

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 Actual 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 02/12/2022 12:15 (SGT)
Reported by Both
Date of Accident 01/12/2022 18:50 (SGT)
Exact Location of Accident 637D Punggol Dr., Block 637D, Singapore 824637
Additional Location Information JUNCTION OF PUNGGOL DRIVE AND PUNGGOL EAST
SINGAPORE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGF2422M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG WEI QUAN, DANIEL
NRIC No S8436717F
Email Address WWQ.DANIEL@GMAIL.COM
Mobile Phone No (Phone) +65-96616034
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant TOYOTA / COROLLA ALTIS 1.6 AUTO
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 1598

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number MT/00874736/01

DRIVER

Name of Driver WONG WEI QUAN, DANIEL
NRIC No S8436717F
Date Of Birth 15/11/1984

Occupation	Indoor
Date Of Driving Pass	21/03/2012
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96616034
Alt. Phone Number	-
Email Address	WWQ.DANIEL@GMAIL.COM
Address	BLK 338A ANCHORVALE CRESCENT 11-83 SINGAPORE 541338
Address complement	-
Postcode	541338
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	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC818Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SNG TIAM TECK
NRIC No	S1173109J
Contact Number	(Phone) +65-94551100
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG WEI QUAN, DANIEL
Gender	Male
Phone No	(Phone) +65-96616034
Address	BLK 338A ANCHORVALE CRESCENT 11-83 SINGAPORE 541338
Address Complement	-
Post Code	541338
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGF2422M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

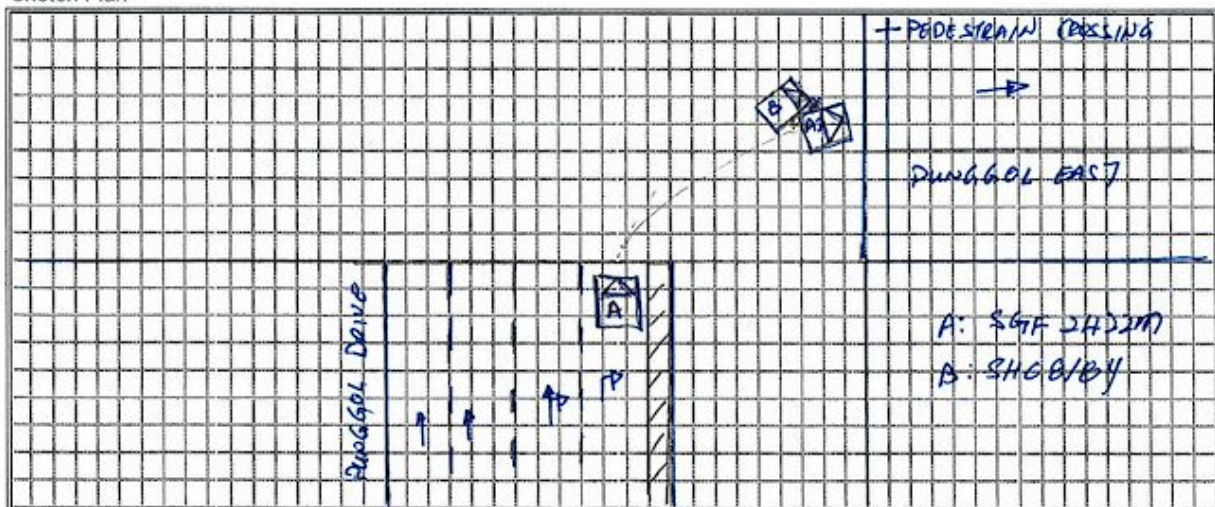
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I WAS TRAVELLING ALONG PUNGGOL DRIVE ON THE RIGHT MOST LANE OF A LANE AND WANTED TO MAKE A RIGHT TURN TO PUNGGOL EAST, WHEN THE TRAFFIC LIGHT SHOW GREEN AND AFTER CHECK CLEAR FOR TRAFFIC, I PROCEED TO MAKE MY RIGHT TURN, WHILE TURNING RIGHT TO PUNGGOL EAST, I CAME TO A STOP TO GIVE WAY TO PEDESTRAIN CROSSING THE ROAD AT PUNGGOL EAST WHEN SUDDENLY ONE M/TAXI SHC 6184 CAME FROM MY REAR AND COLLIDED ONTO THE LEFT REAR SIDE OF MY STATIONARY STOP VEHICLE.

Declaration

I/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

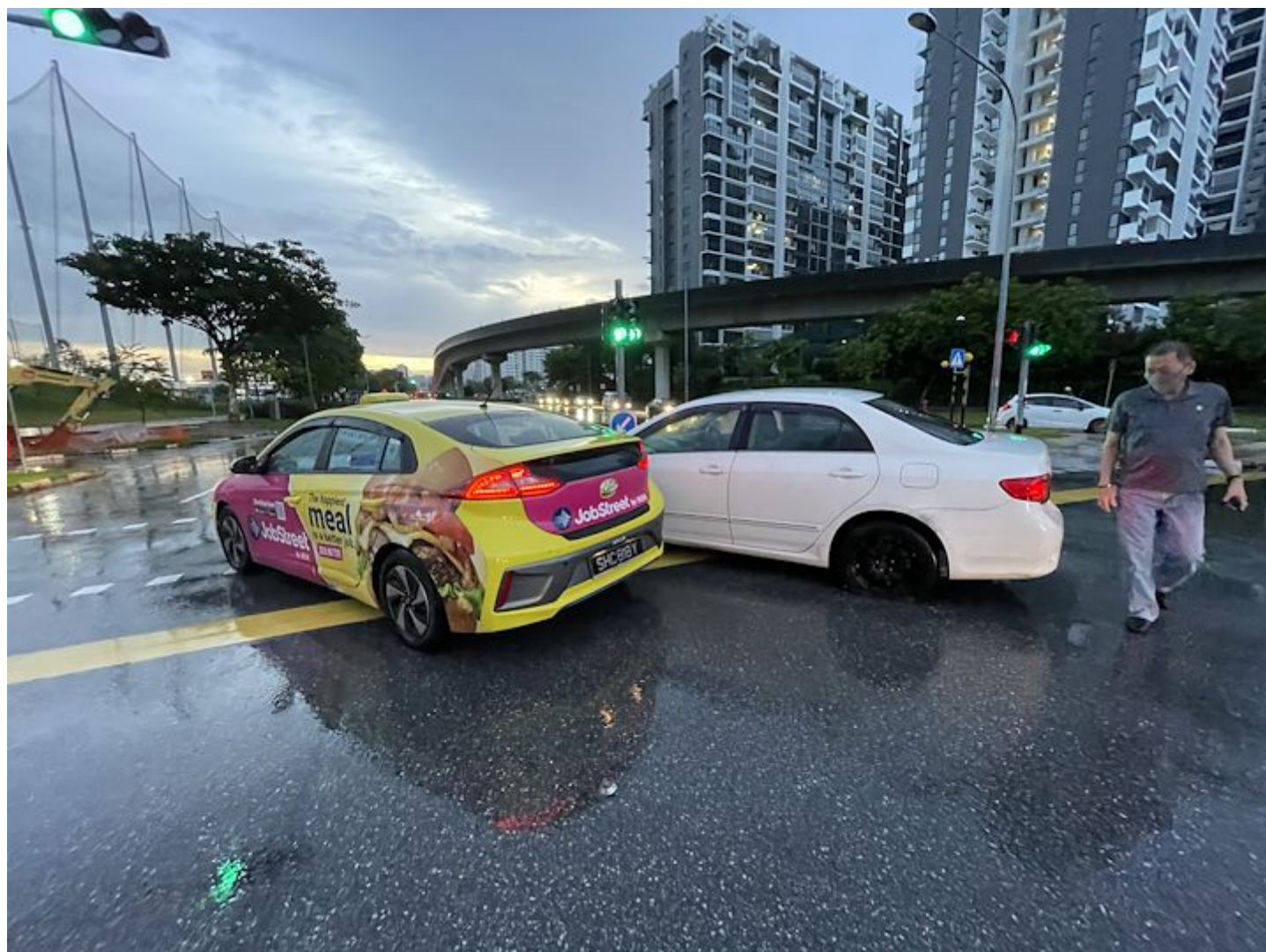


Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



















TOYOTA MOTOR CORPORATION
MODEL ZZE141R-GEPEKT
ENGINE 3ZZ-FE 1598 mL
FRAME No. MR053ZEE106163049
COLOR 070 EA40 Z35
TRIM PLANT
GVM(kg)
TW/BUILT U341E -02A NOV 09
MFD.BY: TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND





