

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	09/11/2020 13:52
Date Of Accident	07/11/2020 15:15
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE EXIT 32
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS8823K
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Insured/Policyholder

Name Of Registered Owner	WONG SEOW CHIN
NRIC No	S7883163D
Email Address	WSCCHRISTALLE2017@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90288813
Alternative Phone No	Others-90288813

Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVE BACK TO HOME(BOON LAY)FROM PAYA LEBAR SQUARE
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	1900263801
Cover Note Number	

Driver

Name of Driver	WONG SEOW CHIN
NRIC No	S7883163D
Date Of Birth	08/05/1978
Occupation	INDOOR
Date Of Driving Pass	12/01/2012
Driving Experience	8 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-90288813
Fax Number	
Contact Number	OTHERS-90288813
EEmail Address	WSCCHRISTALLE2017@GMAIL.COM
Address	BLK 211 BOON LAY PLACE #12-137
Postcode	640211
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	CHAIN COLLISION
Weather Conditions	RAINING
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)	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 ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB5907Z
Vehicle Make/Model/Colour	HONDA SHUTTLE
Details Of Properties	2ND CAR
Vehicle Category	PRIVATE CAR
Name of Driver	KWEK KIAT BENG
NRIC/Passport Number	S1588300F
Contact Number	98788962

Postcode

Nature Of Damage

DETAILS OF OTHER VEHICLE PROPERTY 2

SLU4977C

3RD CAR

PRIVATE CAR

Contact Number

Postcode

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan


SKETCH PLAN

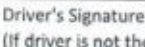
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

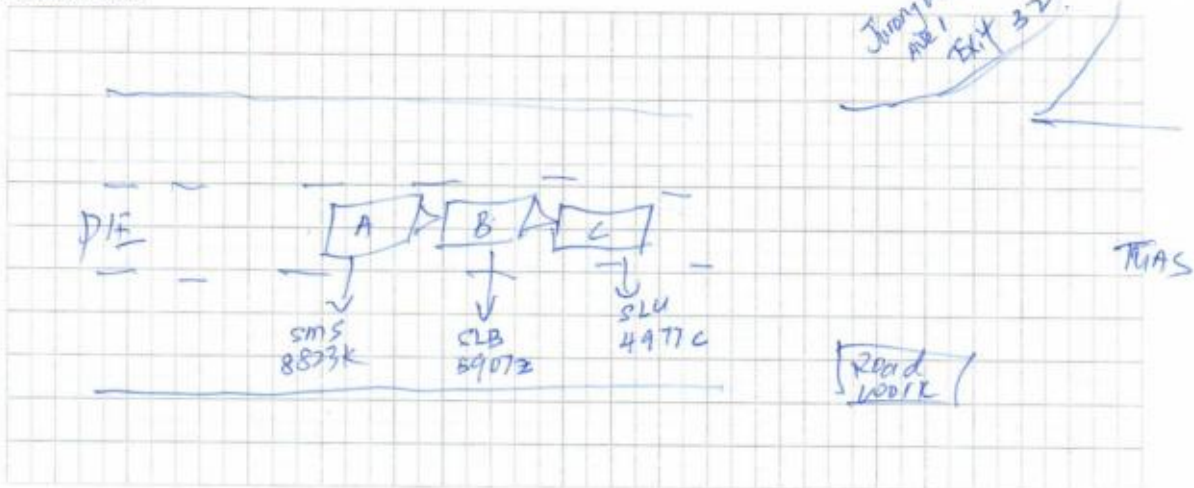
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am at the second lane all the way during and speed was between ^{around 70 to} 80/km on PIE towards Tuas. At the 1st lane I saw a ^{Road work} sign board.

There is a Road work sign board on the first lane before Exit to Jurong West Ave 1, the in-front of my car ~~also~~ suddenly emergency brake. Although I have some distance with the car in-front. ~~also unable~~ ~~to~~ and I also brake immediately. But still unable to stop by time and bang into the car in-front of me.

I went down from my car and check with the driver in-front, the realize there is another car in-front of Mr. Kwat car also E-brake so Mr. Kwat also suddenly E-Broke. But my E-brake unable to stop by time. The ^{weather} condition on 07 NOV 2020 Time: 1515 was ~~draining~~ raining and floor wet.


2x Police cars came acrossed and make sure we have no injuries then police was asked us to drive to aside to exchange particulars and no police report needed.

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:


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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



ODOMETER



CHASSIS

