

## 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 .....	18/04/2023 15:43 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	17/04/2023 10:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLIP ROAD OF BKE TOWARDS MANDAI ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMS6789P
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WONG WEI YANG
NRIC No .....	SXXXX026H
Email Address .....	WONGWY89@GMAIL.COM
Mobile Phone No .....	(Phone) +65-88066789
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Carens
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1700

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2004331920

#### DRIVER

Name of Driver .....	WONG WEI YANG
NRIC No .....	SXXXX026H
Date Of Birth .....	06/07/1989
Occupation .....	Outdoor

Date Of Driving Pass .....	11/06/2009
Driving experience .....	13 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88066789
Alt. Phone Number .....	-
Email Address .....	WONGWY89@GMAIL.COM
Address .....	BLK 510 BUKIT BATOK STREET 52 #05-19
Address complement .....	-
Postcode .....	SINGAPORE 650510
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 - Head to Rear
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
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 .....	-

#### PASSENGER 1

Name .....	LIEW LOW MOI
Gender .....	Female

#### PASSENGER 2

Name .....	WONG LOI SOON
Gender .....	Male

#### PASSENGER 3

Name .....	WONG ZI MIN
Gender .....	Female

#### PASSENGER 4

Name .....	WONG CHIN YONG (HUANG ZHENYANG)
Gender .....	Male

#### 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

ON 17/04/2023 AT ABOUT 1025HRS ALONG SLIP ROAD OF BKE TOWARDS MANDAI ROAD, I WAS STATIONARY AT THE ABOVE MENTIONED LOCATION AND SUDDENLY, I HEARD A LOUD BANG AND FELT A GREAT IMPACT FROM BEHIND. WHEN I ALIGHTED, I THEN REALISED IT WAS VEHICLE (B) THAT COLLIDED ONTO THE REAR PORTION OF MY VEHICLE (A). I WISH TO STATE THAT I HAVE 4 PASSENGERS IN MY VEHICLE (A).

VEHICLE A: SMS6789P

VEHICLE B: SLT8378K

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 ..... SLT8378K  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Contact Number ..... -  
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 YANG  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACK & NECK PAIN  
Injured person in which vehicle? ..... SMS6789P  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 2

Name of injured person ..... LIEW LOW MOI  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACK & NECK PAIN  
Injured person in which vehicle? ..... SMS6789P  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 3

Name of injured person ..... WONG LOI SOON  
Gender ..... -  
Phone No ..... -  
Address ..... -

Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & NECK PAIN
Injured person in which vehicle? .....	SMS6789P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 4

Name of injured person .....	WONG ZI MIN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & NECK PAIN
Injured person in which vehicle? .....	SMS6789P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 5

Name of injured person .....	WONG CHIN YONG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & NECK PAIN
Injured person in which vehicle? .....	SMS6789P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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### 6. 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

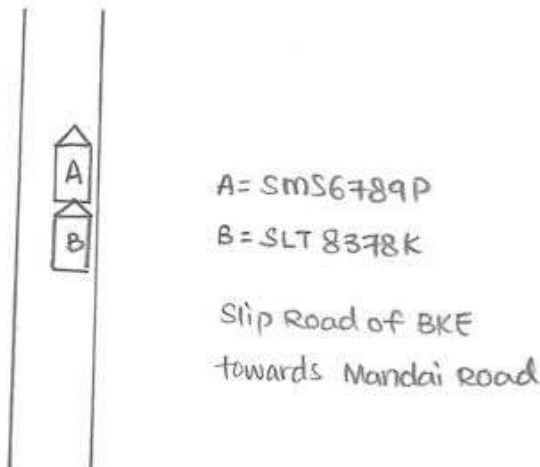
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## Declaration

We declare the foregoing particulars are true in every respect.

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Wd

Witnessed by Reporting Centre  
Personnel

On 17.04.2023 at about 10:25 hours along Slip Road of BKE towards Mandai Road, I was stationary at the above mentioned location and suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 4 passengers in my vehicle (A).

Vehicle (A): SMS 6789P

Vehicle (B): SLT 8378K

