# **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 16/06/2022 13:50 (SGT) Date of Accident 15/06/2022 16:00 (SGT) Exact Location of Accident 920 New Upper Changi Rd, Tanah Merah, Singapore 467356 Additional Location Information NEAR TANAH MERAH MRT SINGAPORE Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJF3416U

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner FRANCIS WONG CHIN HIN NRIC No. SXXXX265H Email Address BRYAN.MAX.WONG@GMAIL.COM Mobile Phone No (Phone) +65-93203963 Alternative Phone No +65-93203963

#### VEHICLE PARTICULARS

Manufacturer

Toyota Model Camry Variant TOYOTA / CAMRY 2.0 AUTO ABS AIRBAG 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 Transmission Auto CC 1998

#### **INSURANCE COMPANY**

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number GA461179 Cover Note Number

## DRIVER

Name of Driver BRYAN MAXIMILIAN WONG ZHI REN NRIC No. SXXXX025G

Date Of Birth 01/08/1994 Occupation Indoor Date Of Driving Pass 21/09/2018 Driving experience 3 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-93203963 Alt. Phone Number Email Address BRYAN.MAX.WONG@GMAIL.COM Address 30 EASTWOOD ROAD #02-15 Address complement Postcode 486365 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Parent Does Driver Own Other Vehicles? Nο 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? 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 PAX 1 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 REFER TO ATTACHED STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD TEL 67415336 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 XD7713A

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ZHANG LIYOU
Passport No/FIN	GXXXX699T
Contact Number	(Phone) +65-98369385
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Lonpac Insurance Bhd
Nature Of Damage	-
Details of property damaged in accident  No. Of Passenger (Including Driver)	-
TVO. OT I doscrigor (including briver)	-

#### Describe Circumstances of the Accident passenger Laguna Country were on the May to to me as I've stryed would the area for more than the gears Yesterday (15 June 2022) at approximately 1600 hrs, while at the intersection new tandh myrch ( Bedok Road & Upper Changi Road East), my bumper and headlights were damage a right-turn and encroached my lane. This happened across sure that my car was going at slow speed aka "crawl " with borry did not check his blindspot on the right and the did not leave me with enough space to make a right turn, essentially speeding quite of that size into a sharp right turn. lucky that I was very slow in approaching that shop ac with passenger. My passenger however of our vehicles hit each other and my vehicle suffered damage to the part of the car, mornely the bumper, left headlights and potentially the chasis too. The contact points between our vehicles was the front left of my bumper (his type guild onthe 3rd right wheel) of his long. , we stopped near Singapore Expo at a hustop before I soon that he was using an ear piece in his right ear. We discussed and pointed out there's a bus approaching on how the accident happened soon and that follow him to places or destinutions that he had to go to so I followed him there The worksite was located opposite CGH along Sine: Avenue RI At that location, I took driving license and company details noting that the larry belonged to driver was nonchalant and smoking whilst I was taking down the details as there was also zero to minimal damage to his lorry. Otherwise, that was of the accident proper and I drove my air to Siglap NPP a draft as I realized that this could I soved 25 he done the online on their portal. On the drive book from the police post to my home, I hearly distinct and loud squaks with the or for 2 instances which also chassir donge domage.

# Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### SKETCH PLAN

## IMPORTANT NOTICE

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- 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)

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' 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 Reporting Centre Personnel

Sketch Plan

Upper

Charging

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