

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	05/01/2023 18:42 (SGT)
Reported by	Both
Date of Accident	05/01/2023 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ORCHARD ROAD (NEAR FAR EAST PLAZA)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ1282K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WIDDEK HELMUT
NRIC No	S2732881D
Email Address	HELMUTWIDDEK@GMAIL.COM
Mobile Phone No	(Phone) +65-91111300
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A8
Variant	-
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	3000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900141530-02

DRIVER

Name of Driver	WIDDEK HELMUT
NRIC No	S2732881D
Date Of Birth	05/11/1942
Occupation	Indoor

Date Of Driving Pass	16/06/2006
Driving experience	16 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91111300
Alt. Phone Number	-
Email Address	HELMUTWIDDEK@GMAIL.COM
Address	267 OCEAN DRIVE
Address complement	-
Postcode	098424
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	Collision - Change/cross lane
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?	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

PLEASE REFER TO THE SKETCH PLAN & ACCIDENT STATEMENT.

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	GBH4729P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HON YONG SENG (WEN RONGSHENG)
-	S7515108J

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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 :

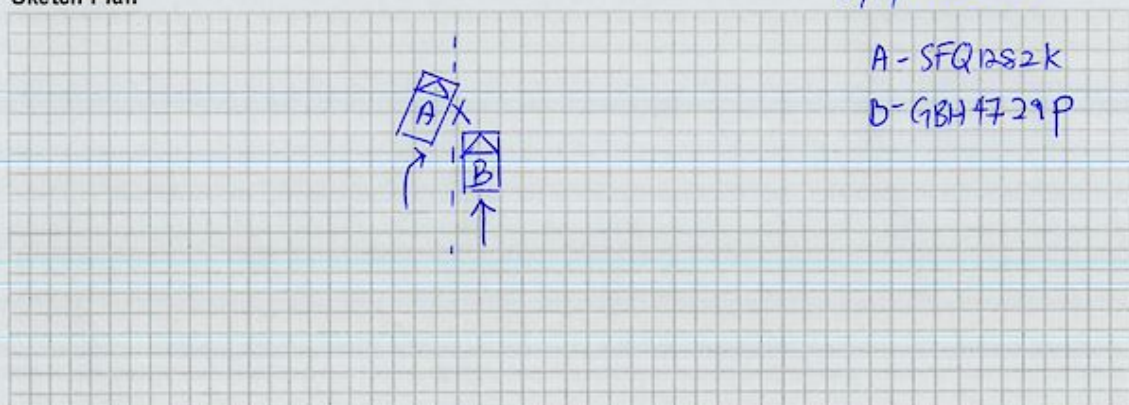
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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
5/1/23 @ 1700

Sketch Plan

Describe Circumstances of the Accident

ON THE ORCHARD ROAD IN DIRECTION OF SCOTTS ROAD -
~~the~~ I WANTED TO CHANGE LANE TO THE RIGHT THE WHOLE TRAFFIC WAS SLOW
 (SIGNALLED) PROPERLY TO CHANGE LANE AND THEN THE
 VAN SHOT FROM THE BACK AND HIT MY
 RIGHT SIDE OF MY CAR.

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

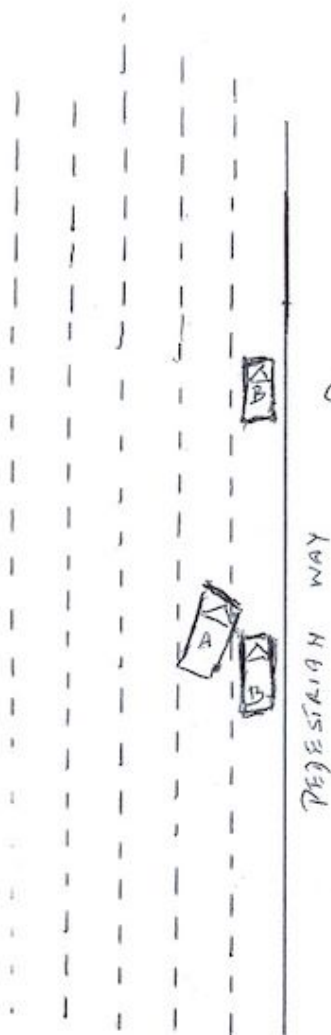
5/1/23 @ 1700

ORCHARD ROAD

HEAVY THUNDERSTORM

AT 02.50 PM

CAR A SFQ1282K
CAR B GBH 4729P



CAR B STOPS ONLY
8 METER AFTER
ACCIDENT BECAUSE
OF HIGH SPEED !!

ACCIDENT



Helmut Widdek <helmutwiddek@gmail.com>

SPAM SFQ 1282 K

To: Claims

Scan.jpeg
64 KB

Untitled attachment 01848.txt
129 bytes

Dear Mr. George Wong,

enclosed please find my drawing to show additional informations - your drawing on Page 4 of your report is correct - for better understanding I am informing you that the Van GBH 4729 P came to a stop only 8 Meter after the accident because of high speed during the thunderstorm.

In addition -

If you look at the photos provided there is an interesting detail - the damage on my car is in a height above ground of approximately 50 cm and the damage of the van is in a height of 20 cm above street level.....

Please add the information to the report.

Thank you

regards

Helmut Widdek













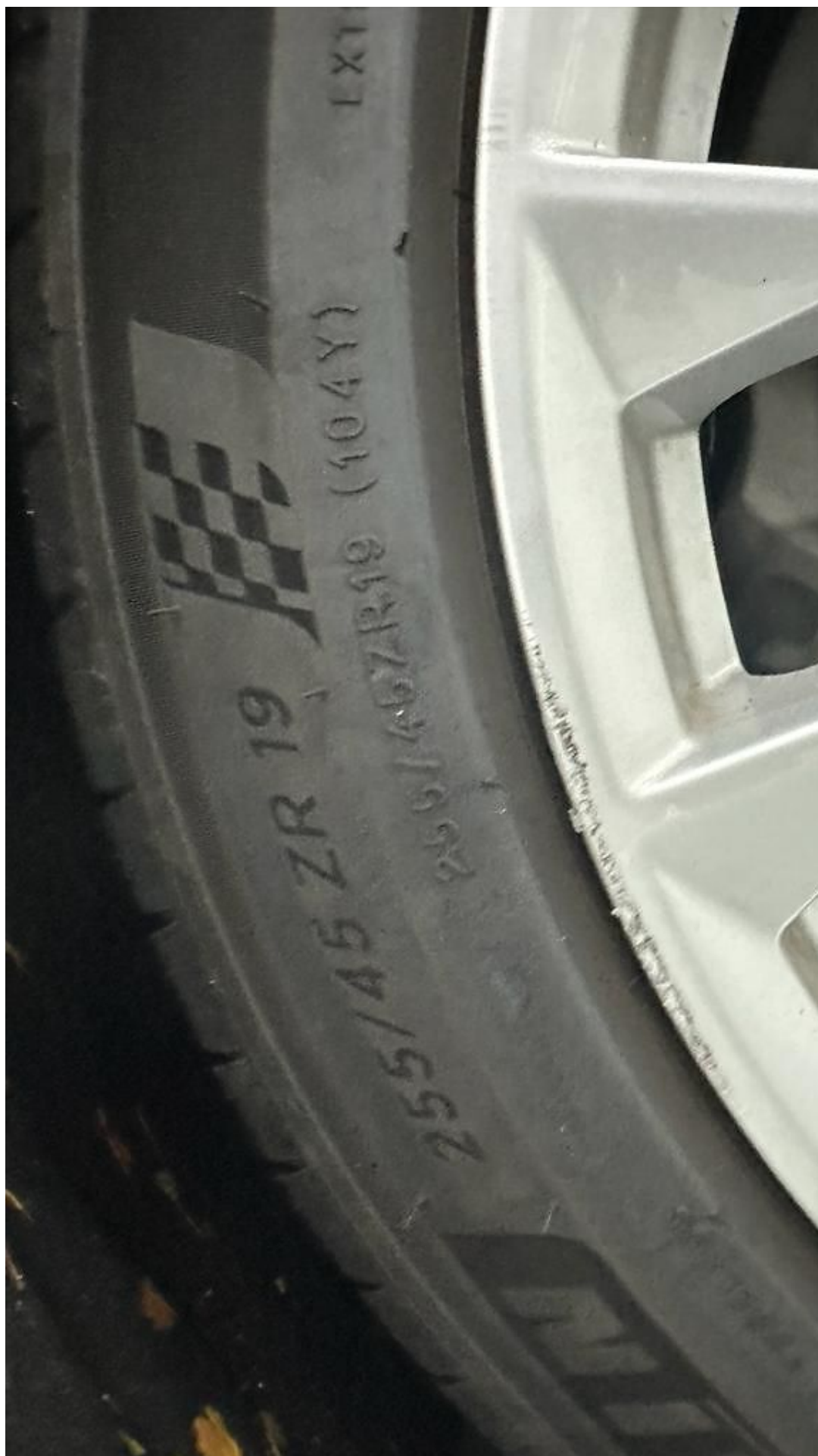




























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP1423150006-01 Vehicle Registration No: SFQ1282K
Name (as shown in NRIC) : WIDDEK HELMUT NRIC/FIN/Passport No : SXXXX881D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 267 OCEAN DRIVE Singapore (098424)
Contact (Tel) : 91111300 Mobile No. : _____
Email Address : HELMUTWIDDEK@GMAIL.COM
Date of Accident : 05/01/2023 Time of Accident : 15:00
Place of Accident : ORCHARD ROAD (NEAR FAR EAST PLAZA)
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

(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:

ADDITIONAL INFORMATION FOR THE ACCIDENT.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: WONG KHONG SENG GEORGE
NRIC/FIN No.: XXXX143X
Date:

