

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	09/12/2022 15:04 (SGT)
Reported by	Driver
Date of Accident	09/12/2022 01:20 (SGT)
Exact Location of Accident	21 Peck Hay Rd, Singapore 228311
Additional Location Information	21 PECK HAY ROAD AT THE RESIDENCE CARPARK AREA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCR17Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FENELLA TANG OI YOKE
NRIC No	SXXXX699A
Email Address	FENELLA.TANG@GMAIL.COM
Mobile Phone No	(Phone) +65-81114661
Alternative Phone No	(Home) +65-66407597

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
Variant	DESIGN 2.0 TFSI S
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900171773

DRIVER

Name of Driver	WOON KOCK KUAN
NRIC No	SXXXX096C
Date Of Birth	08/01/1958
Occupation	Outdoor

Date Of Driving Pass	16/06/1976
Driving experience	46 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84440017
Alt. Phone Number	(Home) +65-66407597
Email Address	PATRICKWOON17@GMAIL.COM
Address	21 PECK HAY ROAD
Address complement	#12-04
Postcode	228314
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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)	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

A TAXI DRIVER WAS DRIVING IN FRONT OF ME AS HE WAS STOPPING HIS CAR ON THE RIGHT SIDE OF THE CARPARK WHICH IS ONLY MEANT FOR RESIDENTS ONLY. I GUESS THE PASSENGER ASKED HIM TO DRIVE INSIDE TO ALIGHT INSTEAD OF THE DROP-OFF POINT OUTSIDE THE CARPARK. SEEING THE TAXI ALREADY STOPPING, I INITIATE A HIGH BEAM TO LET THE DRIVER AND PASSENGER AWARE THAT I AM PASSING BY THEM. AS SOON AS I PASSED BY THE PASSENGER DAVID SHIN OPENED THE DOOR AND HIT MY WING MIRROR AND THE CAR DOOR PANEL. DAVID SHIN IS MY NEIGHBOUR STAYING AT #05-02, MOBILE NUMBER 92333794.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9166E
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	NYIU YAM
Contact Number	(Phone) +65-97677713
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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.

[Signature]

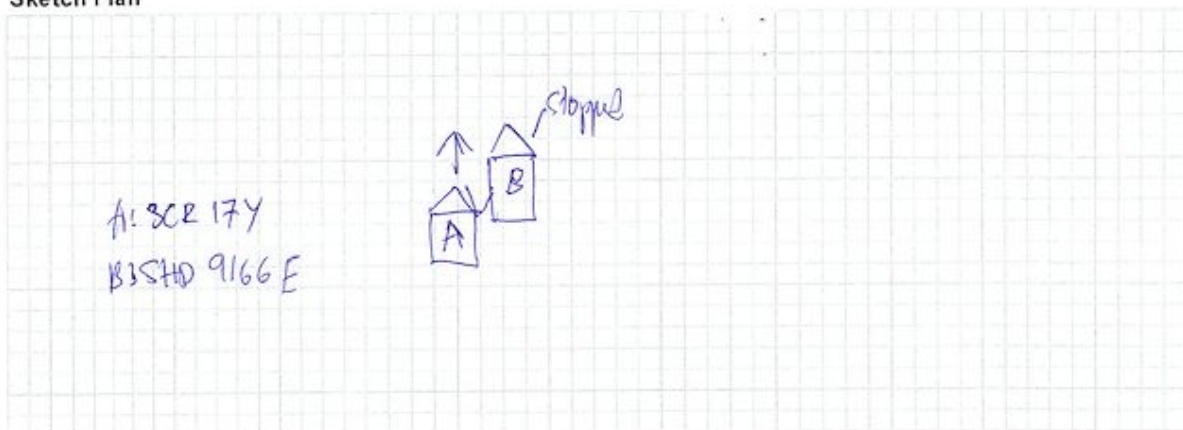
Policyholder's Signature / Date & Time

[Signature] 9/12/22

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



Witnessed by Reporting Centre Personnel

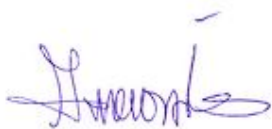
Sketch Plan

Describe Circumstances of the Accident

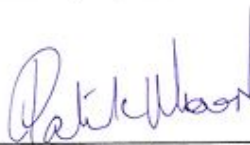
Taxi^{driver} was driving in front of me as he was stopping his car on the right side of the carpark which is only ~~for~~ meant for residence only. I guess the passenger asked him to drive inside to alight instead of the drop off point outside the carpark. Seeing the taxi already stopping I initiate high beam to let driver and passenger aware that I am passing by them. As soon as I passed by the passenger David Shin opened the door and hit my wing mirror and the car door panel. David Shin is my neighbour staying at #05-02, mobile number 92333794.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel















































































UNDERTAKING

I, Woon Kock Kuan, (NRIC No. S2173096C), hereby confirm that the Singapore Accident Statement lodged by me on 9th Dec. at 1.20 AM hours pertaining to the accident involving motor car Reg. No: SCR 174, in which I was the driver are true and accurate to the best of my knowledge, information, and belief.

I, Fenella Tang Oi Yoke, (NRIC No. S1402699A), am the owner of motor car Reg. No: SCR 174 and the policyholder of policy no. 1900171773.

We acknowledge that the insurer, AIG Asia Pacific Insurance Pte. Ltd. is not liable under the contract of insurance if there is (a) a breach of policy terms and conditions and/or (b) cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions.

In the event that an unrelated/unreported third-party property or injury claim arises or evidence emerges that:

- a) there is a breach of policy terms and conditions; and/or
- b) Cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions,

we irrevocably jointly and severally undertake to absolve my insurer from all liability under the contract of insurance and we further jointly and severally undertake to re-pay any and all sums paid by my insurers pursuant to the contract of insurance upon my /our receipt of a written demand from the insurers.

Signature

Name of Policyholder

NRIC No.

Date

Signature

Name of Driver

NRIC No.

Date



AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : Woon Kock Kuan.
VEHICLE NUMBER : SCR 174.
DATE/ TIME OF ACCIDENT : 9/12/22 1.20 am.
PLACE OF ACCIDENT : 21 Petchay road residence carpark.
THIRD PARTY VEHICLE (IF ANY) : SHD 9166 E.

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Upper Paya Lebar road going back to my residence.
Accident happened in the carpark.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

NO.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Car wing mirror ^{and door} was damaged.
Car door whole right hand side was damaged.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO one was injured. Police #
Taxi driver called the police and they came on site to see and took some photos on our car.

Woon Kock Kuan

NAME: Woon Kock Kuan.

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

SINGAPORE POLICE FORCE <small>SIKAPAYONG POLIS</small>		CASE CARD
Report Number: E / 20221204 / 0021	Actions Taken <input type="checkbox"/> Advised to seek assistance from State Courts <input type="checkbox"/> Advised to seek community mediation <input type="checkbox"/> For further investigation / case not closed <input type="checkbox"/> Other: _____	
Classification: NOD		
For queries, please contact:		
IC: A10 A11	TEL: 6591 4698	
IBCC: 6591 750	Email: SPF_EOC@police.gov.sg / SPF@police.gov.sg / NPM1502019	


If further investigation is conducted:

Police will conduct a full investigation. The Police may contact you or other witnesses to seek further information.

Police will inform you of the case status upon completion of investigation.

You may contact the investigation Officer to sign a case and further details of the investigation.

NR19E-W419



SPF EOC
6591 4698