

## 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.**
- 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.
- 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 as aforesaid.

### ACCIDENT STATEMENT

Date Of Report 30/10/2020 18:32  
Date Of Accident 30/10/2020 13:10  
Exact Location Of Accident MARYMOUNT RD (BTW SING MIN AVE/ UPPER THOMSON RD)  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SCU1680J  
**Insured/Policyholder**  
Name Of Registered Owner WONG CHEE WENG  
NRIC No SXXXX319Z  
Email Address WAYNE.WCW@GMAIL.COM  
Mobile Phone No (LOCAL) +65-91891008  
Alternative Phone No OFFICE-91891008

### 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? 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  
Cover Note Number

### Driver

Name of Driver WONG CHEE WENG  
NRIC No SXXXX319Z  
Date Of Birth 14/06/1965  
Occupation INDOOR  
Date Of Driving Pass 10/03/1993  
Driving Experience 27 YEARS AND 7 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-91891008  
Fax Number  
Contact Number OFFICE-91891008  
Email Address WAYNE.WCW@GMAIL.COM

Address 10 BEDOK RESERVOIR VIEW  
#10-31  
Postcode 479236

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 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? NO

Have 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? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO 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 SKL7753X

Vehicle Make/Model/Colour NISSAN/SILVER

#### Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOHAMAD ARIF BIN ABDUL

NRIC/Passport Number S<XXX315F

Contact Number 98528940

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(s) (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 etc., 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, if any); and
  - (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), who may be located 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 disclosed:
  - (i) to all insurers and/or any other third party for the purpose of valuating, investigating, controlling or managing claims;
  - (ii) to regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (iii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time

*Wang Jiahui*  
*30/06/2022*  
*3:15pm*

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name *Lin Kuo Seng*

NRIC/NN No. *G8352769*



### Sketch Plan #2

### SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

### DECLARATION

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

Ponyholder's Signature \_\_\_\_\_  
Date & Time 30/11/2021  
6:18pm

Driver's Signa  
(If driver is no  
Date & Time

Reporting Centre Personnel's Signature  
Name Lina B. Sanyal  
NRIC/FIN No. 09 0000564