HEF:	
S.S., P.E.C. BV:	ECNIMENT.
<u>A55</u>	IGNMENT DOLG A
rom: Date:	Veh No: _ SM # 1968 Z Yr Regn: _ 2019, Augus
stimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
o Inspect Vehicle No:	Make: Toyota Harrier c.c 1988
it Workshop m/s	Colour Colice A/C: Insured / Std / NI / NA
of	Sp.Reading 38905 T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: JTEZB36490J004519
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: 235/55R18
(Policy Condition)	R: 235/55R18
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 19/01/22
Lum Sum: % 3 Val.: Yes or No	Survey held at TL Perfect.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / QU	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	THE SHOP IN THE SH
TP Ecgo	
	Control Contro
m∨ :	
PV:	
Nett:	SHI HIRA GERMANISTER
	015
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Company Control of Control of	Resurvey No. of Trip: Survey Fee:
1) Date/Time, File Return to?	Transportation:
AddE	ee: : Site Insp (\$ )_s+Rs_si
2)	: Interview (\$ ) Photos
Papart Formst :	: Tech. Inve (\$ ) Others
Lumip Sum / LP.J: G. does passed to by point to	Western & Design

SN0922110006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 18/01/2022 17:34 (SGT) SUBMITTED BY: Renee VERSION: 1 (18/01/2022 17:34 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 Date of Accident **Exact Location of Accident** 

Additional Location Information

Country/State of Loss

18/01/2022 17:34 (SGT) 18/01/2022 07:40 (SGT)

Singapore

QUEENSWAY UNDERPASS TOWARDS QUEENSWAY

Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMN1968Z

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No Email Address

Mobile Phone No Alternative Phone No

WONG SAU CHUNG S6873174G

abc8627e@gmail.com (Phone) +65-96510234

+65-96510234

#### VEHICLE PARTICULARS

Manufacturer Model

Variant

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? Vehicle Category

Transmission

CC

Toyota

Harrier

Private use

No - Claiming third party Private car

Auto 1998

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive No

1900147675-01

DRIVER

Name of Driver NRIC No

WONG SAU CHUNG S6873174G



Date Of Birth 13/02/1968 Occupation Indoor Date Of Driving Pass 22/03/1997 24 YEARS AND 10 MONTHS Driving experience Gender Mobile Number (Phone) +65-96510234 Alt. Phone Number +65-96510234 **Email Address** abc8627e@gmail.com BLK 49 CHOA CHU KANG LOOP Address Address complement #10-23 Postcode 689681 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 Collision - Head to Rear Type of Accident 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name WONG XIN YING 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

#### PLS REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberGBC205LVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryCommercial vehicle

Name of Driver	_
Contact Number	_
Address	_
Address complement	-
Postcode	-
nsurance 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.
- 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

& Time Perso

Sketch Plan

uch A: SMN 1968Z

veh 8: 686205L

Queensway Underposs twds Queensway.

cribe Circumstan	ces of the Accident	
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# Declaration

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

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SMN1968Z) WAS TRAVELLING STRAIGHT ON QUEENSWAY UNDERPASS TOWARDS QUEENSWAY. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE, AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (GBC205L) THAT HAD COLLIDED ONTO MY VEHICLE.

I WISH TO STATE THAT I GOT 1 PASSENGER (MY DAUGHTER) IN MY CAR.

**VEHICLE A: SMN1968Z** 

VEHICLE B: GBC205L