



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 09:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/05/2023 17:20 (SGT)
Exact Location of Accident	Shenton Way, Singapore
Additional Location Information	SHENTON WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7623G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG KIT PING AMY
NRIC No	SXXXX741B
Email Address	AWON7028@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97858268
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131659870

DRIVER

Name of Driver	WONG KIT PING AMY
NRIC No	SXXXX741B
Date Of Birth	28/09/1970
Occupation	Indoor



Date Of Driving Pass	21/08/1997
Driving experience	25 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97858268
Alt. Phone Number	
Email Address	AWON7028@YAHOO.COM.SG
Address	53 PIPIT RD
Address complement	06-100
Postcode	370053
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?	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

AS PER SKETCH PLAN ATTACHED

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	XE5694D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	1

[illegible]

- Any future reporting may be referred to the design for any changes.

Consent under the Personal Data Protection Act (PDPA)

1. We collect and use your personal information for the following purposes:
- 1.1 To provide you with the services and products you request, including:
- (a) processing your payment, including the handling of correspondence, statements, invoices, receipts and other documents;
 - (b) providing you with information about our products and services, including about security of the services with respect to the delivery of a well-planned and safe service; and/or
 - (c) complying with applicable law in administering, overseeing, handling and/or dealing with my claims, liabilities or other purposes;
- 1.2 To improve our products and services, including:
- (a) analysing and evaluating our products and services, including the manner in which we use your personal information, and
 - (b) analysing and evaluating my satisfaction, based on use of the product and the feedback from any surveys, polls or questionnaires that we may conduct, which may be used for a range of purposes for the purpose of the above purposes;
 - (c) to provide information we are required to disclose to a third party for the purpose of legal defence, investigation and/or prosecution, present and a future claims;
- 1.3 To disclose your personal information to third parties for the following purposes:
- (a) to comply with any other legal obligation that may be imposed, including, but not limited to, tax and regulatory law, enforcement and government data requests lawfully required for the purposes stated; and
 - (b) to comply with requests under any regulatory, law enforcement system;

314523

A) 357 76236

B) XE 56943.



DESCRIBE THE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

1. *Staphylococcus aureus* (100%)

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