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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	28/09/2018 15:36	
Date Of Accident	21/09/2018 11:20	
Exact Location Of Accident	CARPARK ENTRANCE TO PLAZA SINGAPURA	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKX1967Y	
Insured/Policyholder		
Name Of Registered Owner	MAK YUET KUEN ELEEN	
NRIC No	S1240466B	
Email Address	ELEEN.MAK@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-90700959	
Alternative Phone No	OTHERS-90700959	
Vehicle Particulars		
Manufacturer	MAZDA	
Model	3	
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	DHOM120032441700	
Cover Note Number		
Driver		

Name of Driver MAK YUET KUEN ELEEN

NRIC No S1240466B

Date Of Birth 21/01/1957

Occupation INDOOR

Date Of Driving Pass 17/11/1978

Driving Experience 39 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90700959

Fax Number

Contact Number OTHERS-90700959

EMail Address ELEEN.MAK@GMAIL.COM

Address 3 RIVER VALLEY CLOSE

#04-01

Postcode 238429

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

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Insurance Company of Driver's Own Vehicle

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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 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.

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : MOTHER

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS ENTERING PLAZA SINGAPURA ,CARPARK CAR SKZ8571Z STOPPED ABRUCTLY WHILE ENTERING THE CARPARK.WE WERE ON A SLOPE I HAVE TO ACCELARATE TO ENTER THE CARPARK TOO.BECAUSE OF THE SUDDEN STOP .MY CAR SKX 1967Y BUMPED SLIGHTLY ONTO SKZ8571Z. UPON EXAMINATION SKZ8571Z HAD A MINOR SCRATCH ON THE BUMPER, I GAVE HIM MY DETAIL. AS THE SCRATCH WAS MINOR I DID NOT MAKE ANY REPORT UNTIL I RECEIVED THE LETTER FROM MY INSURANCE (UOI) DATED 25/09/2018. I THEREFORE MADE THIS REPORT AT IDAC TODAY 28/09/2018 THAT ALL.

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 SKZ8571Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 interested parties.
- 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 insurers) 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:
 - 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:

WHICH IN NO.

Sketch Plan #2

SKETCH PLAN	
A) SKX 1967Y B) SKZ 8571Z SMR	B Proze Sucharen
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
	a slope therefore, 2 at two. Because or bumped slighty aminution, SEZ 8571 a bumper. 2 gave atch way very y report in f.11 2 mancer, UOZ, daylow nade this report
DECLARATION I/We declare the foregoing particulars are true in every respect. Description Driver's Signature Driver's Signature	a spelsed

(If driver is not the policyholder) Date & Time:

Date & Time:

Sketch Plan #3





























