

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	11/05/2021 17:28 (SGT)
Date of Accident	10/05/2021 18:20 (SGT)
Exact Location of Accident	Bedok, Singapore
Additional Location Information	BEDOK CENTRAL MULTI STOREY CARPARK (3RD FLOOR)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDP5550P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG THIAN HOCK
NRIC No	S0190528G
Email Address	JEREMYONG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90905550
Alternative Phone No	+65-90905550

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900007600-02
Cover Note Number	-

DRIVER

Name of Driver	ONG KUANG YOONG JEREMY
NRIC No	S7535561J

Date Of Birth	04/11/1975
Occupation	Indoor
Date Of Driving Pass	15/04/1996
Driving experience	25 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90905550
Alt. Phone Number	-
Email Address	JEREMYONG75@HOTMAIL.COM
Address	27 UPPER SERANGOON VIEW
Address complement	#01-13
Postcode	534045
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	1
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

10 MAY 6:20PM AT BEDOK CENTRAL MULTI STOREY CARPARK RAMP COMING DOWN ON 3 FLOOR CARPARK.

I WAS LOOKING FOR A CARPARK IN THE SAID LOCATION ABOVE AT THE SAID TIME. AS I TRAVEL UP TO 3RD FLOOR, IMMEDIATELY AFTER GOING UP THE RAMP AT 3F, M.Y CAR SDP5550P , WHEN LEVELLING DOWN FROM THE INCLINE, HIT THE REAR OF THE CAR SMN3585G. VIDEO CAPTURED FROM MY CAR CAN INDICATE THAT HE WAS TRYING TO MAKE A QUICK REVERSE AS I LEVELLED DOWN FROM THE RAMP (IN A ONE WAY TRAFFIC) WITHIN THE CARPARK. I REVERSED AND I AM CERTAIN THAT I AM UNABLE TO TAKE ANY EVASIVE MANEUVER AS I AM BEING BROUGHT FORWARD BY THE DOWNWARDS MOTION OF MY CAR COMING OF THE RAMP AND THE MOMENTUM DOWNWARDS MOTION.

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	SMN3585G
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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

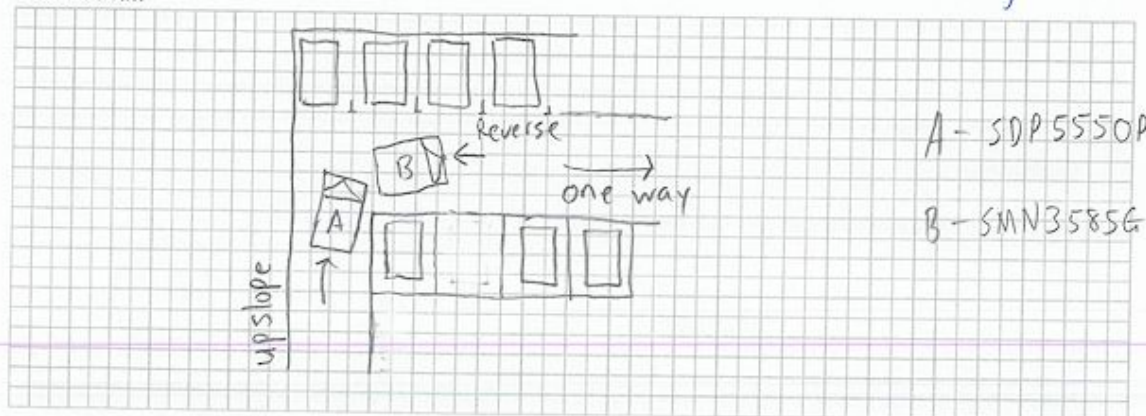
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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/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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
Tony Foong

Sketch Plan



Describe Circumstances of the Accident

10 May 06:20pm at Bedok Central Multi-storey car park ramp coming down on 3rd floor carpark

I was looking for a carpark in the said location above at the said time. As I travel up to 3rd floor immediately after going up the ramp (at 3rd), my car SDF5550P, when levelling down from the incline, hit the rear of the car SMV5585. Video captures from my car cam indicates that he was trying to make a quick reverse as I levelled down from the ramp (on a one way traffic) within the carpark. I reacted and I am certain that I am unable to take any evasive manoeuvres as I am being brought forward by the ^{downward} motion of my car ^{coming} out of the ramp and the momentum ~~as well as~~ ^{motion}.

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]

11 May 2021 4:10pm



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
Tony Foong























