

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	12/07/2023 10:43 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2023 17:30 (SGT)
Exact Location of Accident	Alexandra, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1579B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WOMB WARDROBE
Company Reg No	5XXXX857D
Email Address	kit@womb.com.sg
Mobile Phone No	(Phone) +65-96816833
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Defender
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	Commercial vehicle
Transmission	Manual
CC	2402

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00044682300

DRIVER

Name of Driver	WONG WENG KIT
NRIC No	SXXXX133Z
Date Of Birth	10/10/1977
Occupation	Indoor

Date Of Driving Pass	20/11/2007
Driving experience	15 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96816833
Alt. Phone Number	-
Email Address	kit@womb.com.sg
Address	BLK 23B QUEEN'S CLOSE #06-165
Address complement	-
Postcode	141023
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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 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	SMJ1410L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AADITYA PARAG KOTHARY
NRIC No	TXXXX348I

Contact Number	(Phone) +65-81834710
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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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.

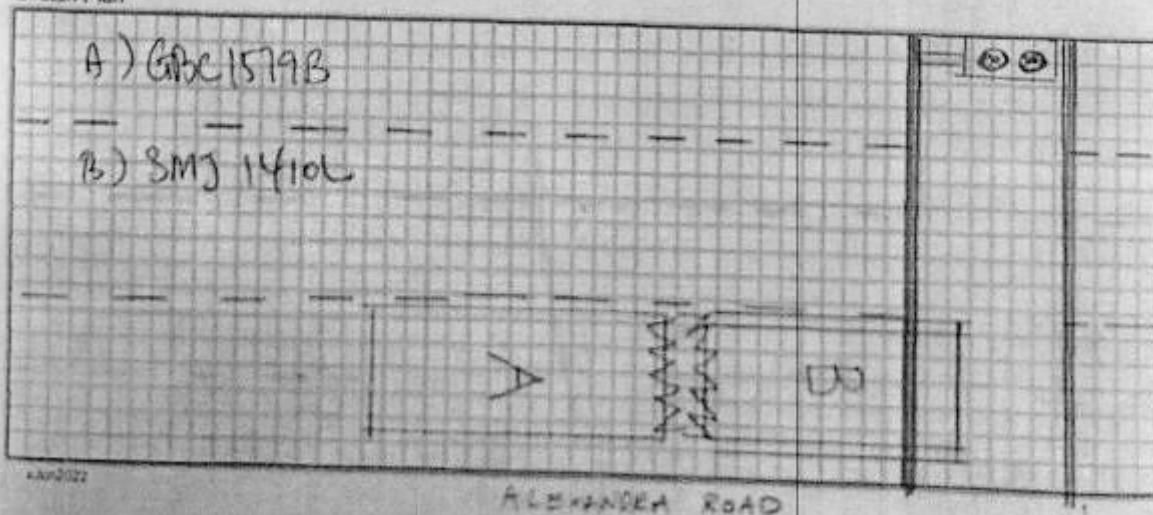
Way
Policyholder's Signature /



Way 12/7/23 9:39am
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 12/07/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Dear Sir/Mdm, I am writing to report an accident that occurred on July 11, 2023 at approximately 5:30pm on Alexandra Road, involving my vehicle and another vehicle. I would like to provide you with the necessary details regarding the circumstances of the accident.

While driving along Alexandra Road during slight rainfall, I was travelling at a safe and reasonable speed, considering the road conditions. I was maintaining a safe following distance behind the blue Audi A4 that was in front of me. We were both approaching a traffic light, which had turned amber.

Unexpectedly, the driver of the blue Audi A4 abruptly applied the emergency brake while attempting to stop at Amber at the traffic light. Due to the sudden nature of the braking, combined with the wet road surface, I was unable to come to a complete stop in time to avoid a collision. As a result, my vehicle collided with the rear of the Audi A4.

Contributing Factors:

- 1) Weather Conditions: The accident occurred during rain, which significantly reduced visibility and affected the road surface, making it slippery.
- 2) Emergency brake: The driver of the Audi A4 suddenly applied the emergency brake, catching me off guard and limiting my ability to react promptly.

As a result of the collision, only the blue Audi A4 sustained damage. The impact wasn't strong therefore no injuries occurred. The impact primarily only affected the front of the blue Audi A4. Attached to this report is a sketch plan.

Declaration

(We declare the foregoing particulars are true in every respect.)




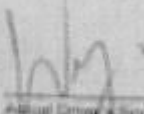

Police Officer's Signature / Date & Time

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

Witnessed by Reporting Constable Personnel (Name as in NRIC/ID card)

12/07/2023

→ NEXT PAGE

Describe Circumstance of the Accident	
<p>Contributing Factors: 3) Experience of the other driver: The driver of the Audi A4 recently passed his license approximately a year ago and may have been less experienced in handling emergency situations on the road.</p> <p>I have been driving for 16 years without any prior accidents, maintaining a safe clear driving record. I was maintaining a safe following distance behind the blue Audi A4 that was in front of me.</p> <p>I kindly request that you initiate the necessary steps to process my insurance claim promptly. I am more than willing to cooperate fully and provide any additional information or documentation that may be required to assist with you.</p> <p>Thank you for your understanding and assistance.</p> <p>Yours sincerely,</p> <p>Wong Weng Kit S77301332</p>	
<p>Declaration We declare the foregoing particulars are true in every respect.</p> <p>    </p> <p> Policy No. / Date & Time: 12/1/23 9:39am Actual Driver's Signature (if driver is not the policyholder): Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): </p>	



