

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	17/01/2020 16:57
Date Of Accident	16/01/2020 20:00
Exact Location Of Accident	CLEMENTI AVENUE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR853E
Insured/Policyholder	
Name Of Registered Owner	WONG LAI KHENG
NRIC No	S1500249B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96196032
Alternative Phone No	Others-97203088

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 (A)
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	2100399154-05
Cover Note Number	

Driver

Name of Driver	WONG YI JIA
NRIC No	S9336889D
Date Of Birth	06/10/1993
Occupation	INDOOR
Date Of Driving Pass	03/07/2014
Driving Experience	5 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97203088
Fax Number	
Contact Number	
EEmail Address	WYIJIA_93@HOTMAIL.COM
Address	39 SWAN LAKE AVENUE
Postcode	455723
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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: : Kelly Chow 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

Refer 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	SHD9220G
Vehicle Make/Model/Colour	TOYOTA PRIUS/RED/TRANSCAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAY TONG SIEW

NRIC/Passport Number	S0165126I
Contact Number	98535077
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
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:

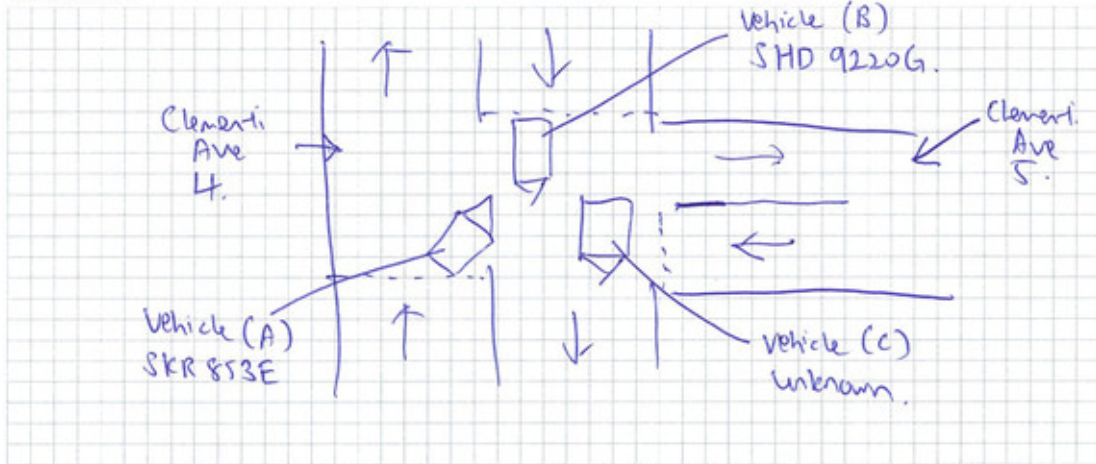
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/1/2020
1745 hrs.

Reporting Centre Personnel's Signature
Name: Humsah
NRIC/FIN No.: SXXXXX434B

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle (A) SKR 853E along Clementi Ave 4, activated right hand indicator to turn into Clementi Ave 5. Since the traffic light was green in my favour, I drove my vehicle (A) SKR 853E forward and stopped at the junction to give way for oncoming traffic. Vehicle (B) SHD 9220G from the opposite direction, along with Vehicle (C) dashed across trying to beat the amber light. Vehicle (B) SHD 9220G swerved left and hit the right side of Unknown vehicle (C). There was no damage to the front of my vehicle, vehicle (A) as there was no collision for my vehicle, vehicle (A). On the morning of 17/1/2020 at 1044 hrs, I received a call representing Vehicle (B) SHD 9220G stating that they wanted to make a claim against my vehicle, vehicle (A) SKR 853E. As such, I am making this report in case the vehicle (B) SHD 9220G is making a claim against me.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/1/2020.
1745 hrs.

Reporting Centre Personnel's Signature
Name: Hamsah
NRIC/FIN No.: SX XXX 434B

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REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man with glasses.

Licence Number: **S9336889D**
 Name: **WONG YI JIA**
 Birth Date: **06 Oct 1993**
 Issue Date: **03 Jul 2014**

Barcode: **0023212758**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9336889D

Portrait photo of a man with glasses.

Name: **WONG YI JIA**
 Race: **黄 翊 嘉**
CHINESE
 Date of birth: **06-10-1993** Sex: **M**
 Country of birth: **SINGAPORE**

Barcode: **S9336889D**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars < 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg

EFFECTIVE DATE: **03 Jul 2014**

NP 428A

Licence No: **S9336889D**

4292444

Barcode: **S9336889D**

NRIC No: **S9336889D**

Portrait photo of a man with glasses.

Date of issue: **14-10-2008**

Address: **39 SWAN LAKE AVENUE
 SINGAPORE 455723**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

