

## 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	05/03/2021 15:18 (SGT)
Date of Accident	04/03/2021 10:40 (SGT)
Exact Location of Accident	Jln Teck Whye, Singapore
Additional Location Information	154A MULTISTOREY CARPARK LVL 2B PARKING LOT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX1436P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WANG YISHENG
NRIC No	SXXXX049G
Email Address	liziwang1978@hotmail.com
Mobile Phone No	(Phone) +65-82822819
Alternative Phone No	(Home) +65-82822819

#### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Passat
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?	No - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P2420084
Cover Note Number	-

#### DRIVER

Name of Driver	WANG YISHENG
NRIC No	SXXXX049G
Date Of Birth	15/12/1978
Occupation	Indoor

Date Of Driving Pass	02/11/2020
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82822819
Alt. Phone Number	(Home) +65-82822819
Email Address	liziwang1978@hotmail.com
Address	APT BLK 155 JALAN TECK WHYE
Address complement	#16-65
Postcode	680155
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

#### REFER TO SKETCH PLAN

#### 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	SME9004A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG



Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**Describe Circumstances of the Accident**

2021年3月4日下午,接到电话,我车在停车位被刮蹭,我车在停车位内,洪先生开车停入我左边停车位,由于没注意距离的原因,刮到我车左前保险杠,在车灯上下有车漆刮落。

**Declaration**

We declare the foregoing particulars are true in every respect.

王少 5/03/2021

Steven Choe  
Insurance Advisor  
Tel: 6305 7299 Ext: 511  
HP: 8511 2203  
Fax: 6285 8620

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

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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/envelopes/packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")

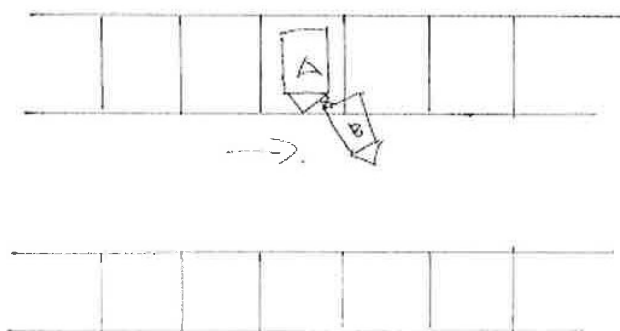
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

 5/3/2021  
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

 Steven Chee  
Insurance Advisor  
Tel: 6305 7299 Ext: 511  
HP: 8511 2203  
Fax: 6285 8620  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

A - SMX1436P

B - SME 9004A