# **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.

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   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 22/11/2021 15:27 (SGT) Date of Accident 20/11/2021 12:40 (SGT) Exact Location of Accident Singapore Additional Location Information **COMMONWEALTH AVENUE** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Nissan

Vehicle Registration Number SFK7973S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WONG KEN ENG KENNETH NRIC No. S0007331H Email Address KENNWONG7@GMAIL.COM Mobile Phone No (Phone) +65-93870757 Alternative Phone No (Home) +65-93870757

#### VEHICLE PARTICULARS

Manufacturer

Model Qashqai Variant NISSAN QASHQAI 1.2 DIG-TURBO Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 1199

# **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2100452927-05 Cover Note Number

DRIVER

Name of Driver WONG KEN ENG KENNETH NRIC No. S0007331H

Date Of Birth 13/08/1954 Occupation Indoor Date Of Driving Pass 09/03/1978 Driving experience 43 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-93870757 Alt. Phone Number (Home) +65-93870757 Email Address KENNWONG7@GMAIL.COM Address 62 LORONG 4 TOA PAYOH Address complement 15-103 Postcode 310062 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **NARY** Gender **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? 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 REFER ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Reasons for not uploading a video of the accident WILL PROVIDE LATER(SD CARD TAKEN BY POLICE IO) Was there any audio recorded? No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SFF2969P

Vehicle Registration Number

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BRANDON CHONG
Contact Number	(Phone) +65-96998999
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

Vehicle No: SFK 7973S

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
  - 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:
  - 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: 22/11/21

7 000

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

GIARMC SteachPlanForm\_V3

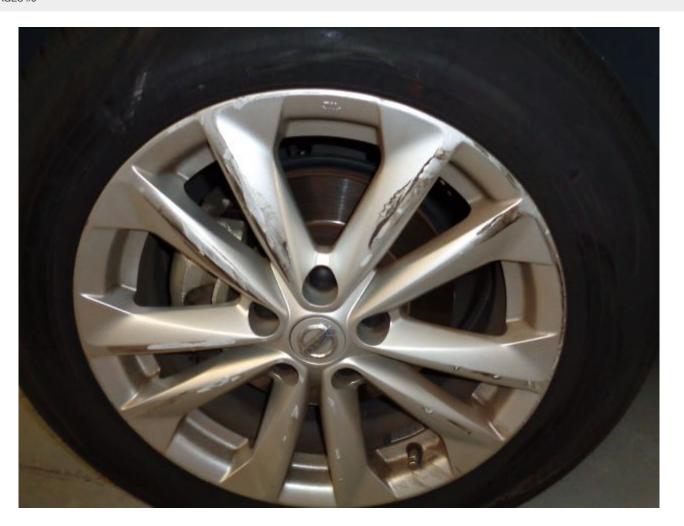
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SFF20	769e [XI	1				
SFR7	1735 -7 -					
DESCRIBE CIRCUMSTANCES OF TH			Vehicle No			
Accident Location: Comu	NONNEALTH A	USNUE				
Accident Date: > 0/11/=	2/		Time: / 2	40	am/	pm
- Brief D	etails	Of A	ccid	ent-		
- Other Vel						
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/eh No: SFF.2969PHp: 96 /eh No: Hp:			PANDON	CHON	4	
Veh No: Hp:  ECLARATION  We declare the foregoing particulars and		/er Name:		#		
ate & Time: 22/11/21 (	Oriver's Signature If driver is not the policyhold Date & Time:	er)	Reporting C Name: NRIC/FIN N	entre erson	nei's Signa	ture



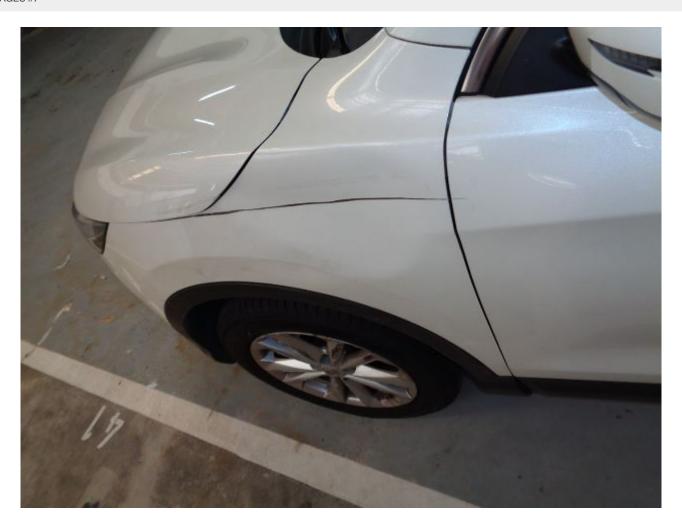




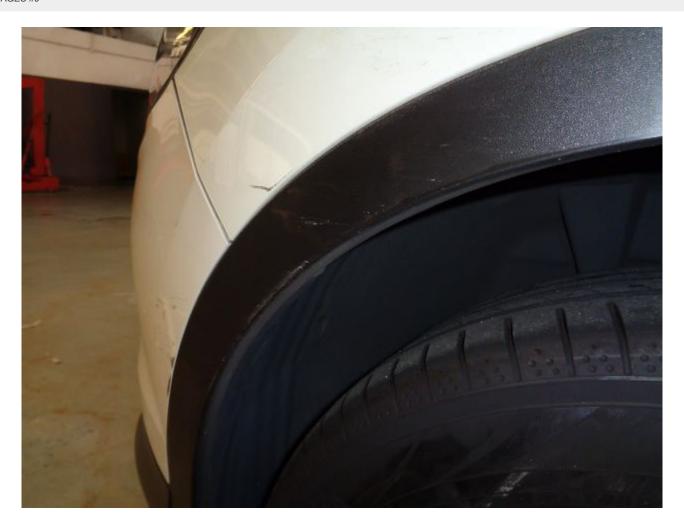


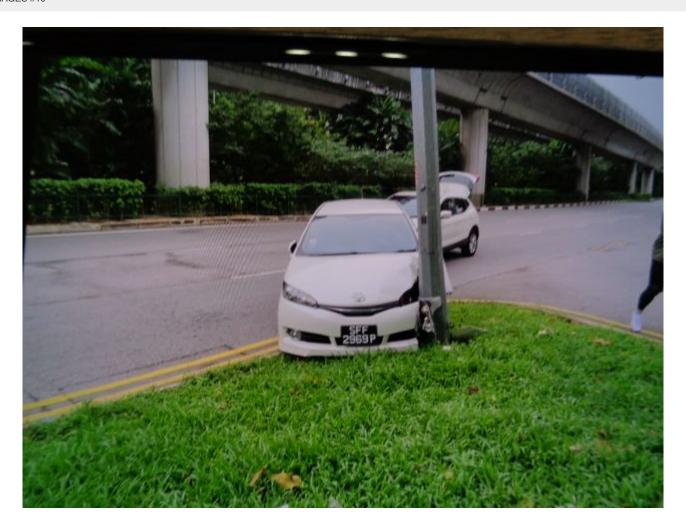


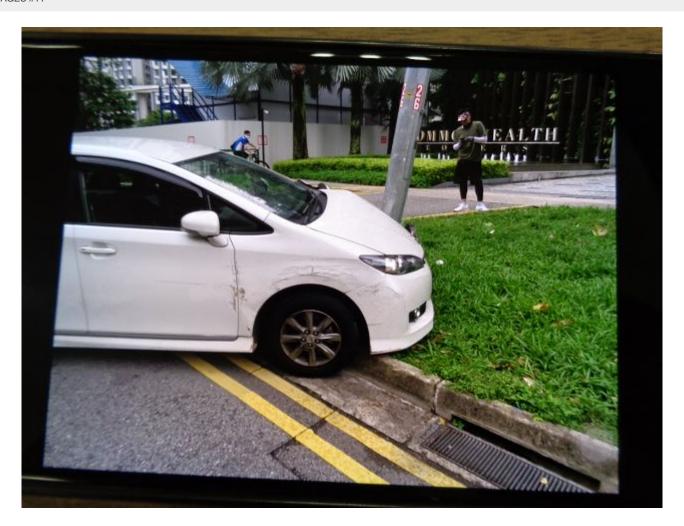




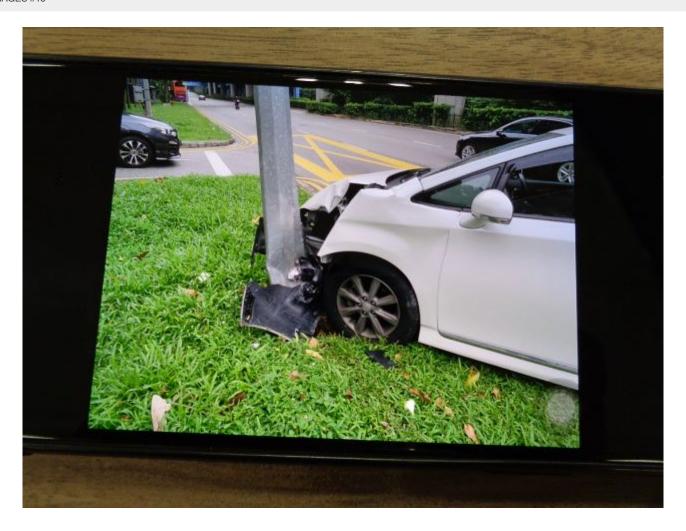


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20211120/7027

# REPORT OF A TRAFFIC ACCIDENT

	ne Report M 121 19:02	Made:	Vide Report No.: D/20211120/0068	Station Diary No.:	
Informa	ntis Partic	ulars	THE REPORT OF THE PARTY OF THE		
	Informant: KEN ENG I		Address: 62 LORONG 4 TOA PAYOH #15-103 SINGAPORE 310		
ID Type NRIC NO	/ ID No.: D / S00073	31H	Contact No.: Home/Office:	Mobile: 93870757	
Nationality: SINGAPORE CITIZEN		Email: kennwong7@gmail.com			
Sex: Male	Age: 67	Date of Birth: 13/08/1954	Type of Informant: Vehicle Owner		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: Real estate agent		Driving Licence Inform Class:	ation: Date of Expiry:		

Type of Accident:	' LATTENDED BY POLICE		Date/Time of Accident: 20/11/2021 12:40	Type of Location: Straight Road
Location: COMMONW	EALTH AVENUE	Road Surface:	F	Road Speed Limit:
		Dry	7	0 Km/h
Clear		-01117 A		O KIII/II
Clear Traffic Flow: One Way		Traffic Control: Not Controlled	1.67	raffic Volume: ight

hicle involved	The state of	Eliferica (historia)	Market A.S.	· MARIA	a each and a second
iliype at w	Make Make	Model 1	Color 1	Conditio	Notoff a Jakes
Car	NISSAN	Qashqai	White	Slightly Damaged	2
	liype	liýpe a Maker da X	Tiype Make Model 10	Tiype Make Model Color	[ [ [ ] ] ]

Details of V	inicie insurance		AND DESCRIPTION	HALL STATE OF
Wehicle No.	Insulance Company	Insulation No	Effective	Expliny Date:
SFK7973S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100452927-05	26/02/2021	25/02/2022



T/20211120/7027

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20211120/7027

## CONTINUATION OF REPORT

No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Vehicle Owner	CHESTORY OF STORY	NAME OF TAXABLE PARTY.		<b>经基础的</b>	CANADA CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT	
Name	WONG KEN ENG KENNETH			ID No.	S0007331H	
Related Vehicle	NIL			Contact No	o. 93870757	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL		
No. of Days granted Medical Leave NIL			Degree of	NIL		

# Brief Details.

I was driving along Commonwealth Avenue going to Commonwealth Towers. I slowed down to look for the condominium entrance. When I saw it I started to turn left slightly and looking at my back view mirror. The next moment I realized I was hit by a car coming behind on my left side. The car swerved to the left and hit a lamp post by the roadside. Both of us drivers got out and checked the car damages. There was no bodily injury to both of us.

It happened near the Commonwealth Towers condominium. The accident did not take place at a pedestrian crossing, onsite.

I have handed over my car cam SD card to the Police Officer





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20211120/7027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2021 19:02
Officer In Charge Of Case: TP / TPIB / NUR ADELINA BINTE MOHAMMAD FUAT Contact No.: 65476066	Classification Of Case:
NP168	J L