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	10/09/2018 19:23
Date Of Accident	10/09/2018 09:25
Exact Location Of Accident	ALONG ALEXANDRA ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG8080X
Insured/Policyholder	
Name Of Registered Owner	AERIA VALERIE GERALDINE
NRIC No	S7315874E
Email Address	VALERIE.AERIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96867548
Alternative Phone No	OTHERS-96867548
Vehicle Particulars	
Manufacturer	JAGUAR
Model	XF-3.0 V6 LUXURY (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	DHOM110152631602
Cover Note Number	
Driver	

Name of Driver AERIA VALERIE GERALDINE

NRIC No S7315874E Date Of Birth 01/05/1973 Occupation **INDOOR Date Of Driving Pass** 08/05/1992

Driving Experience 26 YEARS AND 4 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-96867548

Fax Number

OTHERS-96867548 Contact Number

EMail Address VALERIE.AERIA@GMAIL.COM Address BLK 111 DEPOT ROAD

#16-101

Postcode 101111

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

-

1

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

DRIVING ON ALEXANDRA ROAD, JUST AFTER 396 ALEXANDRA ROAD. TRAVELLING ON THE LEFT LANE, FILTERING TO CENTRE LANE FOR JAGUAR SGG8080X. THE MAZDA SLN1589X WAS ON THE RIGHT LANE TURNING TO CENTRE LANE. THE MAZDA SLN1589X FRONT LEFT SIDE BANGED INTO JAGUAR DRIVER'S DOOR AND ALSO DRIVER'S SIDE MIRROR.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN1589X
Vehicle Make/Model/Colour MAZDA

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TAN LI JEN
NRIC/Passport Number S7135165C
Contact Number 96996945

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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)
 - (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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

eporting Centre

NRIC/FIN No.

Sketch Plan #2

ETCH PLAN	Dong	BUNGAMORA	ROAD	
	540	5 8080×		
ESCRIBE CIRC	GUN1589	THE ACCIDENT		
Dr	iving on	Alexandra	Rd , ju	st after 396 If lane, filking
Alexa	da Rd	. Travelling 1	n the 1et	I lane, tilling
to C	ienthe la	ne for Jasuar	349 8080 A	
int	he maz Jashan nirror	da SUNISSON donkr's du	(front 121 or and abs	H side o dover's side
DECLARATIO		lars are true in every respect.		a/10/09/2008
Policyholder's S Date & Time:	10/9/18	Driver's Signature (If driver is not the policyh Date & Time:	older) Nar	orting Centre Porsonnel's Signature me: IC/FIN No.: 10 WA WA











































