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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	06/12/2018 11:27
Date Of Accident	06/12/2018 09:40
Exact Location Of Accident	CLEMENTI EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH8412G
Insured/Policyholder	
Name Of Registered Owner	HENG KIA HWEE, FLORENCE (WANG JIAHUI, FLORENCE)
NRIC No	S8223528J
Email Address	HENG_FLORENCE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87152294
Alternative Phone No	OTHERS-87152294
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DHOM110154461601
Cover Note Number	
Driver	
Name of Driver	HENG KIA HWEE, FLORENCE (WANG JIAHUI, FLORENCE)
NRIC No	S8223528J

 NRIC No
 \$8223528J

 Date Of Birth
 23/07/1982

 Occupation
 INDOOR

 Date Of Driving Pass
 08/01/2009

Driving Experience 9 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87152294

Fax Number

Contact Number OTHERS-87152294

EMail Address HENG FLORENCE@HOTMAIL.COM

Address BLK 749 WOODLANDS CIRCLE

#02-598

Postcode 730749

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

-

NO

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?

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) 1

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

PASS ERP GANTRY, THIS ROAD OFTEN HAS ON COMING BUS. IT A MUST TO STOP TO CHECK. I HAVE STOPPED TO CHECK ABOUT 3 SECS LATER THE CAR BEHIND HIT ONTO MY CAR. WE MOVE THE CAR TO SAFETY AND EXCHANGE PARTICULAR CAR OWNER B DECIDED TO FOLLOW ME TO THE WORKSHOP TO HEAR THE QUOTE FOR REPAIR INVOLVE.

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 SJT2522Z

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)

Accident 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 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)
 - 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:

Reporting Centro Personnel's Signature Name: NRIC/FIN No. POPAL WE TID

Accident Sketch Plan

SKETCH PLAN B - SI175222 A : 53H8412G EIBMENT 1 FHIT Bus DESCRIBE CIRCUMSTANCES OF THE ACCIDENT LICENSE PLATE: SJH 8412 G ACCIDENT DATE & TIME: 6/12/2018 9-40 am CONTACT NUMBER: 87152294 E-MAIL ADDRESS: hong florence @ hotmail com LOCATION: Clementi exit Pass the ERP gentry, this read often has encoming two It a must to stop to there I have stepped to phrek about 3 sees later the ear behind hit and ayear we move the ear to safety and early predictive car easer & decided to the ne to the sortation to have the quete for reprin tourive NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION Please state: () Claim Own Policy () Claim Third Party () Claim OD/TP at other workshop () Reporting Only DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Date & Time: (If driver is not the policyholder)

Date & Time:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8223528J





HENG KIA HWEE, FLORENCE (WANG JIAHUI, FLORENCE) 王 佳 惠

CHINESE
Date of birth Sex
23-07-1982 F

122252

4,01116

SINGAPORE

THE ARE LIGENSED TO DRIVE VEHICLES IN THE FULLWAING CLASSIES)

PASS DATE

Asss 3 Meter Cars=< 3000 kg with <<7 passengers, exclusive 06 Jan 2009 of the driver; and other meter vehicles << 2500 kg

e V

₩C № S8223528J

14-12-2012

14-12-20

APT BLK 749 WOODLANDS CIRCLE #02-598 SINGAPORE 730749

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NP 428A











