

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	09/12/2024 16:58 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/12/2024 14:25 (SGT)
Exact Location of Accident	PIE, Paya Lebar Flyover, Singapore
Additional Location Information	TWDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR366U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM SAI YONG
NRIC No	SXXXX606A
Email Address	JOELIM88@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98166809
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	-
Vehicle Category	Yes
Transmission	Private car
CC	Auto
Vehicle Fuel	1595
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM130007972300

DRIVER

Name of Driver	SHAWN LIM KIA TECK
IC No	SXXXX760Z
Date Of Birth	24/09/1996
Occupation	Indoor
Driving Pass Date	23/02/2016
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	8 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91183326
Alt. Phone Number	-
Email Address	JOELIM88@HOTMAIL.COM
Address	345 CHOA CHU KANG AVE #17-31
Address complement	-
Postcode	689876
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	CHRISTINA KOH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO: T/20241208/2013

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	SNE8455E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SUTRODHOR NITIS KUMAR
Passport No/FIN	GXXXX953N
Contact Number	(Phone) +65-80196101
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHAWN LIM KIA TECK
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKR366U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	CHRISTINA KOH
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKR366U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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

(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:

- (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.

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

Papa Lehar
 Piyover.

③ 2K23664.
 ④ 2NE 2455B.

Describe Circumstance of the Accident

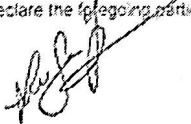
As Per police report no: T/2024/2001/2013.

<input checked="" type="checkbox"/>	Claim own policy
<input type="checkbox"/>	Claim third party
<input type="checkbox"/>	Claim CO / TP at other workshop
<input type="checkbox"/>	For record purpose
Policy No. <u>DA10M150007972300</u>	
Insurer <u>WU1</u>	Vehicle No. <u>SR3366U</u>


I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Declaration


We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



SNG AH TEE MOTOR & PANEL SVC PTE LTD
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)