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

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	ACCIDENT STATEMENT
Date Of Report	17/04/2019 11:09
Date Of Accident	13/04/2019 10:05
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ5199U
Insured/Policyholder	
Name Of Registered Owner	NEIL YANG YANMING
NRIC No	S8314718J
Email Address	EJTXTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92722229
Alternative Phone No	OTHERS-92479694
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO PERSONAL EVENT
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	DHOM120029181701
Cover Note Number	
Driver	
Name of Driver	TAN TIAN HEE, ELIZABETH JOY (CHEN TIANXI)

 NRIC No
 \$8712156I

 Date Of Birth
 04/05/1987

 Occupation
 INDOOR

 Date Of Driving Pass
 10/08/2006

Driving Experience 12 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92722229

Fax Number

Contact Number OTHERS-92479694
EMail Address EJTXTAN@GMAIL.COM

Address 65 SUNSET WAY

#05-14

Postcode 597090

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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?

Was any injured conveyed to hospital by

NO YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME: : FRIEND

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING IN HEAVY TRAFFIC ALONG THE PIE IN THE DIRECTION OF CHANGI AIRPORT.WHILE I WAS TRYING TO CHANGE LANE, THE TAXI SHD5925H IN FRONT OF ME HAD STOPPED AND I KNOCKED INTO THE BACK OF THE SAID TAXI.

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 SHD5925H
Vehicle Make/Model/Colour TOYOTA PRIUS

Details Of Properties

Vehicle Category TAXI

Name of Driver KOH SWE HOCK

NRIC/Passport Number S1109189Z Contact Number 94711393

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1 NAME:

GENDER: :

Passenger 2 NAME: :

GENDER: :

Accident Sketch Plan

SKETCH PLAN

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- 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:
 - 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:
 - 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.

Policyholden's Signature Date & Time:

17/04/19, 1006 HES

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/04/19, 1006 hrs

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

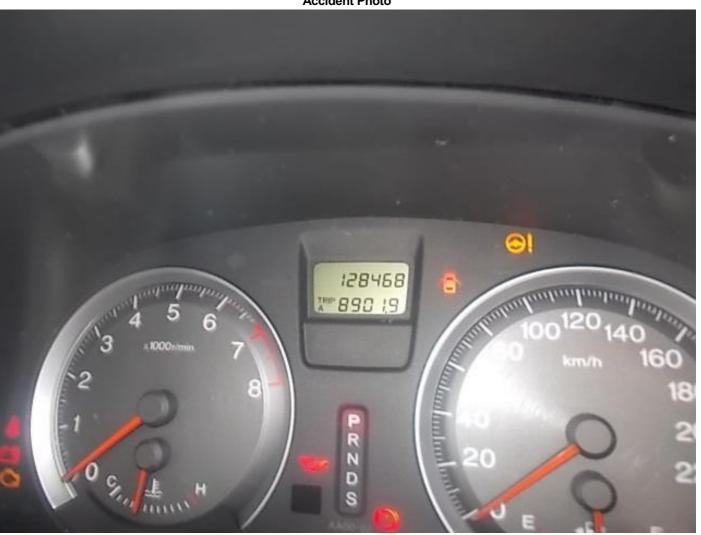
SKETCH PLAN	PIE TOWARDS CHANGI ARPORT.
	SHD5925H Brandy Judnice Imy venice s3951994
	TANCES OF THE ACCIDENT
Airport. Whi	in heavy traffic along the PIE in the direction of changing in the had stopped, the taxi in front of me had stopped, and into the back of the taxi.
DECLARATION We disclore the foregoin	ng particulars are true in every respect.
olicyholder's Signature	Driver's Signature Reporting Centre Persongel's Fignature
H04/19, 1006 HRS	Oate & Time: 12 (0 to 10



















Identification Card







100

