

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 01/03/2021 12:25 (SGT)
Date of Accident 27/02/2021 09:56 (SGT)
Exact Location of Accident Singapore
Additional Location Information ENTERING KPE TUNNEL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKJ6161X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KEVIN WONG EE KAI
NRIC No [REDACTED]
Email Address [REDACTED]
Mobile Phone No (H) [REDACTED]
Alternative Phone No (H) [REDACTED]

VEHICLE PARTICULARS

Manufacturer BMW
Model X1
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 AGI
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10437132R00
Cover Note Number -

DRIVER

Name of Driver KEVIN WONG EE KAI
NRIC No [REDACTED]
Date Of Birth [REDACTED]
Occupation Indoor

Date Of Driving Pass 04/01/2001
 Driving experience 20 YEARS AND 1 MONTH
 Gender Male
 Mobile Number (Phone) [REDACTED]
 Alt. Phone Number (Home) [REDACTED]
 Email Address [REDACTED]
 Address [REDACTED]
 Address complement -
 Postcode [REDACTED]
 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 Collision - Head to Rear
 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) 3
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name GLADYS TEO
 Gender Female

PASSENGER 2

Name GISELLE WONG
 Gender Female

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

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 SLC5318T
 Vehicle Manufacturer Honda
 Vehicle Model Odyssey
 Vehicle Variant -

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN SIEW CHOONG
NRIC No	[REDACTED]
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

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. 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.
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.

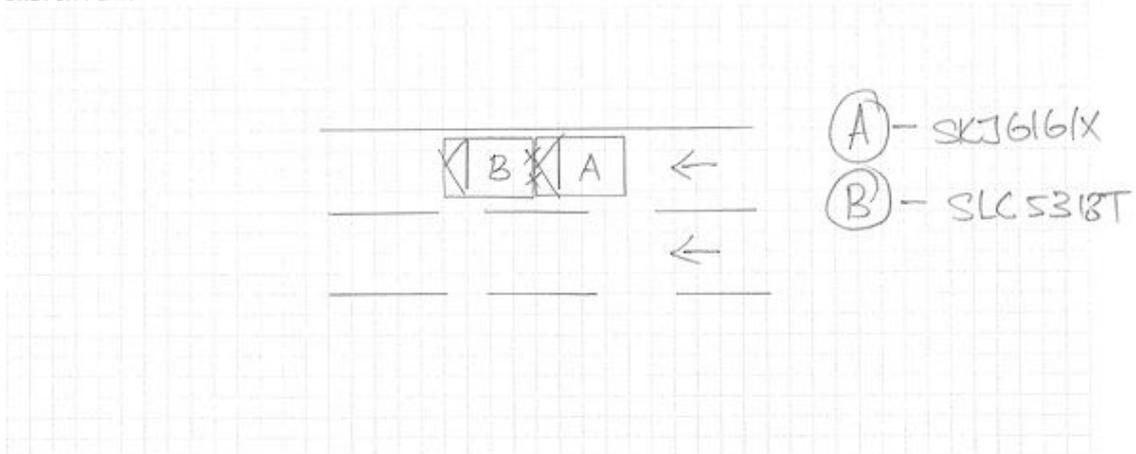

 Policyholder's Signature
 Date & Time: 1 Mar 21 17:00

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


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

AMSP Form 1 (Rev. 1)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving into KPE Tunnel the few cars in front jam the brakes and I am not able to stop in time.

No injuries was involve in this accident.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input checked="" type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

DECLARATION

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


 Policyholder's Signature
 Date & Time: 1 Mar 2012-00

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


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

WATWP Supplement Form 33























