

# 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 First Submission	16/10/2024 16:22 (SGT)
Reported by	Actual Driver
Date of Accident	15/10/2024 18:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE towards Changi just before Toa Payoh exit
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF6263R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Tan Swee Ai Kelvyna
NRIC No	SXXXX770D
Email Address	ktsa17@hotmail.com
Mobile Phone No	(Phone) +65-97555465
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
Variant	LUXURY A/T S/R
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	2494
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	27/06/2017 00:00 (SGT)

## INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110162271803

## DRIVER

Name of Driver	Chloe Chan Su Lin
NRIC No	SXXXX602G
Date Of Birth	04/08/1993
Occupation	Indoor
Driving Pass Date	19/07/2012
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	12 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91185384
Alt. Phone Number	-
Email Address	chloechansulin@gmail.com
Address	15 Clifton Vale
Address complement	-
Postcode	359694
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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

Refer to sketch plan.

#### 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	SKU3965E
Vehicle Manufacturer	Volvo

Vehicle Model	V40
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	Wang Shaowei
NRIC No	SXXXX594J
Contact Number	(Phone) +65-91859971
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

**SKETCH PLAN**

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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

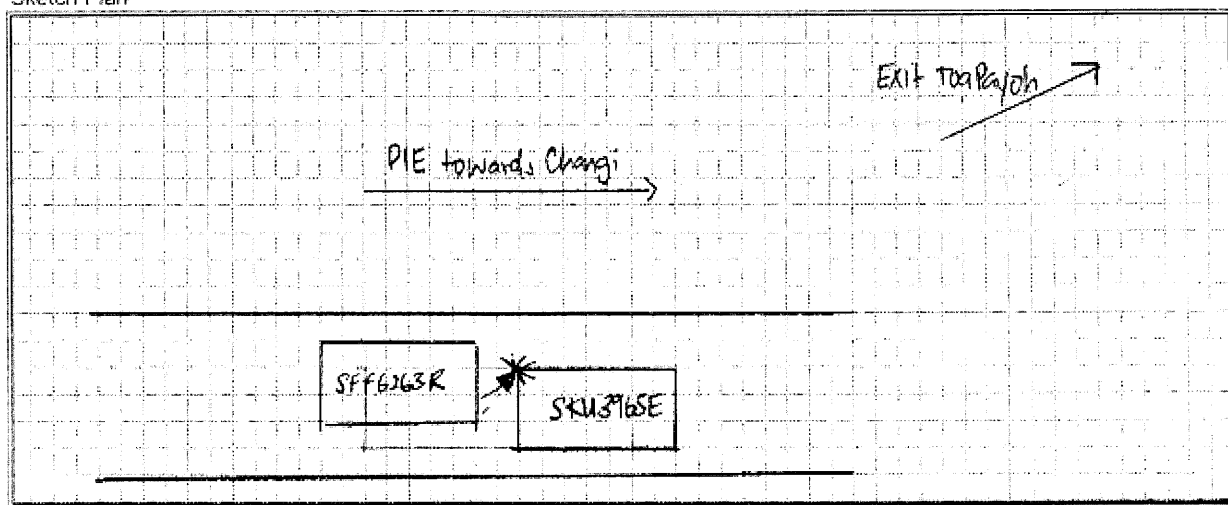
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

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

**Sketch Plan**






vJun2022

**Describe Circumstance of the Accident**

On 15 Oct 2024 around 6.15pm, I was driving along PIE heading toward Changi. I was at the Just before the Tanjong Pagar exit, I was travelling on the 1<sup>st</sup> lane (extreme right). Traffic was heavy and we were travelling at moderate speed approximately 30-40km/h. I did not see that the car before we had stopped and I hit the back of the car in front of me. The carplate of the car I hit <sup>was</sup> SKU396SE, driver was Wang Shao wei. The car I was driving was SFF6263R. I was the driver, Chloe Chan. The roads were dry and the weather was fair.

**Declaration**

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

 Policyholder's Signature / Date & Time	 CHLOE CHAN Actual Driver's Signature (if driver is not the policyholder): / Date & Time 16 OCT 2024	Deborah Lai  Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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