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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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

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	ACCIDENT STATEMENT
Date Of Report	05/05/2018 12:33
Date Of Accident	03/04/2018 11:00
Exact Location Of Accident	SAFRA TOA PAYOH (CARPARK)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE7092G
Insured/Policyholder	
Name Of Registered Owner	ANDY CHAN WEE BOON (ANDY ZENG WEI WEN)
NRIC No	S7606410E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98245305
Alternative Phone No	OTHERS-98245305
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC90 T5 A/T ABS D/AB 4WD 5DR TC
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120027371700
Cover Note Number	
Driver	

Name of Driver ANDY CHAN WEE BOON (ANDY ZENG WEI WEN)

 NRIC No
 \$7606410E

 Date Of Birth
 27/02/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 29/07/1998

Driving Experience 19 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98245305

Fax Number

Contact Number OTHERS-98245305

EMail Address NOEMAIL

50 LORONG 40 GEYLANG Address

#06-49 398074

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT BY FALLEN TREE / OTHER OBJECTS Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

7

Was any other material or property damaged? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : NIL

> GENDER: : FEMALE

Passenger 2 NAME: : NIL

> **GENDER:** : FEMALE

Passenger 3 NAME: : NIL

> GENDER: : MALE

Passenger 4 NAME: : NIL

> GENDER: : MALE

Passenger 5 : NIL NAME:

> GENDER: : MALE

Passenger 6 NAME: : NIL

> GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS EXITING THE CAR PARK AT SAFRA TOA PAYOH AT AROUND 11 AM. THE CAR INFRONT OF ME (X IN DIAGRAM) WENT AHEAD AND THE EXIT BARRIER WAS UP FOR MY TURN. I DROVE TOWARDS THE EXIT BARRIER AND THE BARRIER UNEXPECTEDLY CAME DOWN ON MY CAR. I BELIEVE THERE WAS A SYSTEM GLITCH IN THE BARRIER AS THE EXIT BARRIER WAS UP BEFORE I APPROACHED IT. I WAS DRIVING TOWARDS THE BARRIER IN A SLOW MANNER ONLY WHEN MY CAR WAS HALF WAY THROUGH AND UNDER THE BARRIER, THE BARRIER CAME DOWN IN A JERKY MANNER . I WAS CAUGHT OFF GUARD AND WAS NOT ABLE TO REACT IN TIME. LUCKLY THERE WAS NO DAMAGE DONE TO MY CAR. I STOPPED FOR A WHILE AND THE BARRIER CAME UP AGAIN BEFORE I DROVE OFF.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: REVERT

Was there any audio recorded?

Sketch Plan

SKETCH PLAN

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- 7. By the lodgment 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)

I understand, acknowledge, agree and consent that:

- 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")
- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Sketch Plan #2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT A: My Car (SKE 70929) B: Car park ext barrier C: X I was exiting the car park at safe Toa Payoh a relation. The Jarrier and fine (X in diagram) were ahead and the exit barrier was up for my turn drove towards the ext barrier and the barrier as the was a system glitch in the barrier as the	u
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DECLARATION 1/We declare the foregoing particulars are true in every respect.	1 21/1
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11.Cl fayer	10/20
	5 > 20
Policyholder's Signature Oriver's Signature Oriver's Signature (If driver is not the policyholder) Name: Name:	's Signature





















