

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 Submission 15/12/2020 14:51 (SGT)
Date of Accident 14/12/2020 12:00 (SGT)
Exact Location of Accident Near 150 Neil Rd, Singapore 088879
Additional Location Information NEIL ROAD AROUND CANTONMENT ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFU5183R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG CHIN WAH
NRIC No SXXXX322C
Email Address CHIN.WAH.WONG@GMAIL.COM
Mobile Phone No (Phone) +65-94301556
Alternative Phone No (Office) +65-62242778

VEHICLE PARTICULARS

Manufacturer Audi
Model Q3
Variant -
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
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900179022
Cover Note Number -

DRIVER

Name of Driver WONG CHIN WAH
NRIC No SXXXX322C
Date Of Birth 25/02/1972
Occupation Indoor

Date Of Driving Pass	28/04/2005
Driving experience	15 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94301556
Alt. Phone Number	(Office) +65-62242778
Email Address	CHIN.WAH.WONG@GMAIL.COM
Address	81 PASIR RIS GROVE
Address complement	#07-44
Postcode	518210
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHEW ZI YUAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ALONG NEIL ROAD, DRIVING WITH SLOW TRAFFIC, INCHING FORWARD WITH LANE QUITE BUSY. AS I MOVE FORWARD BUT BY BIT SAME AS ALL THE ADJACENT VEHICLES, THE MOTOR TO MY RIGHT MOVE FORWARD, AS THE CAR IN FRONT OF HIM BRAKE, MOTORCYCLIST SCOOT TO HIS LEFT INTO THE NARROW SPACE BETWEEN ME AND THE VEHICLE TO MY RIGHT, BUMPING INTO MY FRONT BUMPER. WE BOTH STOPPED AND CHECK MOTORCYCLISTS AND HIS PASSENGER ALRIGHT. AND NO SUSTAINED INJURY, FORGOT TO TAKE DOWN MOTORCYCLIST DETAIL AND LICENSE PLATE

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	-
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

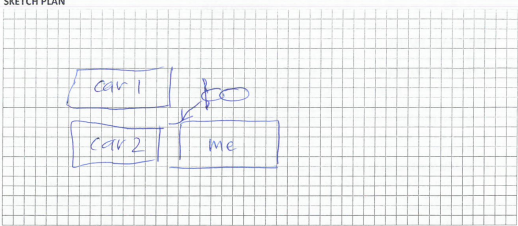
IMPORTANT NOTICE

- Please report **correctly** the details of the accident to speed up the claims process.
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- 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**.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.**
- The 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 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.
- Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - 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 purposes(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - 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
 - complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
 - 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
 - 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.
 - 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.
 - the information so collected under (d) above may be shared / disclosed:
 - 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
 - for complying with requirements under any regulations, laws or court orders.

<p>Policyholder's Signature Date & Time: <i>15 Dec 2020</i> <i>11.00am</i></p> <p style="font-size: small;">GIA/MIC SketchPlanForm_V3</p>	<p>Driver's Signature (If driver is not the policyholder) Date & Time:</p>	<p>Reporting Centre Personnel's Signature Name: <i>Lim Bee Seng</i> NRIC/FIN No: <i>amg123456789</i></p>
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SKETCH PLAN

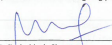
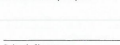



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. Alaphoe Road, driving with slow traffic, inching forward with lanes quite busy
2. As I move forward bit by bit same as all the adjacent vehicles, the motor to my right move forward, as the car in front of him brake, motorcyclist swoot to his left into the narrow space between me and the vehicle to my right, bumping into my front bumper
3. We both stopped and check motorcyclist and in passenger alright and no sustained injury. Forgot to take down motorcyclist detail and license plate.

DECLARATION

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

 Policyholder's Signature Date & Time: 15 Dec 2020 11.00 am. <small>GIARMV SketchPlanForm_V3</small>	 Driver's Signature (If driver is not the policyholder) Date & Time:	 Reporting Centre Personnel's Signature Name: Lin Bee Sims NRIC/FIN No: 999999999999999999
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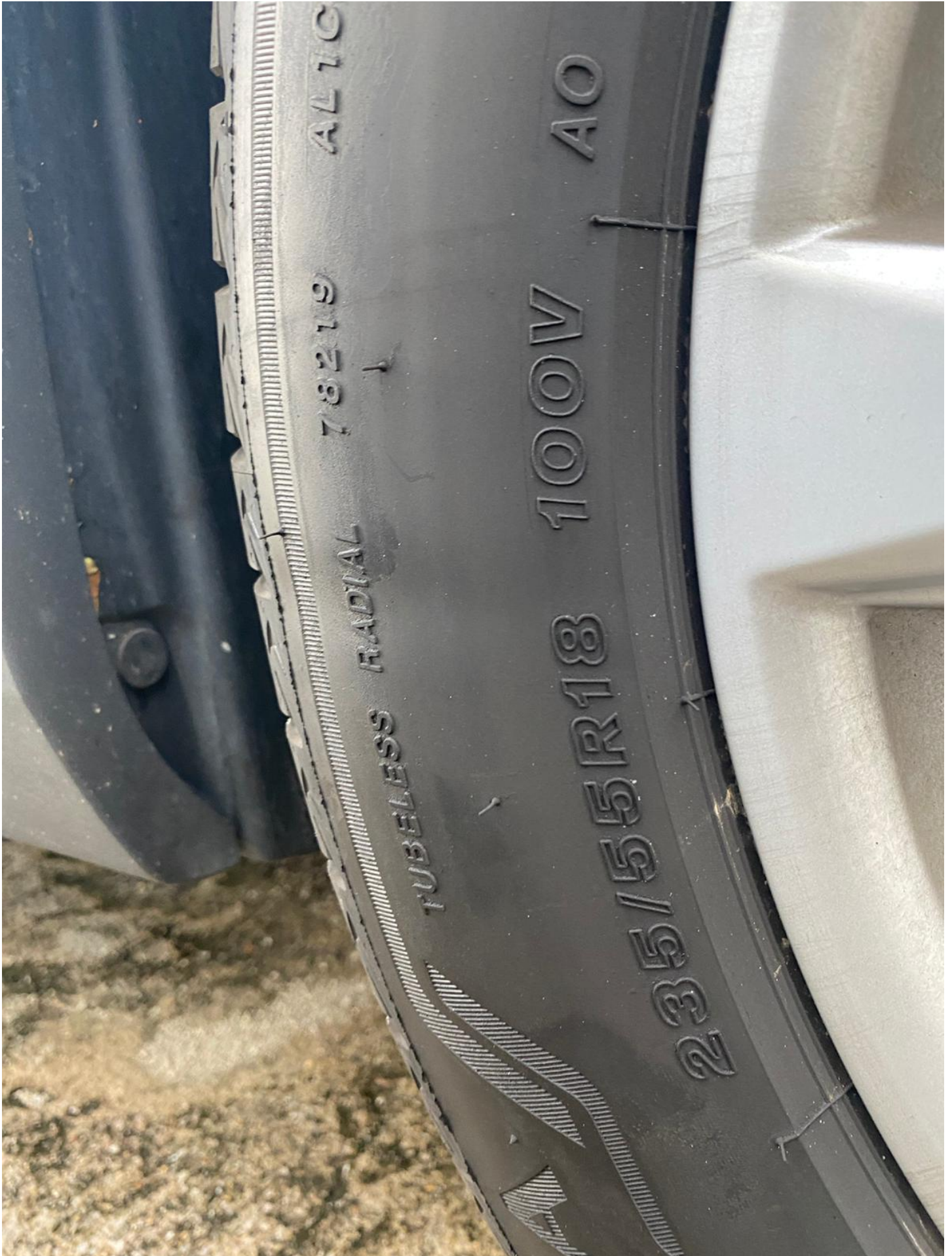


















 SINGAPORE POLICE FORCE		 <small>T/20201215/2048</small>				
		<small>1 of 3</small> <small>Report No. T/20201215/2048</small>				
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000						
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 15/12/2020 12:39		Vide Report No.:				
		Station Diary No.:				
Informant's Particulars						
Name of Informant: WONG CHIN WAH		Address: 81 PASIR RIS GROVE #07-44 LIVIA SINGAPORE 518210				
ID Type / ID No.: NRIC NO / S7273322C		Contact No.: Home/Office: Mobile: 94301556				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 48	Date of Birth: 25/02/1972	Type of Informant: Driver			
Race: Chinese		Language:	Institution / School Name:			
Occupation: Building architect		Driving Licence Information: Class: 3	Date of Expiry:			
General Information of the Accident						
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/12/2020 12:00			
Type of Location:						
CANTONMENT ROAD						
Weather: Clear	Road Surface: Dry	Road Speed Limit:				
Traffic Flow:	Traffic Control:	Traffic Volume:				
Type of Collision:		Anyone conveyed by ambulance: No				
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFU5183R	Car	AUDI	Q3 1.4 TFSI S TRONIC	White		0
Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SFU5183R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900179022	31/10/2019	30/10/2021		

SINGAPORE POLICE FORCE			
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000		T/20201215/2048 2 of 3 Report No. T/20201215/2048	
CONTINUATION OF REPORT			
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG CHIN WAH	ID No.	S7273322C
Related Vehicle	SFU5183R (Car)	Contact No.	94301556
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Brief Details.			
AS MENTION DATE, TIME AND LOCATION			
I WAS ON THE LEFT OF THE TWO LANE ROAD, THE CARS ON BOTH LANE WERE SLOWLY MOVING AS THE TRAFFIC FLOW WAS HEAVY. AS I WAS MOVING SLOWLY, A MOTORCYCLE BESIDE ME WHICH WAS ON THE RIGHT LANE DECIDED TO SQUEEZE INTO MY LANE BUT HE ACCIDENTALLY HIT MY CAR FRONT RIGHT BUMPER WHICH CAUSE A MINOR SCRATCH ON IT, AND FELL FROM HIS MOTORCYCLE. NO ONE IS INJURED AT SCENE. I AM LODGING THIS REPORT FOR RECORDING PURPOSE. THATS ALL			

 SINGAPORE POLICE FORCE	 T/20201215/2048
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000	3 of 3 Report No. T/20201215/2048
CONTINUATION OF REPORT	
Sketch Plan Informant is not able to provide sketch plan	
<p>IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.</p>	
Signature Of Officer Recording The Report: TP / SC SAIFUL ILHAM BIN ZAHARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/12/2020 12:39
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE