

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 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. 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	04/03/2019 10:33
Date Of Accident	05/02/2019 21:00
Exact Location Of Accident	STEVENS RD TWDS SCOTTS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT26R
Insured/Policyholder	
Name Of Registered Owner	HO CHI KWONG
NRIC No	S2734450Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96163337
Alternative Phone No	OTHERS-96163337

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	-
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	DHOM110166441900
Cover Note Number	

Driver

Name of Driver	HO CHI KWONG
NRIC No	S2734450Z
Date Of Birth	06/08/1951
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1988
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96163337
Fax Number	
Contact Number	OTHERS-96163337
Email Address	NOEMAIL

Address	135T WHITLEY ROAD THE WHITLEYRESIDENCES
Postcode	297677
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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.	NO
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

I WAS STOPPING AT THE TRAFFIC LIGHTS ALONG STEVENS ROAD (SLV3901Y) I'M ABOUT TO TURN SKT26R CRASH ON TO VEHICLE B. VEHICLE A DAMAGE WAS SLIGHTLY.

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	SLV3901Y
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 Pg. 1

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) 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:

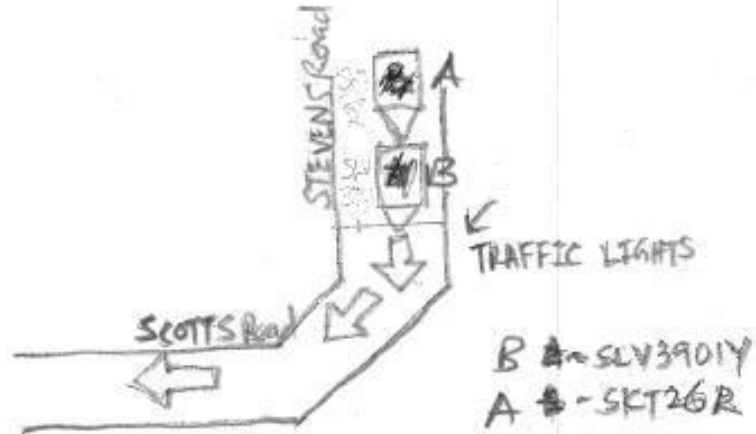
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STOPPING AT THE TRAFFIC LIGHTS ALONG STEVENS Road
(SLV3901Y) I'M ABOUT TO TURN SKT26R crash in to ~~the~~
Vehicle B. Vehicle A damage was slightly.

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.:



MEMBER OF THE UOB GROUP

13 February 2019

Our Ref : DHOM110166441900

Ho Chi Kwong
390 Orchard Rd
#01-02 Palais Renaissance
Singapore 238871

Dear Sirs

**NON-REPORTING
ACCIDENT INVOLVING VEHICLES SKT26R AND SLV3901Y ON 05.02.2019**

We refer to the above accident.

Please be informed that we have received a claim from the Third Party against you. Copies of the following letter(s) are attached for your information:-

- (1) Email dated 8 February 2019 from Allswell Motor Traders, owner of motor vehicle no SLV3901Y and relevant documents.

Under the terms of the policy, you are required to give us immediately notice of any accident. On a strictly without prejudice basis, please do e-filing at our Approved Reporting Centres (as per attach) together with photograph (if any), a copy of the Certificate of Insurance and a copy of your driving licence immediately. In the event that we do not have your report within **seven (7) days** from the date hereof we reserve our rights to repudiate liability under the policy and redirect the Third Party's claim for you to handle.

If we do not have your Report within seven (7) days from the date of this letter, we are obliged to refer the matter to Traffic Police Department for investigation.

Meanwhile, we reserve our right to seek full recovery from you in the event that we are obliged under the Law to handle and/or settle any Third Party claim arising out of the above accident.

We reserve all our right in this matter.

Yours faithfully
for **UNITED OVERSEAS INSURANCE LTD**

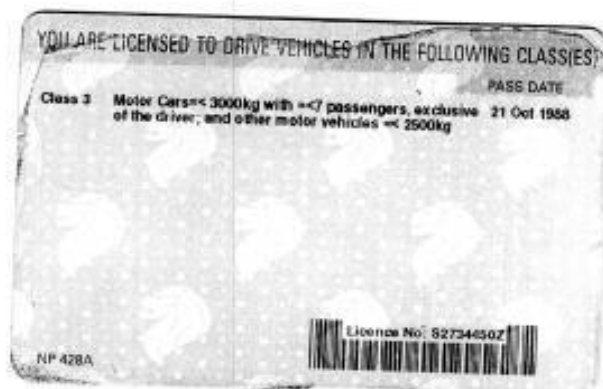
Jenny Lew
Claims Dept

c.c. United Insurance Agency Pte Ltd

Enc.
/fy

United Overseas Insurance Limited
3 Anson Road
#28-01 Springleaf Tower
Singapore 079909
Tel (65) 6222 7733
Fax (65) 6227 3869 / 6227 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg
Co. Reg. No. 197100152R

Sketch Plan #4



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

