

## 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	27/11/2020 12:08
Date Of Accident	27/11/2020 07:20
Exact Location Of Accident	LOYANG AVE - OPP LOYANG VALLEY CONDO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK4652E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG DAWEI, KELVIN
NRIC No	SXXXX571D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94505145
Alternative Phone No	Home-62501420

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 EX (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	1900083554
Cover Note Number	

### Driver

Name of Driver	WONG KOK CHAN
NRIC No	SXXXX575H
Date Of Birth	30/04/1947
Occupation	INDOOR
Date Of Driving Pass	16/09/1967

Driving Experience	53 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94505145
Fax Number	
Contact Number	HOME-62501420
EMail Address	TOGCN25@GMAIL.COM
Address	BLK. 10G BRADDELL HILL #22-25 SINGAPORE
Postcode	579726
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	SHB4003K
Vehicle Make/Model/Colour	
Details Of Properties	3RD CAR

1/18/2021

E-FILE

Vehicle Category TAXI  
Name of Driver FRANCIS CHAN  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage BACK DAMAGE - HIT IN THE BACK  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number Y1362M  
Vehicle Make/Model/Colour  
Details Of Properties 4TH CAR  
Vehicle Category GOODS VEHICLE  
Name of Driver ABDUL RENI M. SALLEH  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SLP6678D  
Vehicle Make/Model/Colour VOLVO  
Details Of Properties BACK DAMAGE (1ST CAR)  
Vehicle Category PRIVATE CAR  
Name of Driver KONG CHAI HONG  
NRIC/Passport Number  
Contact Number 90127364  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage BACK DAMAGE-HIT IN THE BACK  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name UNKNOWN PASSENGER  
Approximate Age  
Injuries Sustain NEED TO CHECK UP AT HOSPITAL  
Injured person in which vehicle? SHB4003K  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**Sketch Plan**

**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment 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.
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:



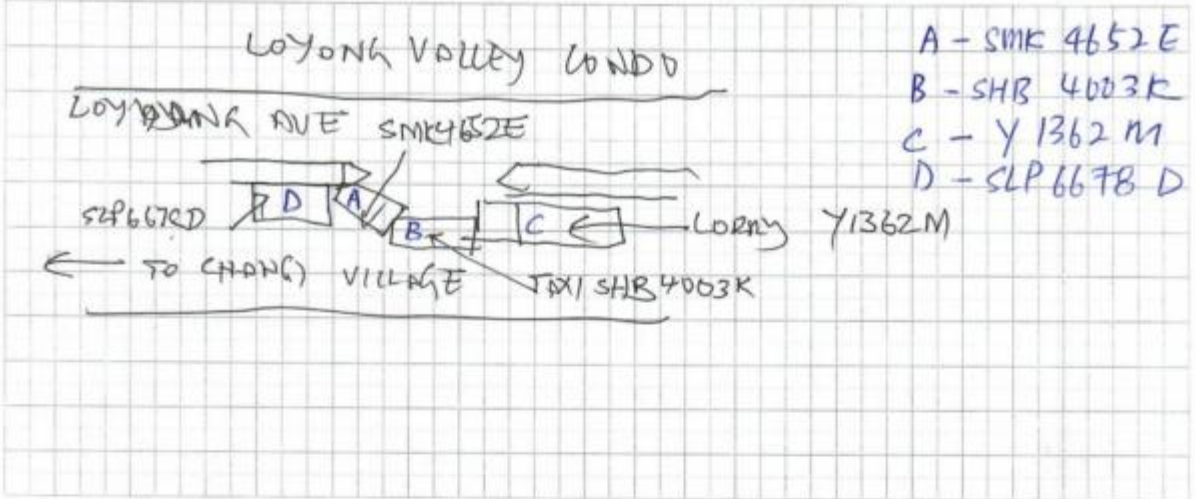
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1) AT ABOUT 7:20 am, as I was travelling on Loyong Ave towards Changi Village.

2) Cars in front of me were slowing down & then came to a stop

3) I was driving behind Volvo SLP6678D when she came to a complete stop

4) I followed suit & stopped behind her & stepped on the brakes


5) For a few seconds, we were all stopped & I also notice taxi SHB 4003K behind me in the rearview mirror had also stopped.

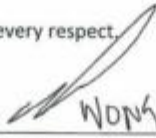
6) Then a few seconds later, I felt a bang from behind, the taxi had moved forward & hit my rear. In turn I felt my car move forward & hit Volvo SLP6678D in front of me.


7) I stopped out to access damage & take photos & particulars of the drivers involved as I felt ok later the ambulance came & check the taxi driver & me. The medic advise me to go to a doctor later to check

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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