Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 12/05/2018 14:16

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 truthful and accurate 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.

ACCIDENT STATEMENT

Date Of Report	05/05/2018 12:33
Date Of Accident	18/06/2017 11:00
Exact Location Of Accident	SAFRA TOA PAYOH (CARPARK)
Country/State of Loss	SINGAPORE

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	S7606410E
Date Of Birth	27/02/1976
Occupation	INDOOR
Date Of Driving Pass	29/07/1998
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98245305
Fax Number	
Contact Number	OTHERS-98245305
EMail Address	NOEMAIL

Address	50 LORONG 40 GEYLANG #06-49
Postcode	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

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	7
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	NAME: : NIL 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	
Was notice of intended Prosecution given?	NO
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?	NO

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be **completed by the Policyholder and/or the Authorised 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. The 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 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:

   (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.

   (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:

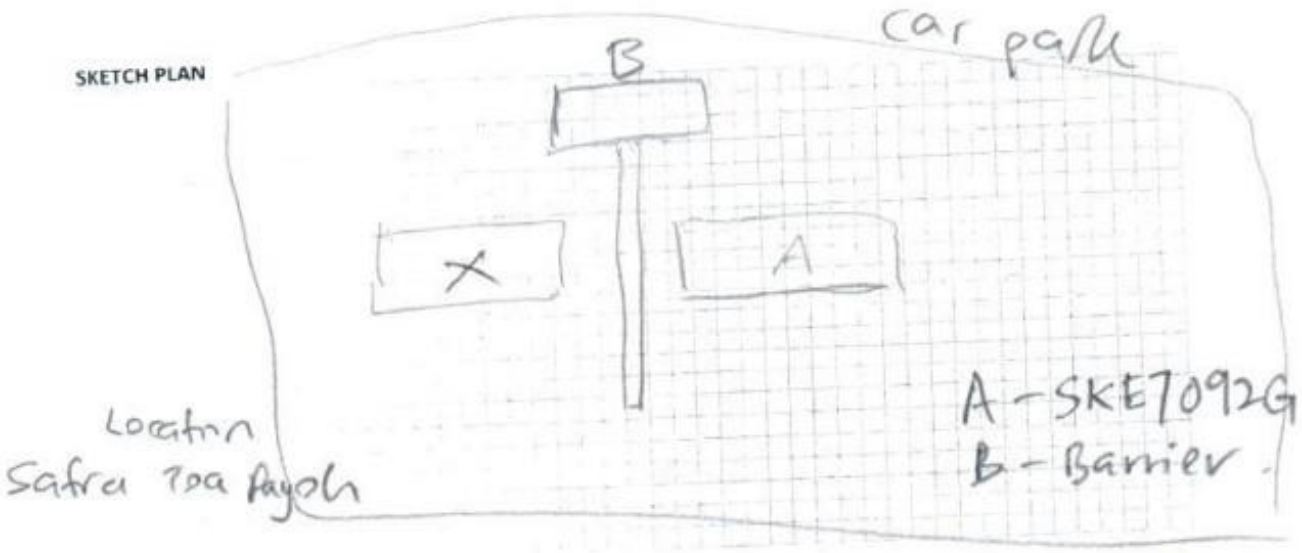
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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:	5/5/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A : My car (SKE7092G)

B : car park exit barrier

C : X

I was exiting the car park at Safra Toa Payoh at around 11am. The car in front 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. Luckily there was no damage done to my car. I stopped for a while and the barrier came up again before I drove off

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 & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
		5/5/2018

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

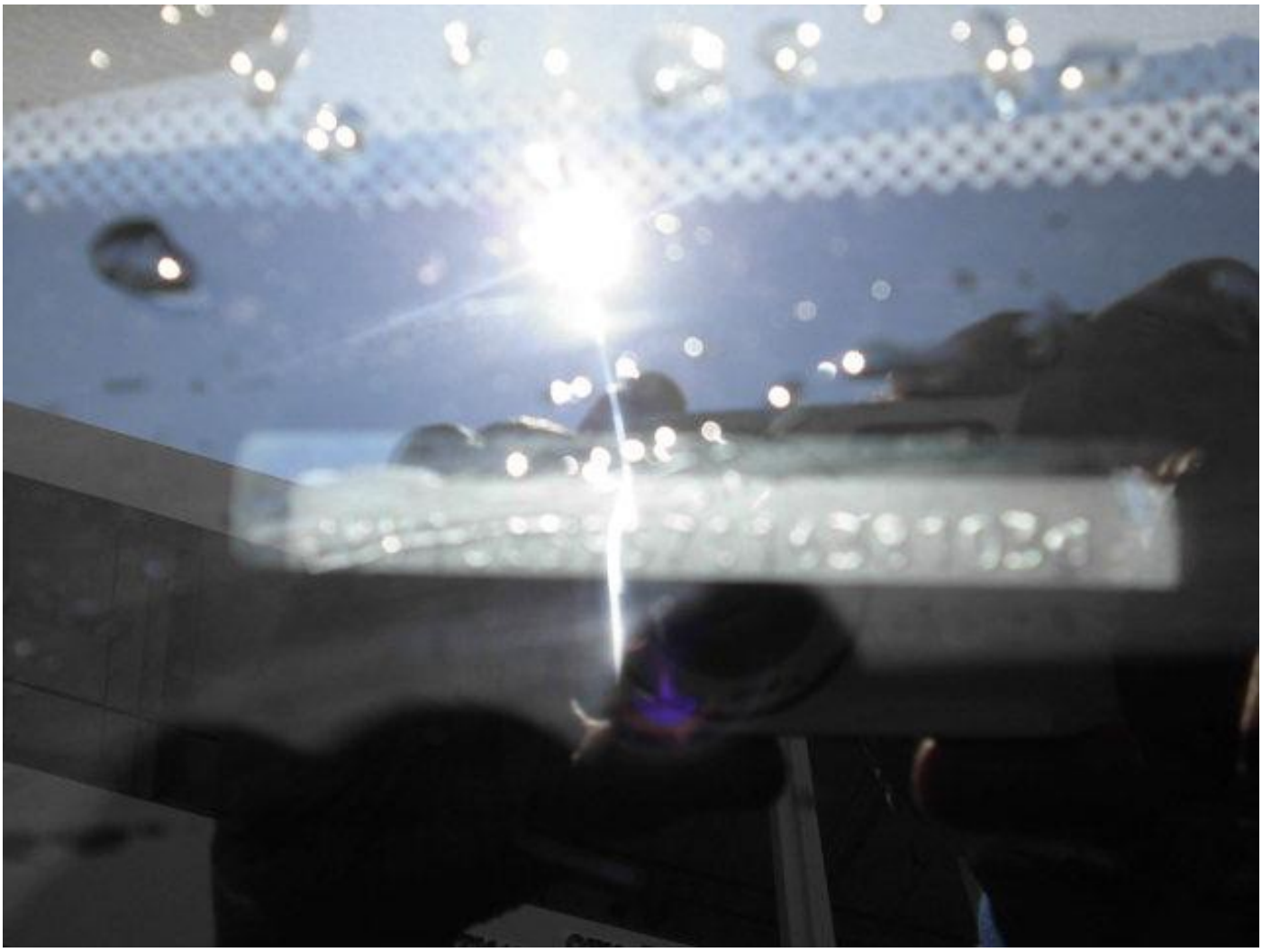
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA1180587OO Vehicle Registration No: SKE7092G

Name(as shown in NRIC) : Andy Chan Wee Boon (Andy Zeng Wei Wen) NRIC/FIN/Passport No : S7606410E

(*Vehicle Driver / ~~Vehicle Owner~~)(*) Please delete as appropriate

Address : 50 Lorong 40 Geylang #06-09 Singapore(398074)

Contact (Tel) : Mobile No. : 98245305

Email Address :

Date of Accident : 18/6/17 Time of Accident : 11:00

Place of Accident : Sufra Tua Payoh (carpark)

Insurance Company : UOI

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend date of accident (18/6/17)

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: