

AVANTAGE VAG ACCIDENT REPORTING STATEMENT

Note: Statement to be completed in capital letters

Date of accident: 11 / 5 / 2022 (ddmm/yyyy) Time: 09 : 00 (hh:mm - 24Hr format)

Location: ALONG UPP PAYA LEBAR ROAD

Name of Policy Holder: (Dr / Ms / Mdm / Mr) WONG CHEE WENG

NRIC / FIN No.: [REDACTED] Contact No.: [REDACTED] Vehicle Reg No.: 8KD 1129E

Are you claiming under your own insurance policy for repair to your vehicle? (Yes / No)

Purpose of this reporting: () Third Party () Own Damage ☒ Reporting Only () Others: _____

Repairing Workshop: () AVANTAGE VAG to provide repair service () Others: _____

Insurance Company: () AXA Singapore () Tokio Marine Insurance ☒ DirectAsia Insurance

Type of Policy ☒ Comprehensive () Others: _____

Policy Number: MT/00979363

Name of Driver ☒ Same as Policy Holder () Others: _____

NRIC / FIN No.: _____ Contact No.: _____

Date of Birth: 30 / 12 / 1975 (ddmm/yyyy) Driving Pass Date: 13 / 7 / 2004 (ddmm/yyyy)

Occupation: ☒ Indoor () Outdoor Gender: ☒ Male () Female

Email (Higher -case): PATHFINDERE223 @ GMAIL . com

Mailing address: 429 ANG MO KIO AVE 3 #09-2590 Postal (560429)

Was driver an employee of the Insured's Company? () Yes ☒ No

If Yes, Name of company: _____

If No, Relationship to Policy holder: ☒ Owner of vehicle () Others: Spouse / Friend / Relative / Children / Sibling

Does the driver own any other vehicle? () *Yes ☒ No [If *Yes, Vehicle Reg. No: _____]

Insurance Company: _____ Policy Number: _____]

Weather conditions: Clear / Raining / Others: _____ Road conditions: Wet / Others: _____

Was any foreign vehicle involved in this accident? ☒ No () Yes

If Yes, Do you have the foreign Vehicle and Driver details: ☒ No () Yes, Particular Exchange Form attached

Was the Accident reported to the Police: ☒ No () Yes, Police Report attached

Was anybody injured in the accident: ☒ No () Yes, Medical Report attached

Total Number of Pax (Including Driver), Name and Gender in vehicle during incident: Total Pax (/)

P1) Gender (M / F) Name: _____ P2) Gender (M / F) Name: _____

P3) Gender (M / F) Name: _____ P4) Gender (M / F) Name: _____

P5) Gender (M / F) Name: _____ P6) Gender (M / F) Name: _____

Was there any: Video capture? (Yes / No) Audio recorded? (Yes / No) Picture taken? (Yes / No)

(Policy Holder / Driver) Signature: [Signature]

Reporting Centre Personnel's Signature: [Signature]

Name: WONG CHEE WENG

Name: MATTHEW CHUA

Date of reporting: 12 / 5 / 2022 (ddmm/yyyy)

Time: 10 : 05 (hh:mm - 24Hr format)

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 willful 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:

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

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

12 5 2022
10.03

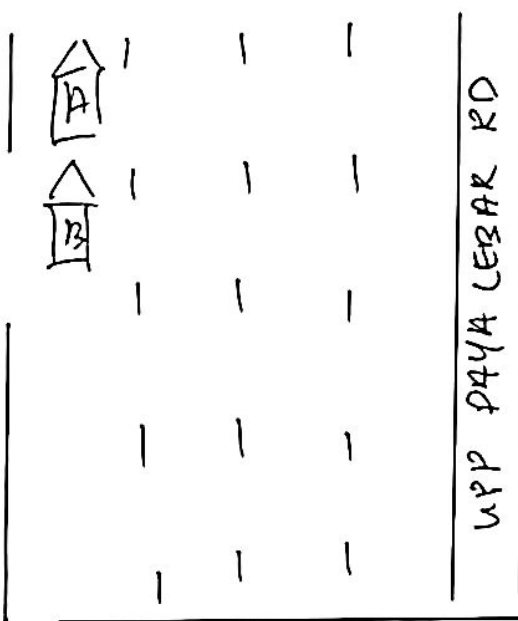
Accident Toolkit

Sketch plan

Sketch of accident scene:

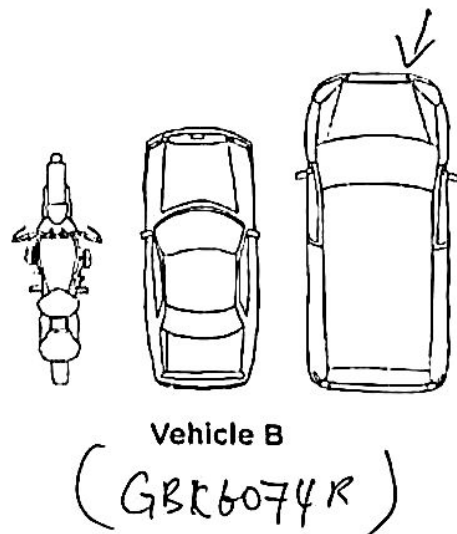
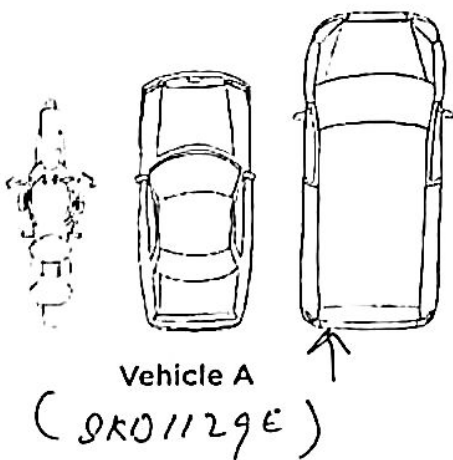
Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.



I was driving on Upper Paya Laber Road, when the traffic light turn Red, I stopped and waited for the light to change green. After the wait about few second while waiting, I heard breaking sound and a Lorry hit my car rear.

Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



direct
asia
• insurance

12/5/2022
10:03

Call us direct
Customer Care
6665 5555
Claims Support 24/7 Hotline
6532 1818
+65 6603 3689 (from overseas)

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: _____

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: _____ Time of Accident: _____

Place of Accident: _____

Insurance Company: _____

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:



Policyholder / Driver's Signature
Date:

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