

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	08/02/2020 11:53
Date Of Accident	07/02/2020 18:00
Exact Location Of Accident	ALONG EVANS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4403R
Insured/Policyholder	
Name Of Registered Owner	HONG REALTY (PRIVATE) LIMITED
Co Reg No	196200244W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62208411

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS NX200T CLASSIC
Exact Purpose for which vehicle was being used at time of accident	
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	2100484568-03
Cover Note Number	

Driver

Name of Driver	JASON WANG YAW HSUI
NRIC No	S7856351F
Date Of Birth	25/10/1978
Occupation	INDOOR
Date Of Driving Pass	22/08/2008
Driving Experience	11 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96556869
Fax Number	
Contact Number	
EMail Address	YAWHSUI@GMAIL.COM
Address	614 MERRYIN ROAD
Postcode	298537
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
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

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	SJF657E
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)**

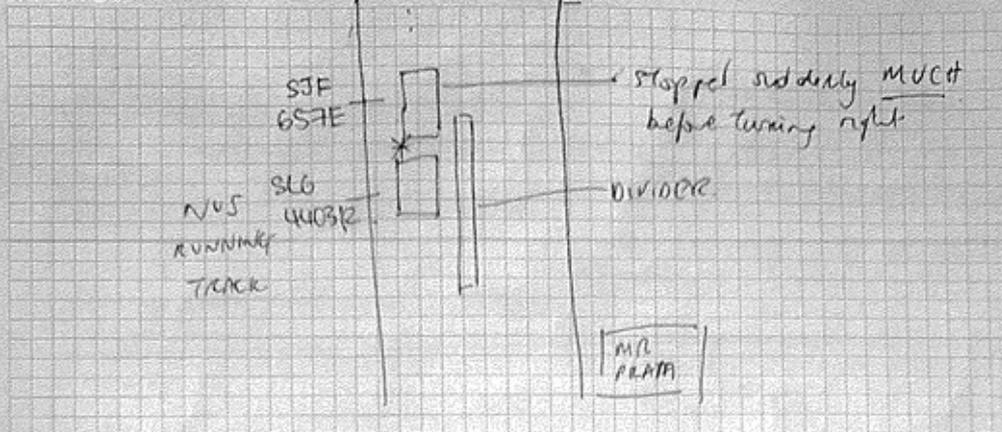
I understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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) and associated vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the relevant regulatory authority, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims, and if 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, notices, receipt of funds, etc.) which could involve disclosure of certain personal data about me to bring about delivery of the claim (such as with the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (including my "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above purposes.
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party agents (including their lawyers/law firms), which may be situated outside of Singapore, for the purposes of the above purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud prevention 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 the investigation and management of the claims, including regulators, law enforcement and government agencies as lawfully required; and
 - (ii) for complying with requirements under any regulatory requirements.


Policyholder's Signature
Date & Time: 08/02/2020
11:46am


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SLG 4403 R	ACCIDENT DATE & TIME: 7/2/2020 6pm
CONTACT NUMBER:	E-MAIL ADDRESS: yawhsui@gmail.com
LOCATION: ON EVANS ROAD	
<p>car in front stopped abruptly well before turning point to access car park. She moved off then braked abruptly again when there was no reason to do so. Traffic was moving at crawling speed but as I moved off she braked abruptly and I had no time to react to her unexpected braking.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state:	
<input checked="" type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

DECLARATION

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


 Policyholder's Signature
 Date & Time: 08/02/2020
 11:46am

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


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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

