

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	10/07/2019 16:30
Date Of Accident	03/07/2019 18:30
Exact Location Of Accident	FULLERTON ROAD JUST AFTER ANDERSON BRIDGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF6092H
Insured/Policyholder	
Name Of Registered Owner	RAVI CHANDRAN S/O THAMBINAYAGAM
NRIC No	S2561106C
Email Address	RAVI.TT.CHANDRAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93688062
Alternative Phone No	OTHERS-93688062

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180
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	DHOM120038931900
Cover Note Number	

Driver

Name of Driver	RAVI CHANDRAN S/O THAMBINAYAGAM
NRIC No	S2561106C
Date Of Birth	17/08/1960
Occupation	INDOOR
Date Of Driving Pass	02/06/1984
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93688062
Fax Number	
Contact Number	OTHERS-93688062
Email Address	RAVI.TT.CHANDRAN@GMAIL.COM

Address	5000A MARINE PARADE ROAD #16-04
Postcode	449284
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

AT 1830HRS ON 03072019, WHILE DRIVING TOWARDS VICTORIA MEMORIAL HALL ON FULLERTON ROAD, I KNOCKED INTO THE SUBJECT VEHICLE NO:SLR7254B.THERE WAS NO HARM OR INJURY TO THE DRIVER AND HIS TWO PASSANGERS. I TRIED TO HAVE PRIVATE SETTLEMENT WITH HIM AS THOSE WAS NO APPARENT DAMAGE TO BOTH VEHICLE. HOWEVER HE DID MAKE A REPORT TO THE COMPANY THAT OWNS THE VEHICLE (GRAB) THE NEXT DAY AND ADVICE ME THAT HE DID.HE ALSO REPORTED THAT THERE WAS NO STRUCTURAL DAMAGE TO THE VEHICLE AS HE HAD INSPECTED HIS VEHICLE AT A MOTOR WORKSHOP, ANY DAMAGE WAS PURELY COSMATIC/AESTHETIC, DRIVER NAME WAS NUR AFIQ BIN JAHAYA AGED 26 YEARS.HE HAD STOPPED AT TRAFFIC LIGHTS BEFORE VICTORIA MEMORIAL HALL AND DESPITE BRAKING MY VEHICLE LIGHTLY BUMPED INTO HIS VEHICLE.

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	SLR7254B
Vehicle Make/Model/Colour	TOYOTA PRIUS 1.8S
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	NUR AFIQ BIN JAHAYA
NRIC/Passport Number	S9233056G
Contact Number	83386757
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1
NAME: :
GENDER: :

Passenger 2
NAME: :
GENDER: :

Sketch Plan

SKETCH PLAN

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. The 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 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:

10/07/2019

Driver's Signature

(if driver is not the policyholder)

Date & Time:



10/07/2019

Reporting Centre Personnel's Signature

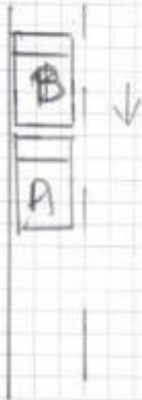
Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

FULLERTON ROAD JUST AFTER BRIDGEMAN BRIDGE



A) SKF 6092H

B) SLR 7254B

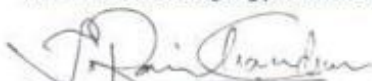
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT 1830hrs on 03 Jul 2019, while driving towards Victoria Memorial Hall on Fullerton Road, I bumped into the subject vehicle No. . There was no harm or injury to the driver and his two passengers. I tried to have a private settlement with him as there was no apparent damage to both vehicles. However, he did make a report to the company that owns the vehicle (GRAB) the next day and advised me that he did. He also reported that there was no structural damage to the vehicle as he had inspected his vehicle at a motor workshop. Any damage was purely cosmetic/aesthetic. Driver's name was NUR AFIQ bin JAHAYA aged 26 years.

He had stopped at the traffic lights before Victoria Memorial Hall and despite braking my vehicle lightly bumped into his vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature


Date & Time:

10/07/2019 16:20hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 10/07/2019

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

