

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	25/11/2024 16:17 (SGT)
Reported by	Actual Driver
Date of Accident	22/11/2024 17:45 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	TOWARDS BKE BEFORE EXIT 5-BESIDE HOME TEAM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1180H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG MAY GEE
NRIC No	S9376053J
Email Address	hwapengauto@singnet.com.sg
Mobile Phone No	(Phone) +65-82826959
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598
Vehicle Fuel	Petrol
First Registration Date	15/08/2016
Chassis no	MR053REH104551480
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM133003642400

DRIVER

Name of Driver	CHEAH SIONG YU
NRIC No	S8857497D
Date Of Birth	21/09/1989
Occupation	Indoor
Driving Pass Date	23/08/2014
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82826959
Alt. Phone Number	-
Email Address	hwapengauto@singnet.com.sg
Address	BLK 609 BUKIT PANJANG RING ROAD #07-908
Address complement	-
Postcode	670609
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

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) 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	SDH9888G
Vehicle Manufacturer	Honda

Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ENG TECK HONG
NRIC No	S1758467G
Contact Number	(Phone) +65-97596995
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Income Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU2439C
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Sompo Insurance Singapore Pte. Ltd.
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

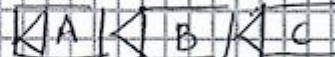
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


25/11/2024
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

KSE → BKE		① A: SLF1180H
←		② B: SDH9888G
		③ E: SCU2439C
		④
		HOME TEAM

Describe Circumstance of the Accident

On mentioned date and time, I was driving along KJE in lane 1 towards BKE direction. I was driving beside Home Team Campus before Exit 5 (Brickland Road). The traffic was heavy due to peak period. It was raining and the road surface was wet. The front vehicle slow down and I too step brake. At this juncture I felt impact and my vehicle jerk forward. I checked my rear view and alighted from my vehicle assess the situation. From the position of those vehicles behind my car, I understand it was a chain collision involving 3 cars. We three drivers shifted the cars to the LH road shoulder to avoid any congestion. We check each others condition and no one injured due the accident. We exchange particulars and left the scene.

Vehicle Category: Private Vehicle

Transmission: Auto

Engine Capacity: 1598 cc

Original Regn Date: 15 Aug 2016



Fuel Type: Petrol

Chassis No: MR053REH104551480

Was there any video captured by Car Camera? Yes / No

Has the driver been approached by unknown person(s)? Yes / No

Number of Passengers (Including Driver)? 01

Name  Gender:Name  Gender:Name  Gender: 

Declaration

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



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

