

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	31/05/2023 13:00 (SGT)
Reported by	Actual Driver
Date of Accident	30/05/2023 21:30 (SGT)
Exact Location of Accident	Scotts Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC5765Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG CHIN JUNG (HUANG JINRONG)
NRIC No	SXXXX459I
Email Address	lowtingting@gmail.com
Mobile Phone No	(Phone) +65-98452519
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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?	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	1800074188-03

DRIVER

Name of Driver	LOW TING TING
NRIC No	SXXXX591J
Date Of Birth	08/10/1981
Occupation	Indoor

Date Of Driving Pass	12/04/2002
Driving experience	21 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-98756587
Alt. Phone Number	-
Email Address	seijay@hotmail.com
Address	13 HILLCREST ROAD
Address complement	-
Postcode	286731
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	Collision - Head on collision
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

PLEASE REFER TO SKETCH PLAN

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	SLM3930K
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) -

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.

<i>[Signature]</i> 31/5/23 Policyholder's Signature / Date & Time	<i>[Signature]</i> Driver's Signature (If driver is not the policyholder) / Date & Time	<i>[Signature]</i> 31/05/2023 Witnessed by Reporting Centre Personnel
Sketch Plan Along 800778 ROAD Veh A: SMC 57652 Veh B: SLN 3930K		

Scanned with CamScanner

Describe Circumstances of the Accident

On the stated date & time, I was driving to exit on to the main Road (Scott Road), while I was looking out for the traffic on the main Road suddenly a car cut across 3 lane and hit onto my car front partition.

Declaration

I/We declare the foregoing particulars are true in every respect.

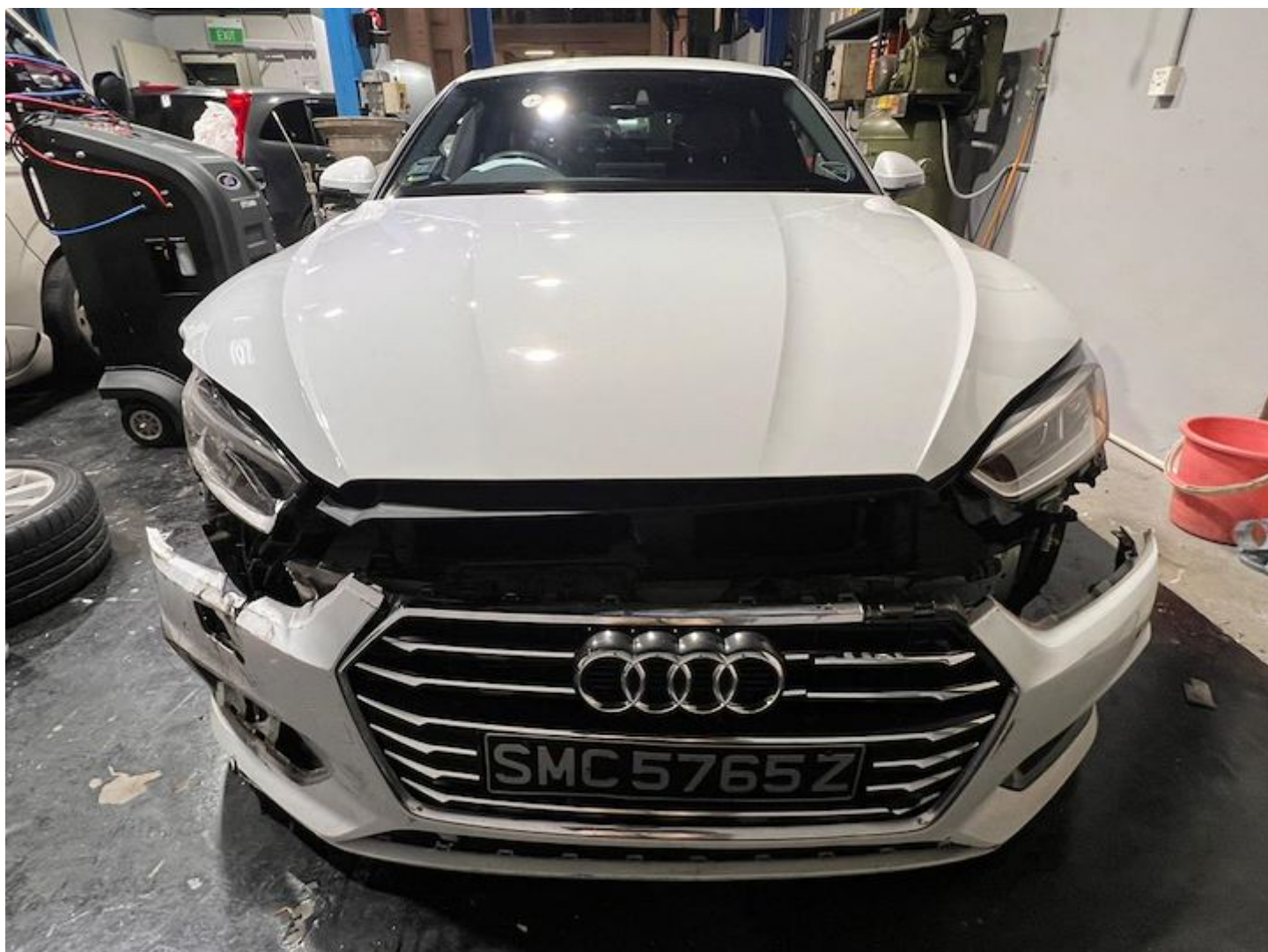
 31/5/23

Policyholder's Signature / Date & Time

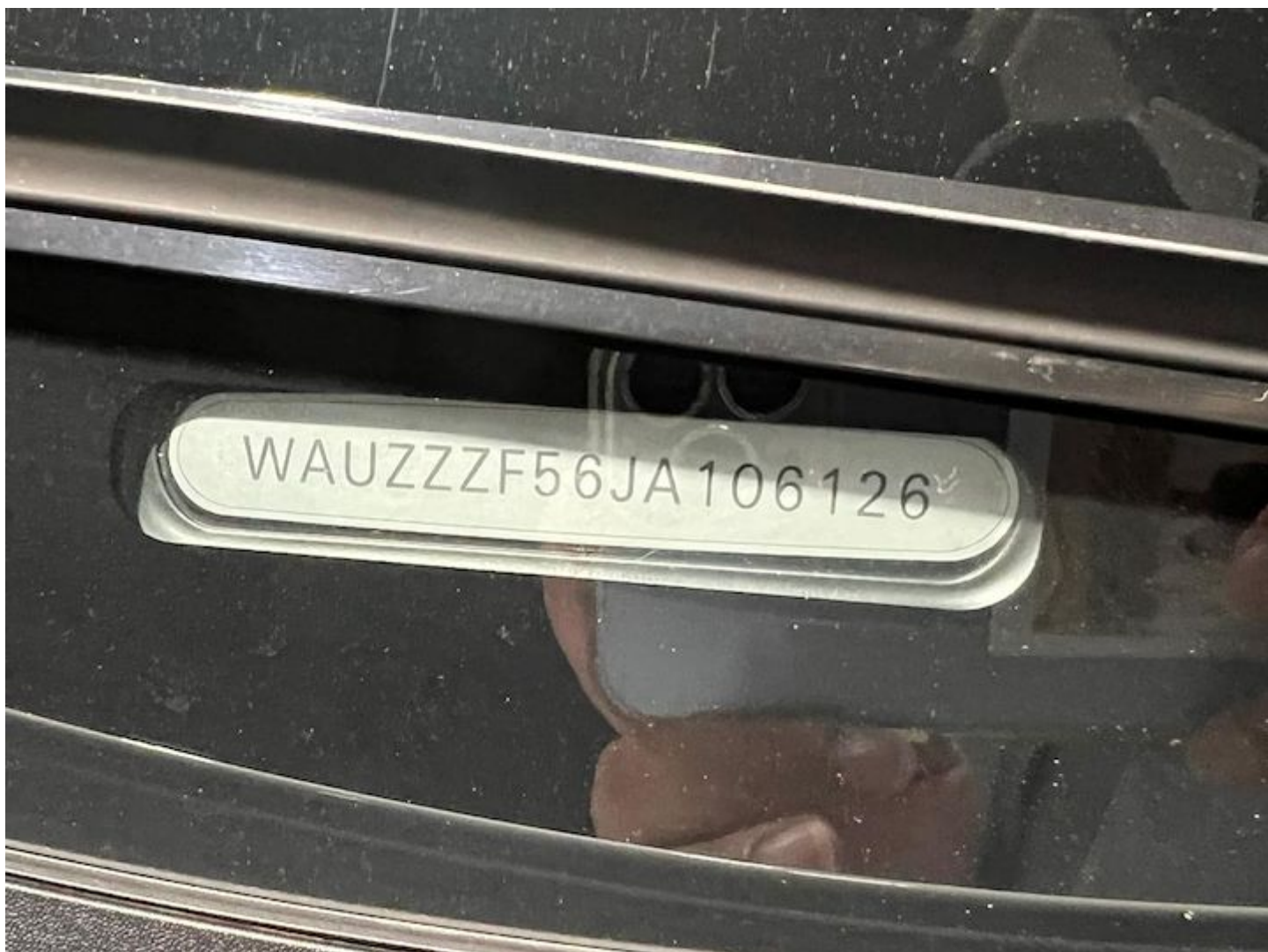

Driver's Signature (if driver is not the policyholder) / Date & Time

 31/05/2023
Witnessed by Reporting Centre Personnel

Scanned with CamScanner





















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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08235V0002 Vehicle Registration No: SMC5765Z
 Name (as shown in NRIC): WONG CHIN JUNG NRIC/FIN/Passport No: S80164591
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 13 HILLCREST ROAD Singapore (286730)
 Contact (Tel): 9845 2519 Mobile No.: _____
 Email Address: seijay@hotmail.com
 Date of Accident: 30/05/23 Time of Accident: 09:30 pm
 Place of Accident: Along Scott Road
 Insurance Company: AIG

(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:

Change claim type from Third party
to OD "own Damage claim"

Policyholder / Actual Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card): _____
 Date: 09/06/2023

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