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 witholding 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 11/01/2021 10:03 (SGT) Date of Accident 09/01/2021 17:05 (SGT) Exact Location of Accident Upper Serangoon Rd, Singapore Additional Location Information UPPER SERANGOON ROAD / SERANGOON AVE 2 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FJ8889M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WONG FOOK CHEONG NRIC No. S0125516I Email Address jaaewong@singnet.com.sg Mobile Phone No (Phone) +65-94317066 Alternative Phone No +65-98211927

VEHICLE PARTICULARS

Manufacturer Subaru Model Forester 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 Policy Number 2100445128-05 Cover Note Number

DRIVER

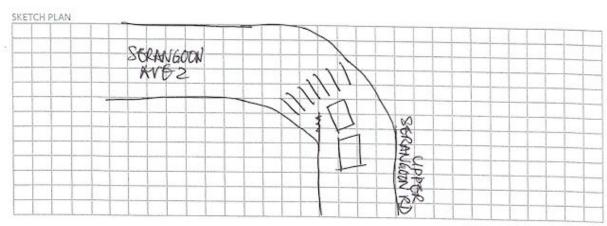
Name of Driver **ELAINE WONG GIA MIN** NRIC No S2653730D Date Of Birth 24/12/1967 Occupation Indoor

Date Of Driving Pass 01/09/2001 Driving experience 19 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-98211927 Alt. Phone Number Email Address jaaewong@singnet.com.sg Address 979A BUANGKOK CRESENT #15-139 Address complement Postcode 531979 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER ATTACHED 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 GBJ1025X Vehicle Manufacturer Toyota Vehicle Model Dyna Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver YANG KOR KEE NRIC No S1530133C Contact Number (Phone) +65-97812155 Address Address complement Postcode

Insurance Company Name - SLIGHT DAMAGE
Details of property damaged in accident REAR PORTION
No. Of Passenger (Including Driver) -



DESCRIBE CIRLIMSTANCES OF THE ACCIDENT

	APPROXIMATELY 5.05pm, I WAS TRAVELLING HOME
ALONG	UPPER SERANGUON ROAD TOWARDS SERANGOON AVE 2.
AT 7	THE TURNING POINT, THISRE WAS A PEDESTRIAN WALK
WHICH	H I SLOWED DOWN BEHIND A PICK UP TRUCK. HOWEVER
UPON	BRAKING, THE CAR SLID FURTHER FROM THE BRAKING
POINT	T AND I KNOCKED THE TRUCK IN FRONT DESPITE
JAMN	TING ON THE BRAKES.
	AS THIS WAS A SINGLE LAND, WE PROCEEDED TO
S70P	AT SERANGOON AVE 2 TO DISCUSS. THERE WAS NO
	BLE DAMAGE TO THE TRUCK APART FROM A BENT CAR
PLAT	IS AND TALL LIGHT.

DECLARATION

holder's Signature

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

Driver's Signature

Reporting Centre Personnel's Signature

SKETCH PLAN

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- 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.
- 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
- 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.
- 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.

holder's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature (suma)

NRIC/FIN NO .:

38101831F





























