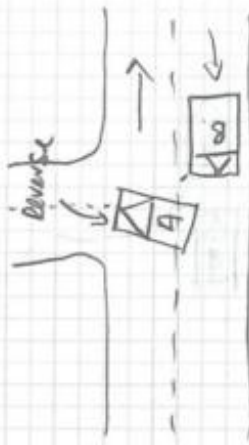
Reporting Centre Personnel's Signature

Name: Goh Shi Hao, Tony

NRIC/FIN No.: G858 7792K

Sketch Plan #2

SKETCH PLAN



A → SLE 7258J.

B → SKP 5282E.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving down Goldhill Avenue when my sister called me to pick her up, so I decided to make a 3 point turn into the driveway behind me. I was beginning to reverse into the driveway when a lady driving a BMW drove down the hill. She came down quickly and was very close behind my car. By the time I realised who was there I jam braked, but it was too late and our cars collided. ~~reverse~~ ~~reverse~~

DECLARATION

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

Policyholder's Signature

Date & Time: 12/12

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Goh Shi Hao, Tony.

NRIC/FIN No.: 7858 7792K.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



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: S665500206 / 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 : MPA119163559 Vehicle Registration No: SLE7258J
Name (as shown in NRIC) : NG WAN CHING NRIC/FIN/Passport No : SXXXX343I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 37, GOLDHILL AVE Singapore 309029
Contact (Tel) : 98230493 Mobile No. : _____
Email Address : wanchingng@yahoo.com.sg
Date of Accident : 12/12/2019 Time of Accident : 09:25
Place of Accident : GOLDHILL AVENUE
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

(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:

TO AMEND OWN DAMAGE CLAIM TO REPORTING ONLY.

Policyholder / Driver's Signature

Date: 05/02/2020



Reporting Centre Personnel's Signature

Name: Tony Fong

NRIC/FIN No.: _____

Date: 5/2/2020