

## 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	11/06/2019 14:49
Date Of Accident	11/06/2019 09:00
Exact Location Of Accident	AYE TWDS CORPORATION ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1379S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG XIAO YING
NRIC No	S9433791G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92953589
Alternative Phone No	OTHERS-92953589

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO 1.4 AT 6R13E7
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DHOM110168541900
Cover Note Number	

### Driver

Name of Driver	WONG XIAO YING
NRIC No	S9433791G
Date Of Birth	16/09/1994
Occupation	INDOOR
Date Of Driving Pass	28/01/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92953589
Fax Number	
Contact Number	OTHERS-92953589
Email Address	NOEMAIL

Address	273 JOO CHIAT PLACE
Postcode	427953
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

TAXI SUDDENLY JAM BRAKE ON THE 1ST LANE ON THE HIGHWAY. TAXI DRIVER CLAIMED THAT HIS FRONT VEHICLE C ALSO BRAKE ON HIM CAUSING ME TO KNOCK ONTO HIM. THE LADY PASSENGER SITTING IN THE TAXI AT THAT TIME CAN BE WITNESS OF THE TAXI SUDDENLY JAMMED HIS BRAKE ON THE FIRST LANE OF THE HIGHWAY. AT THE POINT OF TIME, I'M DRIVING AROUND 75 KMH AND THE TAXI HAS A INBUILT REVERSE CAMERA. A > SJV1379S B> SHD5596Z C> UNKNOWN CAR

#### 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	SHD5596Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOH
NRIC/Passport Number	
Contact Number	84443367
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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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7. 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:

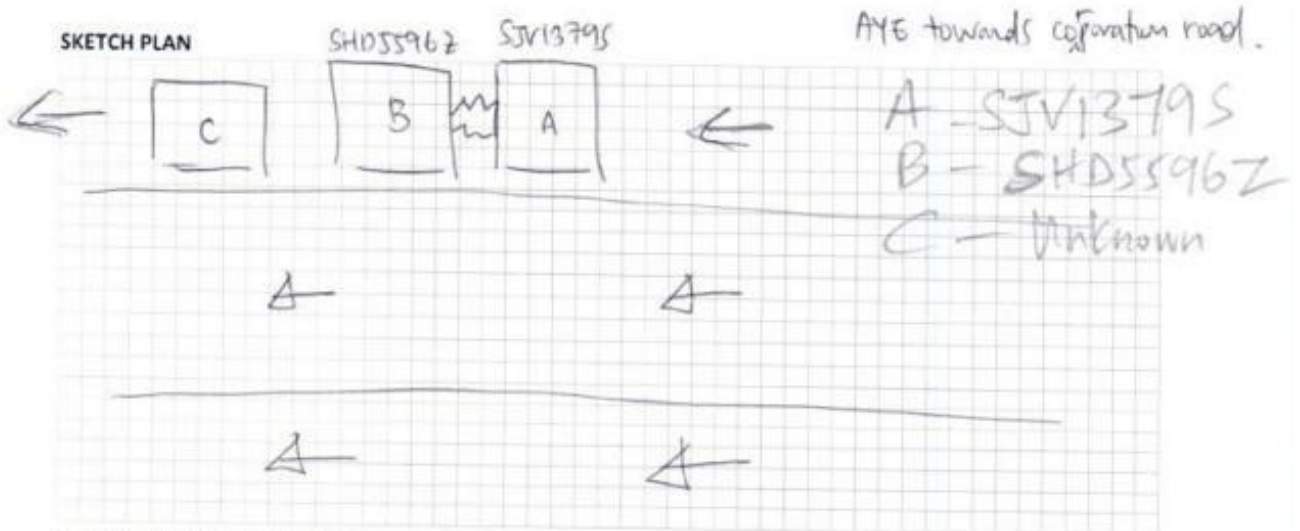
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - (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



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Taxi suddenly jam brake on the 1st ~~highway~~ lane on the highway. Taxi driver claimed that ~~that~~ his front vehicle also brake on him causing me to knock onto him. (C)

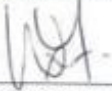
The lady passenger sitting in the taxi at that time can be witness of the taxi suddenly jammed his brake on the first lane of the highway.


At the point of time, I'm driving around 75 km/h and the taxi has a inbuilt reverse camera.

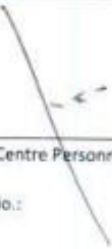
A ⇒ SJV1379S  
B ⇒ SHD5596Z  
C ⇒ unknown car.

### 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.:

11/6/2019

### Sketch Plan #3

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9433791G



Name  
WONG XIAO YING

黃曉穎

Race  
CHINESE

Date of birth  
16-09-1994

Sex  
F

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9433791G

Name  
WONG XIAO YING

Birth Date 16 Sep 1994

Issue Date 28 Jan 2014




4383934



NRIC No. S9433791G



Date of issue  
06-04-2009

273 JOO CHAT PLACE  
SINGAPORE 427953

NRIC No: S9433791G Date: 01/05/2013 No: T422551

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 5 Motor Cars < 2000kg with < 4 passengers, exclusive of the driver; and other motor vehicles < 2000kg 28 Jan 2014

NP 426A

Licence No: S9433791G





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



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