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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 04/07/2023 16:49 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 03/07/2023 18:59 (SGT) Exact Location of Accident MCE, Singapore Additional Location Information MCE TUNNEL TOWARDS ECP EXIT (P21M) EMERGENCY EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Vehicle Registration Number SKN6767C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MICHAEL WONG TACK KEONG NRIC No SXXXX712G Email Address mochatduke@yhaoo.com.sg Mobile Phone No (Phone) +65-94895248 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Audi Model Q5 Variant SPORT 2.0 TFSI 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?

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 1800114566-04

DRIVER

Name of Driver MICHAEL WONG TACK KEONG NRIC No SXXXX712G Date Of Birth 06/07/1967 Occupation Indoor

Date Of Driving Pass	23/09/1986
Driving experience	36 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94895248
Alt. Phone Number	-
Email Address	mochatduke@yhaoo.com.sg
Address	50 MARINE PARADE ROAD
Address complement	#10-13
Postcode	449307
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	Chain Collision
Weather Conditions	Clear
Road Surface	
Nodu Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	I.
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	
Original language used in the statement	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
If yes, against whom?	· · ·
ii yes, against whom:	-
CIRCUMSTANCES OF ACCIDENT	
DATE: 03/07/23	
TIME: 6:58-6:59 PM	
PLACE: MCE, TUNNEL TOWARDS ECP / FORT ROAD EXIT. LA	
CONDITION: EVENING TRAFFIC IS HEAVY, DRY CONDITION.	
- CARS SLOWING DOWN ON LANE 4/5 MOSTLY DUE TO EVE	NING TRAFFIC AND ECP / FORT ROAD EXIT
- MY CAR WAS STATIONARY.	
-VEHICLE 1 BEHIND ME SLOWED AND ALMOST CAME TO ST	OP.

- VEHICLE 2 (VAN) BEHIND HIT VEHICLE 1 FROM REAR IMPACT CAUSING VEHICLE 1 TO SURGE FORWARD HITTING MY CAR.

KINDLY REFER TO THE ATTACHED PHOTOS AND VIDEO FROM VLC CAM.

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFZ7371A
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KELVIN NG
Contact Number	(Phone) +65-97429852
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH5120M
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	
	AJ
Contact Number	(Phone) +65-84972228
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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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. The 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.
- 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)

Lunderstand, 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.

Malela 04/07/23

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel GAY FOOR

Sketch Plan



A - SKN 6767C B - SFZ 7371A C - GBH 5120M

Describe Circumstances of the Accident
DATE: 03/07/73
C - 150 (5000
PLACE: MCETURICO toucodo ECP DATE POUT NOCA EXIT.
1010614
CONDITION: EVENING TRACTICLE WEARY ON CONDITION: FUENING TRACTICLE WEARY
On condinon traine
- Cave slowing down on love H 5 mostly due to
- Evening traffile of the format each
- My Car was sterranay.
- venime de stored an behind me slaved & almost
come to stop
- Vehicle 02 (Van) behird hit vehicle 01 from rear impact caused volume of to surge farward hitting my
impart caused volutare of to surge forward hitting my
car.
-
(1) Audi Venido Venide
01 102
The state of the s
(D) Andi * venine venine
Gody veh to attemed phones a video from veleco cain.

Declaration

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

Mruh 04/07/02

Policyholder's Signature / Date &

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

PRESIDENT AND STREET OF THE OWNER OWNER OF THE OWNER OWN

Witnessed by Reporting Centre Personnel Tony Fcory

































































